



HMR Circle Vulnerable Adults Safeguarding Policy

V3 APRIL 2024



POLICY UPDATES

Version Number	Date Updated	Pages/Sections Reviewed	Pages/Sections Updated
1	01/03/2023	ALL	ALL
2	03/04/2024	ALL	Sign off section - added Board Chair Sign off
3			



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1. Statement of purpose

- 1.1 HMR Circle makes a positive contribution to a strong and safe community and recognises the right of every individual to stay safe. The welfare of vulnerable adults is everyone's responsibility, particularly when it comes to protecting them from abuse. Vulnerable adults, in particular older people and people with disabilities, are part of our community and have a lot to potentially gain from the effective outcomes of our work
- 1.2 All people, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity, have the right to protection from, bullying, neglect, physical, emotional or sexual abuse.
- 1.3 This policy seeks to ensure that HMR Circle undertakes its responsibilities with specific reference to the protection of vulnerable adults and will respond to any concerns appropriately.
- 1.4 It recognises that all the staff of HMR Circle hold, to varying degrees, a position of trust with the community of Heywood, Middleton, Rochdale and surrounding areas. As part of a wider commitment to the safety and wellbeing of our employees and volunteers it establishes a framework to support staff in their safe practices by
 - clarifying what is expected from everybody in terms of safe practice
 - explaining what to do when employees and volunteers have concerns

2. Legislative framework

- 2.1 The **Care Act 2014**, which was implemented in 2015, was the most significant reform of care and support for 60 years. It put people and their carers in control of their care and support and it included a greater emphasis on protecting the most vulnerable people from abuse and neglect. The Care



- Act brought in a new statutory framework for safeguarding adults in England. It replaced the *No Secrets Guidance*, which was a UK Government publication from the Department of Health, published in 2000. It provided **guidance** on developing and implementing multi-agency policies and procedures to protect adults deemed "at risk" from harm and/or abuse. Although this was statutory guidance it wasn't the law itself. The Care Act is a large document – about 500 pages – and it provides guidance on the different sections of the Care Act. Chapter 14 relates to Safeguarding.
- 2.2 The Safeguarding Vulnerable Groups Act 2006 was passed because of the Bichard Inquiry arising from the Soham murders in 2002, when the schoolgirls Jessica Chapman and Holly Wells were murdered by Ian Huntley (their school caretaker). Recommendation 19 of the Inquiry Report highlighted the need for a single agency to vet all individuals who want to work or volunteer with vulnerable adults and to bar unsuitable people from doing so.
 - 2.3 The Public Interest Disclosure Act 1998 protects whistleblowers from detrimental treatment from their employers.
 - 2.4 The Domestic Violence, Crime and Victims Act 2004 extends provisions to combat DV and created a new offence of causing or allowing the death of an adult at risk.
 - 2.5 Health and Social Care Act 2008 was created to ensure that health and social care settings are safe and of quality, and so the Care Quality Commission was established to inspect these settings.
 - 2.6 Mental Capacity Act 2005 has 5 key principles: ultimately, it's about not assuming a person is mentally incapable of making the best/safe decision for themselves and being given all practicable help before they are considered not to be able to make their own decisions. If it has been assessed and found that someone doesn't have the mental capacity to make a safe decision/choice, then the adult at risk is encouraged to be involved and participate as much as possible in the safeguarding process, informed at every stage of any process, and everything is carried out in the least intrusive way possible with their best interests at the forefront of any decision. Professionals and other staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005.
 - 2.7 Deprivation of Liberty Safeguards (DoLS) aims to make sure that people in care homes are looked after in a way that doesn't inappropriately restrict their freedom.



3. Definitions

3.1 Vulnerable adults (now referred to as 'Adult at Risk') are those that may be at more risk of harm than others because they depend on others for care. This may be due to:

- -Age
- -Illness
- -Suffer from mental ill health
- -Have learning or physical disabilities
- -Have sight or hearing impairment or loss
- -Have dementia
- -Misuse of alcohol or drugs

4. Application and review of this policy

- 4.1 The director of HMR Circle is responsible for ensuring that all paid staff/ volunteers adhere to this policy.
- 4.2 HMR Circle values the resilience of all individuals and communities and seeks to empower people to be able to build on the massive contribution they are already making to ensure that vulnerable adults enjoy the same rights as others. We will actively listen to the wishes and feelings of those we work with and will ensure that our safeguarding policy reflects this. Policies only make a difference if they are put into practise. Monitoring and reviewing this policy and the associated procedures will happen on a regular basis.

5. Safe working practices for all paid staff and volunteers

- 5.1 It is everyone's responsibility to follow the guidance laid out in this policy:
1. To promote safe practices by being an excellent role model
 2. Encourage open communication by treating all people equally with respect and dignity
 3. Share information appropriately with others and recognise that there are times when confidentiality is essential – verbal or written.
 4. Provide access to learning opportunities/signposting, and empower others to share in decision making
 5. Positively involve people in developing safe practices wherever possible.
 6. When planning any public event ensure that risk assessments take account of the safety of vulnerable adults.
 7. Always working in an open environment, avoiding private or unobserved situations
 8. Maintain a safe and appropriate distance with service users
 9. Keep up to date with training, qualifications and insurance.
 10. Report concerns about poor practice and abuse as laid out in this policy



6. Safe selection and recruitment

6.1 It is the responsibility of the organisation to:

- Ensure that the recruitment procedures for staff are consistent with the Bichard Inquiry Report in particular regarding a minimum of two documented verbal referee checks for each applicant and establishing clear evidence to justify any employment gaps in an applicant's Curriculum Vitae.
- Assess what level of contact the role requires with vulnerable adults.
- To ensure that the core competencies required for this role are taken into consideration.
- To ensure appropriate safeguarding checks, including DBS checks as defined below, are considered when the role description is agreed.
- Undertake open and transparent selection and recruitment processes for all paid staff/ volunteers
- Check necessary identification – address, qualifications, criminal convictions
- Take up two references which request information regarding safe practices
- Ensure all paid staff and volunteers adopt and abide by the appropriate practices and procedures outlined within this document
- Ensure all staff have access to related policies and procedures

6.2 What level of DBS check is appropriate?

- Standard checks are appropriate for workers who have the trust of the community and have access to groups working with vulnerable adults (as defined in Section 3)
- Enhanced DBS checks should be undertaken where there is regular/ lone contact with vulnerable adults (where eligible)

6.3 A person who is barred from working with vulnerable adults will be breaking the law if they work or volunteer, or try to work or volunteer, with those groups. Any organisation which knowingly employs someone who is barred to work with those groups will also be breaking the law.

7. Safe management

7.1 It is the responsibility of managers to:

- Require staff and sub-contractors to adopt and abide by this Vulnerable Adult Protection Policy.
- Train and support staff to adopt best practice in the conduct of projects in relation to safeguarding and protecting vulnerable adults involved in a project or event.



- Ensure HMR Circle staff members are briefed on their responsibilities relating to Vulnerable Adult Protection on appointment.
- Ensure paid staff/ volunteers are clear about their responsibilities with regard to safe practices and procedures
- Support staff/volunteers to apply safe working practices, particularly when this is difficult. Protection from abuse is a sensitive subject for everyone and difficult decisions must be made. HMR Circle provides access to counselling, if required.
- Ensure that they have the necessary skills and knowledge required to be effective in their roles, through induction and ongoing development.
- Ensure that their probationary review assesses their competent application of safe practices
- Ensure that staff/ volunteers have access to other related procedures- grievance and disciplinary procedures, whistle blowing
- Provide appropriate guidance and learning opportunities, throughout induction and
- Ensure that all paid staff/ volunteers have access to regular support/ supervision and able to disclose if they themselves are being abused.
- Review the role, with regard to safe practices, should there be any changes to the level of contact that the paid staff/ volunteer has with vulnerable adults.
- Ensure Photography, video and sound recordings of vulnerable adults are only to be undertaken with their informed written consent. The names of vulnerable adults are not to be revealed in photographs, videos or sound recordings. Utilisation of photography, videos and sound recordings beyond the requirements of the project will require the express written consent of vulnerable adults or their parent or guardian as appropriate. Vulnerable adults must be fully clothed at all times in any videos or photographs that are taken.

8. Responding to concerns about poor practice within the organisation

- 8.1 As a general rule, all concerns are to be discussed with your line manager. The concern may be easily resolved but it is important that safety issues are dealt with promptly. If you are not comfortable raising these with your manager, or your concerns relate to your manager, you should raise them with another manager or directly with the Director.
- 8.2 If there are issues of unsafe practise or abuse that must be taken further the manager must ensure that HMR Circles's policies and procedures are adhered to.

9. Responding to concerns about poor practice when working with a group or organisation



- 9.1 All concerns must be discussed with your manager and the discussion should be recorded.
- 9.2 Where necessary, managers should seek advice from the appropriate body. Where the concern involves vulnerable adults, the Adult Safeguarding Coordinator (details for these contacts are in Section 12) to clarify areas of responsibility in dealing with the concern.
- 9.3 The group/ organisation should be involved in the early discussions about the course of action, to enable them to make informed decisions. This should be followed up by clear, written information and guidance and summary of agreed course of action to the group / organisation.
- 9.4 A written summary of how the concern was dealt with should be forwarded to the appropriate safeguarding officers (LADO/ Adult Safeguarding Coordinator). If there are any queries/ concerns left outstanding, then these should also be raised with the relevant officer so that resolution can be sought.
- 9.5 Consideration should be given to holding a debriefing for those HMR CIRCLE staff, the group and other agencies involved (if deemed appropriate). Safeguarding issues can be emotionally distressing, and it allows HMR CIRCLE to reflect and 'learn lessons' to inform future situations and practice.

10. Suspicions, allegations and disclosures of abuse

- 10.1 Guidance for interaction with vulnerable adults
- Demeaning or suggestive remarks should never be made to or in the presence of vulnerable adults.
 - Staff should always consider the appropriateness of being with a vulnerable adult on their own.
 - Staff should always be able to justify any physical contact with a vulnerable adult in any situation.
- 10.2 Receiving a disclosure of abuse
- When a vulnerable adult is disclosing details of abuse to a member of the team, it is important that they know how to respond. This is in the vulnerable adult's best interests not only at the time of disclosure but also in order to promote their ability to deal with the abuse and the consequences of the disclosure.
- 10.3 What you should do if someone discloses abuse to you:
- React calmly



- Reassure the person that they were right to tell
- Keep questions to an absolute minimum to ensure a clear and accurate understanding of what has been said.
- Don't ask about explicit details
- Reassure but do not promise confidentiality, which might not be feasible in the light of subsequent developments
- Inform the person what you will do next
- Make a full and written record of what has been said/heard as soon as possible and advise the Director of HMR Circle immediately.
- Respond in a timely manner to any allegations of misconduct or abuse of vulnerable adults consistent with this policy in conjunction with the partner local authority or safeguarding authority.
- Report any allegations made to a member of the team in respect of abuse of a vulnerable adult to the point of contact in the safeguarding authority/Rochdale Council as soon as practicable.

11. Reporting abuse

- 11.1 However, if you receive information about alleged or potential abuse you must report this without delay.
- All suspicions, allegations or disclosures of abuse must be reported to the Director, or in his absence they must be reported to the Director's nominated deputy
 - All reports will be taken seriously and responded to swiftly and appropriately in line with legislative guidance. It is not HMR Circle's responsibility to investigate allegations of abuse - the appropriate agencies will be contacted immediately
 - If you have any concerns that this guidance is not being followed you must contact a member of the board of trustees, who is not the Chair.

12. Useful contacts

- 12.1 If you are worried and do not feel comfortable talking to anyone from HMR CIRCLE, the following are useful contacts
- 12.2 If you are unsure that a vulnerable adult may be suffering and are worried contact:

To report a non-urgent case of abuse of vulnerable adults who are 18 and over, contact Rochdale Adult Care Service:

- Call **0300 303 8886 (weekdays 8.30am - 4.45pm)** or
- Call **0300 303 8875 (Emergency Duty Team out of hours; including bank holidays)**
- Email: adult.care@rochdale.gov.uk - please give as much information as possible, including contact details.
- Alternatively you can call Greater Manchester Police on 0161 872 5050.



13. Appendices

- **Appendix 1A & 1B - Procedure for Responding to Suspicions and/or Allegations of Abuse of a Vulnerable Adult**
- **Appendix 2 – Definitions of Abuse – Adults**

Appendix 1A: Reporting allegations or suspicions of abuse

The designated person within HMR Circle who should immediately and always be informed of any concerns about a person being abused is:

Safeguarding Designated Person Details

Name: Kim Ho

Job/Role/Title: Special projects Co-Ordinator

Address: Suite F4, Lock 50 Business Centre, Oldham Rd, Rochdale. OL16 5RD

Telephone no: 01706 751 165

Email address: kim@hmrcircle.org.uk

Appropriate contacts outside the organisation:

Adult Safeguarding Contacts

If you suspect a person is at immediate risk of harm call 999 and speak to the Police. All calls concerning worries about vulnerable adults are treated seriously.

To report a non-urgent case of abuse, contact

TEL: **0300 303 8886**

Adult Care Services

Number One Riverside

Smith Street

Rochdale, OL16 1XU

Out of hours emergencies

4:45pm - 8:30am

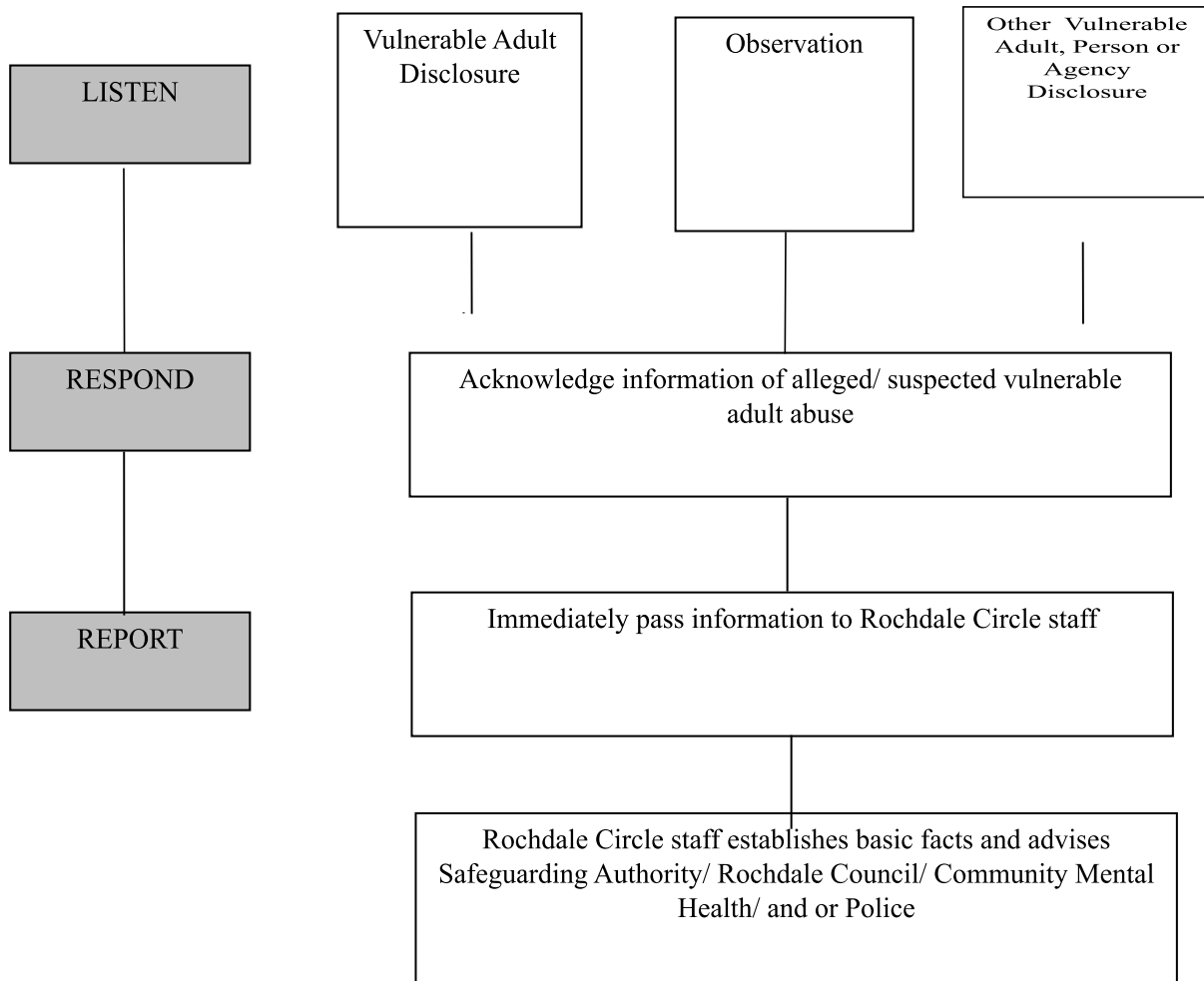
Monday - Friday and anytime weekends and Bank Holidays

0300 303 8875



Appendix 1B

Procedure for Responding to Suspicions and/or Allegations of Abuse of a Vulnerable Adult



Appendix 2 – Definitions of Abuse - Adults

What is Adult abuse and neglect?

Abuse may be Domestic or Institutionalised:

- Physical
- Sexual
- Psychological / emotional
- Financial
- Neglect
- Institutional
- Discriminatory

Abuse can be the result of a single act or may continue over months or years. Abuse can be accidental, or a deliberate act. The result on the person is the same.

Who abuses adults?

Anyone can be an abuser – relatives, partners, people paid to provide care and services, volunteers, neighbours, friends or strangers.

Most abusers are people close to the adult, who are loved and trusted by them.



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However some people will deliberately abuse adults they see as an easy target.

Where does abuse take place?

Abuse can occur anywhere: people can be abused at home, in care or nursing homes, day centres, or any place the adult should be safe.

Physical abuse

This is the physical ill treatment of an adult, which may or may not cause physical injury.

Types of physical abuse:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible signs of physical abuse:

- Multiple bruising
- Fractures
- Burns
- Bed sores
- Fear
- Depression
- Unexplained weight loss
- Assault (can be intentional or reckless)
- Failure to seek medical treatment, or a pattern of visiting different hospitals or doctors over a short period of time.

Sexual Abuse

Sexual abuse includes any sexual act to which the vulnerable adult has not consented and may not understand.

Types of sexual abuse:

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible Indicators of Sexual Abuse:

- Loss of sleep
- Unexpected or unexplained change in behaviour
- Bruising
- Soreness around the genitals
- Torn, stained or bloody underwear
- A preoccupation with anything sexual
- Sexually transmitted diseases



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- Pregnancy

Psychological/ Emotional Abuse

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- mental distress
- the denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the adult at risk to make choices and undermining their self-esteem
- Isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

The Social Care Institute of Excellence (SCIE) list the following types of psychological or emotional abuse:

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Possible indicators of psychological or emotional abuse:

- Fear
- Depression
- Confusion
- Loss of sleep
- Unexpected or unexplained change in behaviour
- Low self esteem

Financial Abuse

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation.

The Social Care Institute of Excellence (SCIE) list the following types of financial abuse:

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress



- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible indicators of financial abuse:

- Unexplained withdrawals from the bank
- Unusual activity in the bank accounts
- Unpaid bills
- Unexplained shortage of money
- Reluctance on the part of the person with responsibility for the funds to provide basic food and clothes etc.
- Unnecessary property repairs
- Changes in deeds or title to property

Neglect or Acts of Omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult to provide the amount and type of care that a reasonable person would be expected to provide.

The Social Care Institute of Excellence (SCIE) list the following types of neglect:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Neglect can be intentional or unintentional. Intentional neglect such as withholding meals may constitute 'wilful neglect' and is a criminal act punishable under law (Mental Capacity Act 2005 Section 44).

Possible signs of neglect:

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing
- Over-sedation

Self-Neglect

The Social Care Institute for Excellence (SCIE) have published a set of documents detailing aspects of neglect.

They list types of self neglect as:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs



- Inability or unwillingness to manage one's personal affairs

Indicators of self-neglect:

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Institutional Abuse

Institutional abuse is the mistreatment or abuse or neglect of an adult by a regime or individuals within settings and services that adults live in or use, that violate the person's dignity, resulting in lack of respect for their human rights. The individual's needs and wishes are sacrificed for the smooth running of the service.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of individuals.

The Social Care Institute of Excellence (SCIE) list the following indicators of institutional abuse:

- Lack of flexibility and choice for adults using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters or unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Evidence of any one indicator from the list above should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Discriminatory Abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection.

The Social Care Institute of Excellence (SCIE) list the following types of discriminatory abuse:



- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Hate Crime



A Hate Crime is any behaviour that someone thinks was caused by hostility, prejudice or hatred of:

- Disability (including physical impairments, mental health problems, learning disabilities, hearing and visual impairment)
- Gender identity (includes people who are transgender, transsexual or transvestite)
- Race, skin colour, nationality, ethnicity or heritage
- Religion, faith or belief (including people without a religious belief)
- Sexual orientation (people who are lesbian, gay, bisexual or heterosexual)

Rochdale Circle CIC Vulnerable Adult Protection Policy Approval & Sign Off

Policy approval:

Approved By:

Signature	Name / Position	Date
	Mark Wynn Director	01/05/2024
	Dianne David Chair – Board of Directors	18.06.2024

Next review: March 2025

