

Globe Community Project

Adult Safeguarding Policy and Procedures

Date: October 2022

Next review: October 2023

Purpose of this document

This document is the Adult Safeguarding Policy and Procedures of Globe Community Project (GCP) which will be followed by everyone active within the charity.

The purpose of this policy is to ensure that all aspects of the charity's work are transparent and safeguard and promote the welfare of all adults.

Our values

GCP is committed to protecting and promoting the wellbeing of all its beneficiaries, staff and volunteers. The charity is underpinned and guided by Buddhist principles, which emphasise the importance of working for the benefit and welfare of all sentient beings. Through our work we aim to express the ethical precepts of kindness, generosity, stillness and simplicity, truthful communication and clear awareness. This ethical foundation supports us in attending to the welfare and needs of others, as well as ourselves, in all we do. We aim to act from positive intentions and empower our beneficiaries to do the same.

Safeguarding Officer and Trustee

Esther Cann, GCP Director, is our Safeguarding officer. They are responsible for coordinating the protection of children and adults who may be at risk at GCP activities.

Julian Haxby is our Safeguarding trustee. He is responsible for supporting the Safeguarding Officer, responding to incidents in the event that the Safeguarding lead is unavailable, and ensuring that trustees comply with their Safeguarding obligations as required by the Charity Commission.

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Section One: Legislation and definitions

This policy supports staff, committee members and volunteers in safeguarding. It shows how Globe Community Project (GCP) will work with other agencies to recognise and manage

suspicions, allegations and findings of abuse of adults, at risk of harm, and how GCP will protect and promote the wellbeing of all its beneficiaries, staff and volunteers.

Relevant legislation

The Care Act

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of, abuse or neglect; and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. 'Safeguarding adults' is the name given to the multi-agency response used to protect adults with care and support needs from abuse and neglect.

GCP undertakes to observe the six safeguarding principles enshrined in the Care Act 2014:

1. Empowerment – Personalisation and the presumption of person-led decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and my wishes will shape what happens."
2. Prevention – It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
3. Proportionality – Proportionate and least intrusive response appropriate to the risk presented. "I am confident that the professionals will work for my best interests, as I see them and they will only get involved as much as I require."
4. Protection – Support and representation for those in greatest need. "I get help and support to report abuse. I get help to take part in the safeguarding process as far as I want and am able."
5. Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

6. Accountability – Accountability and transparency in delivering safeguarding. “I understand the role of everyone working with me.”

Mental Capacity Act (MCA) 2005

Mental capacity is the ability to make a particular decision. An adult may be at risk if they are unable to make a decision because of illness, disability, poor mental health, dementia, a learning disability or something else that may impair their judgment.

The Mental Capacity Act sets out five principles. To protect those who lack capacity and to enable them to take part, as far as possible, in decisions that affect them, the following statutory principles apply:

- You must always assume a person has capacity unless it is demonstrated otherwise
- You must take all practicable steps to enable people to make their own decisions
- You must not assume incapacity simply because someone makes an unwise decision
- Always act, or decide, for a person without capacity in their best interests
- Carefully consider actions to ensure the least restrictive option is taken

How To Act In Someone’s Best Interests:

- Do not make assumptions about capacity based on age, appearance or medical condition
- Encourage the person to participate as fully as possible
- Consider whether the person will in the future have capacity in relation to the matter in question
- Consider the person’s past and present beliefs, values, wishes and feelings

Definitions

What is safeguarding?

Safeguarding means protecting adults and children from abuse or neglect. It is an important shared priority of many public services, and a key responsibility of local authorities.

Safeguarding involve protecting people in circumstances that make put them at risk of harm. They may be at risk of abuse or neglect as a result of another person's actions, or failure to act. In such cases, public services must work together to identify people at risk, and put steps in place to help prevent abuse or neglect.

When is a person considered to be at risk of harm?

The definition of a vulnerable adult is a person over the age of 18 years who:

- is receiving or may be in need of / eligible for Community Care Services by reason of mental or other disability, age, or illness
- AND is unable to take care of him / herself
- OR is unable to protect him / herself from significant harm or exploitation

Adults with care and support needs could include people who:

- Have dementia
- Have learning disabilities
- Have mental health problems
- Have drug, alcohol or substance dependency
- Have physical or sensory disabilities
- Have been bereaved, suffered grief and loss
- Have through age or illness are dependent on other people to help them
- Suffer domestic abuse
- Are homeless
- Are refugees or asylum seekers
- For any reason may be considered to lack mental capacity (See above.)

Whether or not a person is at risk in such cases will depend on circumstances. It should be noted that a person with a physical disability is not necessarily at risk, but could be. Also people who are generally emotionally and psychologically stable in most aspects of their lives may on occasion find themselves at risk of harm, for example when they have been bereaved or suffered grief and loss.

Identified Safeguarding issues for GCP:

Adults at risk of harm may attend our courses and are therefore one of our main safeguarding concern groups.

Section Two: What is abuse?

All adults have the right to be protected from abuse and poor practice. This is regardless of their:

- Age.
- Ability or disability.
- Gender.
- Race.
- Religion.
- Ethnic origin.
- Sexual orientation.
- Marital status.
- Transgender status.

Abuse and neglect take many forms. Abuse can involve a violation of someone's human and civil rights by another person or persons. Abuse can be physical, financial, verbal or psychological. It can result from an act or a failure to act. It can happen when an adult at risk

is persuaded to engage in a financial or sexual interaction to which they lack the mental capacity to consent. Abuse can occur in any relationship and may result in significant harm or exploitation.

The Care Act (England) lists 10 categories of abuse.

Self-neglect

This covers a wide range of behaviour, but it can be broadly defined as neglecting to care for one's personal hygiene, health, or surroundings. An example of self-neglect is behaviour such as hoarding.

Modern Slavery

This encompasses slavery, human trafficking, forced labour, and domestic servitude.

Domestic Abuse

This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by anyone within a person's family. It also includes so-called "honour" based violence.

Discriminatory

Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.

Organisational

This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one's own home. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Physical

This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.

Sexual

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault, or sexual acts to which the adult has not consented, or was pressured into consenting.

Financial or Material

This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.

Neglect and Acts of Omission

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

Emotional or Psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

Four Additional Types of Harm

There are four additional types of harm that are not included in The Care Act, but they are also relevant to safeguarding adults.

Cyber Bullying

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various different types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.

Forced Marriage

This is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-Social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry.

Mate Crime

A "mate crime" is when "vulnerable people are befriending by members of the community who go on to exploit and take advantage of them" (Safety Network Project, ARC). It may not be an illegal act, but it still has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have

been a number of Serious Care Reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

Radicalisation

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

Some types of abuse are illegal, and in these cases adults who lack capacity are protected by law.

Abuse is a misuse of power and control that one person has over another. Where someone is dependent on another, there is the possibility of abuse or neglect unless enough safeguards are put in place.

Abuse can take many forms. It might not fit comfortably into any of these categories, or it might fit into more than one. Abuse can occur between two adults both at risk. This is still abuse and should be dealt with appropriately. The adult at risk who abuses may also be neglecting him/herself which could also be reason for a safeguarding referral.

These are some of the signs, among others, that abuse might be occurring or have occurred. If something on this list happens, it doesn't automatically mean someone is being abused – it just means we need to examine the situation more closely.

Section Three: Noticing abuse

How might we notice abuse?

Concerns about or evidence of abuse can come to us through:

- a. A direct disclosure by the adult at risk.
- b. A complaint or expression of concern by another member of staff, a volunteer, another service user, a carer, a member of the public or a relative.
- c. An observation of the behaviour of the adult at risk by a volunteer, member of staff or carer.

Why don't people disclose abuse?

It is important to be aware that some people choose not to disclose abuse, for various reasons. It is therefore important to be able to recognise signs of abuse.

Reasons people don't disclose abuse include:

- They are scared because they have been threatened
- They believe they are to blame

- They feel embarrassed or guilty
- They don't want the abuser to get into trouble
- They have communication or learning difficulties
- They may not have the vocabulary for what happened
- They are afraid they won't be believed

Signs of abuse are included in the **Appendix**. It is important that all GCP staff and volunteers familiarise themselves with this information.

Section Four: GCP guidelines and procedures

Guarding against abuse

- GCP will ensure that all relevant staff and workers receive a copy of this policy and access to training where necessary.
- All relevant staff/volunteers will have an Enhanced Disclosure and Barring Service check that is less than three years old.
- All long-term workers and volunteers will have two references.
- Occasional volunteers, assistants and guests attending GCP activities will not be asked to read the Adult Safeguarding Policy or have a DBS check. Volunteers, assistants and guests will not be left alone with participants but will be supervised at all times by staff who have been DBS checked.

Staff and volunteer code of practice

All staff and volunteers are encouraged to demonstrate exemplary behaviour in order to promote the welfare and safety of participants, staff and volunteers. Staff and volunteers are expected to follow these guidelines:

- Under normal circumstances, never work alone. It is recommended that you work alongside another adult or ensure that other adults are nearby while you are leading a workshop or other activity to ensure the safety of those in your charge.
- Encourage open communication.
- Treat all adults equally, with respect and dignity. Don't show favouritism.
- Always put the welfare of persons at risk first.
- Build balanced relationships based on mutual trust, which empowers participants to share in the decision-making process.
- Make activities enjoyable.
- If any people with disabilities need manual/physical support, it should be provided openly and in accordance with best practice guidelines.
- Be an excellent role model.
- Give enthusiastic and constructive feedback rather than negative criticism.

- Recognise the developmental needs and capacity of adults at risk of harm and/or with a disability.
- Ask permission to administer any necessary emergency first aid and/or other medical treatment.
- Keep a written record of any accident or injury that may occur, with details of any treatment given.
- Avoid becoming involved in any quarrels that may arise between participants. Do not take sides but deal with the situation positively, re-engaging those involved in the activities.
- Participants may tell you their problems, for instance about bullying or substance abuse. Show neither shock nor indifference, but listen attentively and be encouraging, sensitive and friendly. Encourage them to discuss the matter with a) a parent or carer, b) you, with another adult present or c) their teacher, as appropriate. Bear in mind that some background information may need to be disclosed to other parties.
- If you have concerns about a situation involving an adult at risk of harm or other person in a GCP context, inform the Director or Safeguarding Trustee as soon as possible.
- Ensure that contact and communication with beneficiaries is restricted to what is required for the project activity itself.

Incidents that must be reported/recorded

If any of the following occur you should report it immediately to the designated adult safeguarding lead and record the incident:

- if you accidentally hurt a participant at risk
- if he/she seems distressed
- if a participant appears to be sexually aroused by your actions
- if a participant appears to misunderstand or misinterpret something you have done or said

What to do if an adult discloses abuse

Do

- Stay calm.
- Listen patiently.
- Reassure the person they are doing the right thing by telling you.
- Clarify issues of confidentiality early on. Make it clear that you may have to discuss their concerns with others, on a strictly need-to-know basis, if at all possible with their permission. (See below.)
- Explain what you are going to do.
- Write a factual account of what you have seen and heard immediately.

Do not

- Appear shocked, horrified, disgusted or angry.
- Press the individual for details.
- Make comments or judgments other than to show concern. Your responsibility is to take them seriously, not to decide whether what they are saying is true.
- Promise to keep secrets.
- Confront the alleged perpetrator.
- Disturb or destroy anything that could be used in evidence.
- Wash or bathe the person if an assault of some kind is suspected, except to provide first aid treatment necessary to prevent further harm.

What to do next

- Make Safe: deal with the immediate needs of the person. This may mean taking reasonable steps to ensure the adult is in no immediate danger and urgently seeking any necessary medical treatment.
- If you think the person is in immediate danger phone social services or police straight away. A telephone referral should be confirmed in writing within 24 hours.
- Every person has a legal right to privacy under the International Convention on Human Rights. If possible you must therefore obtain the person's consent to share the information they have given you, within the limits described here. However, if necessary it is legal to pass on information without their consent if you believe they are at risk of significant harm.
- Inform the Director or Safeguarding Trustee
- Contact the police if you think a crime may have been committed.
- Record details of the discussion as soon as possible somewhere that can be kept secure. Include:
 - a. The allegation or concerns, including the date and time of the incident, what the vulnerable adult said about the abuse and how it occurred or what has been reported to you.
 - b. The appearance and behaviour of the victim.
 - c. Any injuries observed.
- Do not attempt to investigate a criminal allegation. This is the job of the police and to attempt this could prejudice a court case and put the person in danger.

What to do if you suspect abuse but there is no disclosure, e.g. if someone presents with bruising or other signs of abuse (see appendix)

- Record and pass on any safeguarding concerns to the Safeguarding Lead and/or Safeguarding trustee as soon as possible

- The Safeguarding Lead and/or Safeguarding Trustee will consider next steps and whether it is appropriate to refer the concerns to Tower Hamlets Safeguarding team or the police.
- If you think the person is in immediate danger phone social services or the police right away. A telephone referral should be confirmed in writing within 24 hours.

GCP Procedures

Criminal Allegations

- The Director or Safeguarding Trustee will report any criminal allegations to the police.
- The Director or Safeguarding Trustee will also report the allegation to the Charity Commission. They will report that there has been a Safeguarding incident, that GCP has addressed it according to its Safeguarding policies and that the police have been informed.

Secure, confidential record-keeping

GCP understands its responsibility for secure and careful record-keeping. The Director will keep a detailed log of all Safeguarding-related incidents and of related conversations and actions. These are kept either in a locked cabinet or in a password-protected electronic file on our computer system.

Reviewing our policies annually

All our Safeguarding policies will be reviewed by the Trustees and Director annually and the review recorded in the minutes of their meetings.

If GCP changes the way we work, such as working in a new area or in a different way, we will:

- review current policies and make sure they're suitable
- consider whether any extra policies are needed to cover any new situations or risks
- record these discussions and decisions as part of your risk management procedures

Section Five: Protecting those with mental health needs

We are aware that people accessing our services may have mental health needs. Some of them may have experienced trauma.

We are aware that some of the activities we offer - such as mindfulness meditation and yoga practices - may not be appropriate for people with serious psychological disorders. For people who have experienced trauma, these activities will need to be delivered in a trauma-informed way.

All projects will include robust assessment processes to ensure their suitability for such participants and that project workers are appropriately trained to support participants.

If we believe a person is at risk of suicide or self-harm or poses a risk to others, we will alert the Director or Safeguarding Trustee, who will refer to local mental health services and/or the police as appropriate.

Section Six: Photography

Vulnerable adults will not be identified in any images used.

GDPR (General Data Protection Regulation) Data Protection Act 2018. We will seek consent prior to taking photographs/storing images of participants and understand that consent can be withdrawn at any time. We will remove any photographs, displays, films and or social media content containing photographs if consent is withdrawn.

Section Seven: Contacts

GCP Safeguarding Officer: Esther Cann: 07419 586150, gcp@globecomunityproject.org

GCP Safeguarding trustee: Julian Haxby, 07934458755, julianhaxby@gmail.com

What to do if you are worried about an adult

If you think you or someone you know is being abused or neglected, you should phone the London Borough of Tower Hamlets hotline on 0300 303 6070.

Safeguarding enquiries or referrals should be emailed to enquiry@towerhamletsconnect.org

If you think a crime has been committed and it's an emergency situation, you should call 999. For non-emergencies call 101.

If you or the person you are concerned about is not being mistreated but they still have needs to address, you can make a referral to Tower Hamlets Safeguarding Team:

- Telephone: 0300 303 6070.
- Email: enquiry@towerhamletsconnect.org

Appendix: Types and signs of abuse

Types of abuse

The 2014 Care Act identifies nine types of abuse, all of which have a psychological/emotional aspect.

1. Physical abuse
2. Sexual abuse
3. Neglect and acts of omission
4. Organisational abuse
5. Self-neglect
6. Modern slavery
7. Domestic abuse
8. Discriminatory abuse
9. Financial or material abuse

Physical

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Medical/healthcare maltreatment

Signs of physical abuse NB: Ageing processes can cause changes, which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well-protected areas, or clustered from repeat striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of moving from doctor to doctor, or between social care agencies; reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition; or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication; or lack of medication causing recurring crises/hospital admissions
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive

Sexual

- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the person has not consented, or could not consent or to which they were pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts; also sexual harassment, with or without physical contact.
- Sexual contact of any kind with anyone under 16 is a crime. In the case of Order members “position of trust” law means sexual contact of any kind with anyone under 18 could be considered a crime.

Signs of sexual abuse

- Disclosure or partial disclosure (use of phrases such as ‘It’s a secret’)
- Medical signs, e.g. genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Unusual circumstances, such as, for example, two people found in a toilet/bathroom area, one of them distressed

Abuse through neglect

- Ignoring medical or physical care needs
- Failure to provide access to appropriate health, social care or educational service
- The withholding of the necessities of life, such as medication, adequate nutrition and heating

Organisational abuse

- Neglect or abuse within an institution (eg.hospital/care home) or care provided in own home either as a one-off incident or continuing ill-treatment
- Poor professional practice, policies or structure of an organization

Self-neglect

- Alcohol abuse
- Hoarding
- Drug abuse

Signs of neglect

- Poor physical condition
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Modern slavery

- Examples could include: people working as housemaids, in brothels, cannabis farms, nail bars and agriculture against their will and/or unpaid

Some possible signs of modern slavery

- Isolation, not being allowed to travel alone; restricted freedom of movement.
- Poor living conditions, few possessions, no ID documents
- Unusual travel times – being dropped off early morning or late at night
- Inappropriate clothing Modern Slavery Helpline (UK) 0800 0121 700

Domestic abuse

- Physical, psychological, sexual and financial abuse involving intimate partner or family member
- ‘Honour’-based violence or forced marriage
- Female Genital Mutilation (FGM)
- 16 year-olds can be defined as suffering domestic abuse.

Some signs and symptoms of domestic abuse

- Visible injuries or unexplained marks, scars or injuries
- Making ‘excuses’ for injuries
- Controlling and/or threatening relationships

Psychological/emotional abuse

- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting or swearing (See the Triratna Model policy on bullying and harassment, “Living with dignity”).

Financial or material abuse

- Misuse or theft of money
- Exploitation, pressure in connection with wills, property or inheritance
- Unexplained withdrawal of large sums of money
- Personal possessions going missing from home

Signs of financial or material abuse

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Excessive interest by family members and other people in the vulnerable person's financial assets

Discriminatory abuse: language or treatment which is discriminatory because of a person's:

- Race/ethnicity
- Sex
- Disability
- Gender identity (See the document 'Living in spiritual friendship with trans, gender-diverse and non-binary people'.)
- Sexual orientation
- Religion

Signs of discrimination

- Lack of respect shown to an individual
- Substandard service offered to an individual
- Deprivation of rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Controlling relationships
- Inappropriate use of restraint
- Sensory deprivation e.g. deprivation of spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of personal clothing or possessions

Signs of psychological or emotional vulnerability

- Isolation
- Unkempt, unwashed appearance; smell

- Over meticulousness
- Inappropriate dress
- Withdrawnness, agitation, anxiety; not wanting to be touched
- Change in appetite
- Insomnia or need for excessive sleep
- Tearfulness
- Unexplained or apparently excessive fears
- Low self-esteem
- Confusion