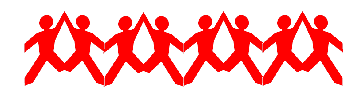
The Hollow Lane Club



Adult Safeguarding Policy and Procedures

Last Update: November 2018

Safeguarding Statement

The Hollow Lane Club recognise our moral and statutory responsibility to safeguard and promote the welfare of all users. We endeavour to provide a safe and welcoming environment where young people are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure that children receive effective support, protection and justice. Child protection forms part of the Club’s safeguarding responsibilities

Reviewed by:

Louise Phillips, HR & Admin Manager, Deputy Designated Safeguarding Lead

Sarah Woolfries, Trustee

Agreed by:

Trustees at their meeting on 29.11.18

**Legislation in England and Wales**

The Care Act 2014 came into force in England on 1 April 2015. The act introduced new duties and responsibilities on local authority adult social services as the lead agencies in protecting adults at risk. This gives public services and government clear responsibility to make sure that people in the most vulnerable situations are safe from abuse or neglect.

An adult is defined in the Care Act 2014 as someone over 18 years old who has care and support needs; is experiencing or at risk of abuse or neglect as a result of their care and support needs or is unable to protect himself or herself against the abuse or neglect or the risk of it.

**The Mental Capacity Act 2005**

The Mental Capacity Act 2005 is a legal framework which protects people who may lack capacity to make decisions themselves. It also sets out how decisions should be made on their behalf. The act covers all sorts of decisions, from life-changing events to everyday matters. All safeguarding decisions must be made in accordance with the act. The act says that:

“a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relations to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.”

The presumption is that adults have mental capacity to make informed choices about their safety and how they live their lives. Mental capacity and a person’s ability to give informed consent are at the heart of decisions and actions taken under this policy. Every time we become involved in a safeguarding issue we need to take into account the ability of adults to make informed choices about the way they want to live and the risk they want to take.

This includes how able they are:

* To understand what is likely to result from or effect their situation
* To take action themselves to prevent abuse
* To take part as fully as they can in making decisions about getting other parties involved.

**What is safeguarding?**

Safeguarding is a term we use to describe how we protect 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 is about protecting certain people who may be in vulnerable circumstances. These people may be at risk of abuse or neglect due to the actions (or lack of action) of another person. In these cases, it is vital that public services work together to identify people at risk, and put steps in place to help prevent abuse or neglect.

**Our areas of responsibility**

Safeguarding is everyone’s responsibility. We know how important it is for organisations to work together and create shared strategies to protect people. We are committed to taking action quickly, effectively and professionally when abuse takes place.

**What is abuse?**

Abuse and neglect take many forms. Abuse can lead to a violation of someone’s human and civil rights by another person or persons. Abuse can be physical, financial, verbal or psychological. It can be the result of an act or failure to act.

It can happen when an adult at risk is persuaded into a financial or sexual exchange they have not consented to, or can’t consent to. Abuse can occur in any relationship and may result in significant hardship or exploitation.

Some types of abuse are illegal, and in these cases adults who lack capacity are protected by the law the same as everyone else. It if is suspected that a crime against a club user had been committed, it should be referred to the police. Sometimes, an urgent referral is made for the safety of the adult at risk and/or to preserve evidence.

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

Abuse can fall into the following categories:

**Physical**

This includes assault, hitting, slapping, pushing, giving the wrong (or no) medications, restraining someone or only letting them do certain things at certain times.

**Domestic**

This includes psychological, physical, sexual, financial or emotional abuse. It also covers so-called ‘honour’ based violence.

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn’t consent to or was pressured into consenting.

**Psychological**

This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

**Financial or material**

This includes theft, fraud, internet scamming, putting pressure on someone about the misuse or stealing of property, possessions or benefits.

**Modern slavery**

This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

**Discriminatory**

This includes types of harassment or insults because of someone’s race, gender or gender identity, age, disability, sexual orientation or religion.

**Organisational**

This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone’s home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

**Neglect and actions of omission**

This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or education services, or not giving someone what they need to help them live, such as medication, enough nutrition or heating.

**Self-neglect**

This covers a wide range of behaviour which shows that someone isn’t caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

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 be carried out by one adult at risk towards another. This is still abuse and should be dealt with. The adult at risk who abuses may also be neglecting him/herself which could also be reason for a safeguarding referral.

**Who might be an abuser?**

Adults at risk can be abused by a wide range of people – anyone, in fact, who has contact with them. This includes family members, professional staff, paid care workers, other adults at risk, volunteers, other service users, neighbours, friends and associates, people who deliberately take advantage of vulnerable people, strangers and people who see an opportunity to abuse.

**Spotting signs of financial abuse**

* A change of living conditions
* Selling possessions
* Being unable to pay bills, or an unexplained lack of money
* Money being taken out of any account without a reason.
* Financial documents being lost without a reason
* Someone being cut off from family, friends or their social network
* The carer having more money to spend on things like clothes, travel or accommodation
* Sudden changes to a bank account or how someone uses it
* New, recent authorised signers on a client or donor’s account card
* Money being taken without permission from the adult at risk’s ATM card
* Changes in how the ATM card is being used (such as more frequently or from different locations)
* Sudden or unexpected changes to someone’s will or other financial documents

**Other forms of abuse**

There are some things which might increase the risk of someone being abused.

* Records of the client being abused before, or records of suspected abuse
* Other members of the client’s family being abused
* Family tensions and conflicts

Factors which have been shown to increase the chance of abuse include:

* Organic brain injury (lower mental function due to illness)
* Cognitive impairment (someone having trouble with memory, thinking skills or making decisions)
* Physical, mental or emotional dysfunction, especially depression, recently losing a partner, not having friends or a social network, living alone, or not having contact with their children

**Being aware of forced marriage**

Forced marriage happens across all cultures. It’s when someone is pressured into an arranged marriage or forced to marry someone they haven’t freely chosen. It can also happen if someone lacks the mental capacity to make their own choices.

Signs of forced marriage might be:

* Someone having a brother or sister who has been forced to marry
* Parents talking about marriage
* Hearing talk of weddings or parties
* Talk of family members coming to live with the family, or family trips overseas
* Wedding photos, clothes, gifts, Mehdi henna
* **Unreasonable restrictions being placed on someone at home**
* How much the person’s family deals with professionals who might help with organising a wedding or a visa, before a trip overseas.

**Roles and responsibilities**

**Key Personnel**

**The Designation safeguarding lead** (DSL) for child protection is Mary Roche

Contact details: [manager@hollowlane.org.uk](mailto:manager@hollowlane.org.uk) 01392 463823

**The Deputy designated leads are:** Deb Ward (admin@hollowlane.org.uk), Louise Phillips (hradminmanager@hollowlane.org.uk), Becky Seviour (Exeter, rseviour@ellentinkham.devon.sch.uk), Marie Quinn (Dartington – [mquinn@bidwellbrook.devon.sch.uk](mailto:mquinn@bidwellbrook.devon.sch.uk))

Exeter – 01392 463823

Dartington – 01803 864120

**The Chair of Trustees** is Gary Woolfries, chair@hollowlane.org.uk

Telephone: 01404 814216

**The Designated Safeguarding Lead (DSL):**

* Has the status and authority within the Club to carry out the duties of the post, including committing resources and supporting and directing other staff
* Is appropriately trained, with regular updates
* Acts as a source of support and expertise to all Hollow Lane Club sites
* Has a working knowledge of procedures
* Makes staff aware of training courses and the latest policies of safeguarding
* Keeps detailed written records of all concerns, ensure that such records are stored securely and flagged on, but kept separate from, the general file
* Refers cases of suspected abuse to Care Direct or police as appropriate
* Attends and/or contributes to conferences
* Coordinates the Club’s contribution to safeguarding plans
* Develops effective links with relevant statutory and voluntary agencies
* Ensures that wen a club user leaves the Club, their safeguarding file is passed to the new setting or support team if appropriate, ensuring secure transit and confirmation of receipt is obtained.
* Ensure the safeguarding policy and procedures are reviewed and updated annually
* Makes the safeguarding policy available publicly, on the website or by other means
* Liaison with the nominated trustee and manager as appropriate

**The deputy designated safeguarding leads:**

Trained to the same level as the DSL and, in the absence of the DSL, carries out those functions necessary to ensure the ongoing safety and protection of students. In the event of the long-term absence of the DSL, the deputy will assume all of the functions above.

**Good practice guidelines and staff code of conduct**

Good practice includes:

* Treating all club users with respect
* Setting a good example by conducting ourselves appropriately
* Involving club users in decisions that affect them
* Encouraging positive, respectful and safe behaviour among students
* Being a good listener
* Being alert to changes in club users’ behaviour and to signs of abuse, neglect and exploitation
* Recognising that challenging behaviour may be an indicator of abuse
* Reading and understanding the safeguarding policy, staff behaviour policy and guidance document on wider safeguarding issues
* Being aware that the personal and family circumstances and lifestyles of some club users lead to an increased risk of abuse
* Referring all concerns about a club users’ safety and welfare to the DSL, or, if they are in immediate danger contact the police on 999. Otherwise contact Care Direct on 0345 155 1007 or email: [csc.caredirect@devon.gov.uk](mailto:csc.caredirect@devon.gov.uk)

**Abuse of position of trust**

All Hollow Lane Club staff are aware that inappropriate behaviour towards students is unacceptable and that their conduct towards users much be beyond reproach.

The Hollow Lane Club ‘Staff Code of Conduct’ sets out our expectations of staff.

**Best Interests guidance**

Every adult has the right to make their own decisions if they have the capacity to do so. We must assume that a person has the capacity to make decisions unless it can be established that the person does not.

**Statutory Principles**

* Protect people who lack capacity, and,
* Help them take part as much as possible, in decisions that affect them;

**Principle One:** A person must not be assumed to have capacity unless it is established that they lack capacity.

**Principle Two:** A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so, have been taken without success.

**Principle Three:** A person is not to be treated as unable to make a decision merely because they make an unwise decision.

**Principle Four:** An act done or decision made, under this Act, for or on behalf or a person who lacks capacity must be done, or make in their best interests.

**Principle Five:** Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

**Consent and Capacity**

‘A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for him/herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain’.

**Step 1 –** Diagnostic test – looking for evidence. Could include:

* Learning disability
* Mental illness, including dementia
* Brain injury, including stroke damage
* Neurological damage
* Intoxication – drug/alcohol use
* Temporary confusional state – illness, pain etc

**Step 2 –** Decision – specific – can the person make this decision at this time;

* Can the person understand the information relevant to decision
* Retain information in their mind
* With that information as part of the decision making process
* Communicate their decision

**Who should assess capability?**

The person who assesses an individual’s capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. This means different people will be involved in assessing someone’s capacity to make different decisions at different times.

If somebody challenges an assessment, we must be able to describe the steps we have taken and have clear objective reasons for believing the person who lacks capacity to make the decision in question.

Assessments of capacity to take day to day decisions or consent to care, require no formal assessment procedures or recorded documentation. However, it is good practice for support/ workers to keep a record of the steps they take when caring for the person concerned.

\*An assessment of a person’s capacity to consent or agree to the provision of services will be part of the care planning processes for health and social care needs, and should be recorded in the relevant documentation. This includes ‘Person Centred Planning for Pea

**Safeguarding legislation and guidance**

Mental Capacity Act 2005 Policy

The Safeguarding Vulnerable Groups Act 2006

Care and Support statutory guidance – issued under the Care Act 2014