

POLICY 14: SAFEGUARDING & VULNERABLE ADULTS POLICY_FULL

1. Introduction

The purpose of ICA's Safeguarding & Vulnerable Adults Policy is to set a clear protocol of action and a framework for our responsibilities and legal duties in relation to the welfare of all those adults that we, as a charity, interact with. This includes employees, volunteers (includes trustees) and clients.

Every vulnerable adult deserves to be safe and secure in his or her activities. Their families/carers (if they have them) also need to feel sure that the people in charge of these activities are trustworthy, responsible and will do everything they can to keep the vulnerable adult from harm.

Unfortunately, though rare, some people pose a risk to vulnerable adults and may wish to harm them. Equally, the adults themselves may find themselves in a position where they are unable to keep themselves from potential harm.

ICA has put in place safeguards to protect vulnerable adults based on its belief that it is important not only to protect the vulnerable from abuse but to actively promote the welfare of those who are vulnerable.

2. Policy Statement

ICA has a responsibility to:

- 2.1.** Safeguard adults who work or volunteer for ICA or receive ICA's services or participate in ICA's activities.
- 2.2.** Appoint a Safeguarding/Health & Safety Officer (HSO), with escalation and support, where required, through ICA's CEO and Board of Trustees (BoT).
- 2.3.** Recruit all ICA employees and volunteers safely, ensuring all relevant checks are made (**See Section 5 for additional information**).
- 2.4.** Ensure ICA employees and volunteers, where relevant, receive the appropriate guidance and training required to enable them to safeguard adults and make informed and confident responses to specific safeguarding issues.
- 2.5.** Deliver safeguards that avoid putting employees and volunteers in positions where abuse might occur or be alleged.
- 2.6.** Use appropriate procedures to manage any allegations against employees, volunteers or others effectively and efficiently.
- 2.7.** Share information about any concerns it may have regarding a vulnerable adult with relevant agencies, involving family/carers and others appropriately.

For clarity:

Katy Pascoe and Jackie Carpenter (Senior Project Managers) are ICA's Safeguarding/Health & Safety Officers (HSOs). Katy Pascoe and Georgina Bolt (Youth Development Officer) are also Designated Safeguarding Leaders (DSLs).

This policy applies to ICA employees and volunteers (or anyone working on behalf of ICA).

3. Definitions

For the purposes of clarification, the following definitions apply:

3.1. Vulnerable Adults

Vulnerable adults are defined as people aged 18 or over:

Who are receiving or may need community care services because of learning, physical or mental disability, age, or illness.

Who are or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

(No Secrets, Department of Health, 2000)

3.2. Abuse

Abuse is the violation of an individual's human rights. It can be single or repeated acts. Abuse can include physical, financial/material, sexual, psychological, discriminatory and emotional abuse and neglect or an omission to act. It may be something that is done to the person or something not done when it should have been. It does not necessarily have to be intentional; if the vulnerable person experiences it as abusive it is considered abuse.

(See Section 8 for examples of abuse).

4. ICA Values for Safeguarding Vulnerable Adults

ICA believes the following values apply when supporting vulnerable adults:

- 4.1. Privacy** – The right of individuals to be left alone or undisturbed and free from intrusion or public attention into their affairs.
- 4.2. Dignity** – Recognition of the intrinsic value of people regardless of circumstances by respecting their uniqueness and their personal needs and treating them with respect.
- 4.3. Independence** – Opportunities to act and think without reference to another person, including a willingness to incur a degree of calculated risk.
- 4.4. Choice** – Opportunity to select independently from a range of options.
- 4.5. Rights** – The maintenance of all entitlements associated with citizenship.
- 4.6. Fulfilment** – The realisation of personal aspirations and abilities in all aspects of daily life.
- 4.7. Valuing diversity** – Respect for different cultures, ethnic backgrounds, disabilities, religions, ages, genders, and sexual preferences.

5. Recruitment of Staff, Volunteers and Trustees, etc.

ICA must take all reasonable steps to ensure the following processes are carried out during the selection of new employees, volunteers and trustees etc. This process will include:

- 5.1.** Completion of an ICA Volunteer Application form.
- 5.2.** Completion of an ICA interview.
- 5.3.** Securing two satisfactory references (provided by non-family members).
- 5.4.** Securing evidence of identity (passport or driving licence with photo). Should these items not be identified, ICA will request a combination of other significant documents. These will be the same as those required for DBS checks (See: <https://www.gov.uk/disclosure-barring-service-check/documents-the-applicant-must-provide> for more information).
- 5.5.** Where relevant, the completion of a Disclosure and Barring Service (DBS) check (See: www.gov.uk/disclosure-barring-service-check/documents-the-applicant-must-provide for more information).

6. Interview and Induction

All potential ICA employees and volunteers will be required to undergo an interview, carried out according to acceptable protocol and recommendations. Depending on the role, this will be carried out on either a formal (with a full panel, including CEO and/or trustee) or informal basis (with a senior project manager, project manager or lead volunteer). Prior to (or during) this process:

- 6.1.** A check should be made that the application form has been completed in full (including sections on criminal records and self-disclosures, where relevant).
- 6.2.** The individual's qualifications, where relevant, should be substantiated.
- 6.3.** The job requirements and responsibilities should be clarified.
- 6.4.** Training needs should be identified.
- 6.5.** The applicant's references should be sought and substantiated.

7. Training

If successful, the individual will undergo an ICA induction session. During this process:

- 7.1.** ICA's overall procedures and processes will be explained.
- 7.2.** The individual will be provided with a handbook containing overviews of relevant policies, with full versions available.
- 7.3.** The individual will sign to confirm they have viewed the handbook, understood its contents and know where to access further information.
- 7.4.** Role-specific training will be given.

In addition, ongoing training related to the protection of vulnerable adults will be provided in order that the employee or volunteer can continue to:

- 7.5. Analyse their own practice against established good practice to ensure maximum awareness and performance, and to ensure their practice is not likely to result in allegations being made.
- 7.6. Recognise their responsibilities and report any concerns about suspected poor practice or possible abuse.
- 7.7. Respond to concerns expressed by a vulnerable adult.
- 7.8. Work safely and effectively with vulnerable adults.

8. Examples of Abuse

Abuse of adults can happen anywhere, including at home, in a residential or nursing home, in a hospital, in community settings, at work or in the street. There are different types of abuse, which include:

- 8.1. **Bullying or cyberbullying** – behaviour that hurts someone else. It includes name-calling, hitting, pushing, spreading rumours, threatening or undermining someone.

Bullying can happen anywhere – at home or out of the home. It is usually repeated over a long period of time and can cause both physical and emotional harm.

Cyberbullying takes place online and, unlike bullying offline, can follow someone wherever they go, via social networks, gaming and mobile phone.

- 8.2. **Discrimination** – includes any form of discrimination against someone's age, disability, sexual orientation, gender, religion, race or colour.

- 8.3. **Domestic abuse** – any type of controlling, bullying, threatening or violent behaviour between people in a relationship.

Domestic abuse can happen inside and outside of the home, over the phone, online and on social networking sites. It can happen in any relationship, and after a relationship has ended. Any gender can be abused or abuse.

Examples of domestic abuse include kicking, hitting, punching or cutting; rape (including in a relationship); controlling someone's finances or withholding money; not letting someone leave their home; reading someone's emails, texts or letters; threatening to harm or kill someone or threatening another family member or pet.

- 8.4. **Emotional (psychological) abuse** – any type of abuse that involves the continual emotional mistreatment of a vulnerable adult. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore.

- 8.5. **Financial abuse or theft** – someone using your money or possessions in a way that you don't want. It is a way a controlling a person's ability to acquire, use and maintain their money and financial resources.

Financial abuse also includes incidents where a vulnerable adult's money or other property is stolen, where they have been defrauded or have been put under pressure in relation to money or other property.

8.6. Neglect – the ongoing failure to meet a vulnerable adult’s basic needs. For example, a person might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put a vulnerable adult in danger. It can also have long-term effects on their physical and mental wellbeing.

Broadly speaking there are four types of neglect: physical – where a someone’s basic needs (e.g. food, clothing and shelter) are not met or someone is not properly supervised or kept safe; education – where someone is not given an education; emotional – where someone does not get the nurture or stimulation they need (e.g. ignoring, humiliating, intimidating or isolating them); medical – where someone is not given proper health care (e.g. failing to address medical issues, not providing dental care or refusing/ignoring medical recommendations)

8.7. Non-recent (historical) abuse – when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it’s their fault, but this is never the case. There is no excuse for abuse.

Someone might have known they were abused for a long time or only recently learnt or understood what happened to them. Whether the abuse happened once or hundreds of times, a year or decades ago, there is support to help, and it is critical that the individual concerned understands that it is never too late to report it.

8.8. Online abuse – any type of abuse that occurs on the internet. It can happen across any device connected to the web, like computers, tablets and mobile phones. It can happen anywhere online, including social media, text messages, messaging apps, emails, online chats, online gaming and live-streaming sites.

Vulnerable adults can be at risk of online abuse from people they know or from strangers. It might only happen online or might be part of other abuse which is taking place offline, like bullying or grooming.

Online abuse can take many forms, including cyberbullying, emotional abuse, grooming, sexting, sexual abuse and sexual exploitation.

8.9. Physical abuse – when someone hurts or harms a vulnerable adult on purpose. It can include hitting with hands or objects, slapping and punching, kicking, shaking, throwing, poisoning, burning or scalding, biting or scratching, breaking bones and drowning.

8.10. Sexual abuse – forcing a vulnerable adult to take part in sexual activities. It doesn’t necessarily involve violence, and the vulnerable adult may not be aware that what is happening is abuse.

When a vulnerable adult is sexually abused, they're forced or tricked into sexual activities. They might not understand that what's happening is abuse or that it's wrong. And they might be afraid to tell someone. Sexual abuse can happen anywhere, and it can happen in person or online.

It is never a vulnerable adult’s fault that they were sexually abused – it is important to make sure they know this.

There are two types of sexual abuse – contact and non-contact abuse, and both can happen in person or online.

Contact abuse is where an abuser makes physical contact with a vulnerable adult. This includes sexual touching of any part of someone's body, whether they're clothed or not; using a body part or object to rape or penetrate someone; forcing someone to take part in sexual activities; making someone undress or touch someone else.

Contact abuse includes touching, kissing and oral sex, not just penetrative.

Non-contact abuse is where someone is abused without being touched by the abuser. This can be in person or online and includes exposing or flashing, showing pornography, exposing someone to sexual acts, making them masturbate, forcing someone to make, view or share abuse images or videos, making, viewing or distributing abuse images or videos, forcing someone to take part in sexual activities or conversations online or through a smartphone.

9. Reporting Suspected Abuse

If there is a suspicion that a vulnerable adult has been abused or there is an allegation of past abuse, the following steps should be taken:

- 9.1. Report the incident to an ICA HSO immediately.
- 9.2. The HSO will assess the situation and, where appropriate, refer the incident to Dorset Council's Adult Access Team or the police. If the abuse is in a regulated service, like a care home or concerns a home care service, the Care Quality Commission can be contacted (**See below for contact details**).
- 9.3. The HSO will also report the incident to the ICA CEO, who will inform the ICA BoT.
- 9.4. The HSO will contact the emergency contact/carer of the vulnerable adult, unless they are the subject of the suspicion or allegation.
- 9.5. If an HSO is the subject of the suspicion or allegation, or is not available, the incident should be reported to an ICA DSL.
- 9.6. If, for any reason, a DSL is not available, the incident should be reported to a BoT member, who will escalate the incident accordingly.
- 9.7. If, for any reason, no designated ICA contact is available, the incident should be reported directly to either the Adult Access Team or the police.
- 9.8. Keep the vulnerable adult, emergency contact/carer and informant updated at all stages, so they are reassured about what to expect and what will happen next. Ensure also that the person subject to alleged abuse is safe and supported before proceeding with any other action.

Usually, there will not be an immediate threat, and the decision about protecting the vulnerable adult will be taken in consultation with an external agency. However, in some circumstances, it will be necessary to take immediate action to protect the vulnerable adult (e.g. by calling the police and reporting it). This is more probable in a home visit situation.

For emergency situations, dial 111 or 999 but if you are facing an urgent situation like a disruption in care services or have a concern about safety, the information and links below will help you contact the right service for assistance.

Dorset Council – Social Services & Health (Adult Access Team)

T: 01305 221016 – 8.30 am to 5.30 pm (Monday to Friday)

T: 01305 221000 – Out of hours

E: adultaccess@dorsetcouncil.gov.uk

Out of hours contact is for urgent enquiries only (where it cannot wait until the next working day and is in relation to a person with social care needs), where there is a risk to the person themselves or others, without an immediate response.

Additional contacts and useful information...

NHS 111 – ‘non-emergency’ service

Portland Royal Manor Health Centre

T: 01305 820422

Police – Reserved for incidents of assault and violence (or where an element of urgency applies). If you require an immediate response and assistance from the police (e.g. if you cannot stop the incident that is currently happening, you think it will re-occur shortly or someone else may be at immediate risk of harm), you should call 999 before reporting it to an HSO.

Local Police

T: 101 for non-urgent calls e.g.

- If the vulnerable adult wishes to talk to the police.
- If there is evidence to preserve.
- If the alleged perpetrator of the offence may come back before you can act to protect the vulnerable adult.

The Care Quality Commission

W: www.cqc.org.uk/content/report-concern-if-you-are-member-public

All information and discussions should be recorded accurately and as soon as possible after the incident. This can be done using the relevant ICA reporting form, which will also act as a checklist (**See Section 14 for more information**).

10. Bullying

If bullying is suspected, follow the same procedures outlined in **Section 9** above.

Actions to help the victim and prevent bullying:

10.1. Take all signs of bullying very seriously.

10.2. Encourage individuals to speak about and share their concerns.

10.3. Create an open environment.

- 10.4.** Report any concerns to an ICA HSO (wherever the bullying is occurring).
NB: If an HSO is not available, follow the same process in Section 9 above.
- 10.5.** Investigate all allegations and take action to ensure the victim is safe. Speak with the victim and the bully(ies) separately.
- 10.6.** Reassure the victim that you can be trusted and will help them, although you cannot promise that you will not tell anyone else.
- 10.7.** Keep records of what is said (what happened, by whom, when).
NB: Most 'low-level' incidents will be dealt with at the time by employees or volunteers. However, if the bullying is severe (e.g. a serious assault) or persistent despite all efforts to deal with it, it should be referred to an ICA HSO immediately.

11. Confidentiality

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis only. This includes the following people:

- 11.1.** ICA's CEO, HSOs and DSLs
- 11.2.** The emergency contact/carers of the vulnerable adult who is alleged to have been abused
- 11.3.** The person making the allegation
- 11.4.** Relevant other external organisations (e.g. the Adult Access Team or police).

Information should be stored in a secure place with limited access to designated people only and in line with UK GDPR practices.

NB: Though ICA respects everyone's right to confidentiality, we have a duty to disclose abuse or concerns to the appropriate agencies if deemed necessary **(See ICA's Confidentiality Policy for more information on this process).**

12. Further Action

12.1. Where an ICA employee or volunteer has been accused

If an ICA employee or volunteer is the subject of an allegation of abuse, ICA will be guided by the assumption of innocence until proven guilty,' but must also balance this with its safeguarding and reputation/trust needs.

Depending on the accusation, ICA will either carry out its own internal investigation (headed up by an ICA HSO, with direct support from the ICA CEO and BoT) or provide every assistance in supporting an external organisation, such as Dorset Council's Adult Access Team or the police, to carry out their own.

At this point, the HSO (working with CEO and BoT) must decide whether or not it is appropriate for the individual concerned to remain in role, be deployed to another role or be temporarily suspended while investigations take place.

It is likely that the findings of the investigations will reveal:

12.1.1. There is sufficient evidence for legal or further action

12.1.2. There is insufficient evidence for legal or further action

12.1.3. The accusation is about poor practice rather than abuse

Based on the result, the BoT must consider whether an employee or volunteer should be dismissed or reinstated. If the latter, they must also consider how this reinstatement can be sensitively handled.

This may be a difficult decision, particularly where there is insufficient evidence to uphold any legal action. An unproven accusation shall not be grounds in its own right for dismissal, but may require further investigation or redeployment of an employee or volunteer.

This decision will be made at the discretion of the BoT, but must consider both ICA's safeguarding, reputation/trust needs and the welfare of the employee or volunteer and the vulnerable adult.

If the inquiry reveals that the allegation is about poor practice rather than actual abuse, the HSO (working with CEO and BoT) will decide how to proceed and whether or not to initiate disciplinary proceedings.

(See ICA's Disciplinary Policy for more information on this process).

12.2. Support to deal with the aftermath of abuse

The HSO (or appropriate other) of the person reporting the concern should ensure they are available to talk through the situation and offer support.

If the Adult Access Team, the police (or other) have been contacted and need further information or involvement, the person reporting the incident will also need to decide whether they will talk with them directly or whether they would prefer another appropriate ICA representative (e.g. an HSO or DSL) to do this.

Careful consideration should also be given to the kind of support that those involved may need after an incident of abuse. Use of helplines, support groups and open meetings will maintain an open culture and help the healing process.

Useful contact...

The British Association for Counselling (BACP)

A: 15 St John's Business Park, Lutterworth, Leicestershire LE17 4HB,

T: 01455 883300 (**Lines open:** Monday – Friday from 10 am to 4 pm)

E: bacp@bacp.co.uk

W: www.bacp.co.uk

The British Association for Counselling Directory can be accessed via:

www.bacp.co.uk/about-therapy/using-our-therapist-directory

Consideration should also be given to what kind of support may be appropriate for the alleged perpetrator.

12.3. Allegations of previous abuse

Allegations of abuse may be made some time after the event (e.g. by a vulnerable adult who was abused as a child or young person)

Where such an allegation is made, ICA should follow the procedures as set out in **Section 9** above.

NB: Anyone who has a previous criminal conviction for offences related to abuse is automatically excluded from working with vulnerable adults. This is reinforced by the details of the Safeguarding Vulnerable Groups Act 2006.

13. Recording Information Related to Abuse

To ensure future accuracy, the HSO should create a detailed record of all information related to an incident of suspected abuse (including bullying) at the time of the disclosure/concern being made. This record should include the following information:

13.1. The vulnerable adult's name, age, date of birth, address and telephone number.

13.2. Whether or not the person making the report is expressing their concerns or those of someone else.

13.3. The nature of the allegation. Include dates, times, any special factors and other relevant information.

13.4. Make a clear distinction between what is fact, opinion or hearsay.

13.5. A description of any visible bruising or other injuries. Also, any indirect signs, such as behavioural changes.

13.6. Details of witnesses to the incidents.

13.7. The vulnerable adult's account, if it can be given, of what has happened and how any injuries occurred.

13.8. If the vulnerable adult was not the person who reported the incident, has the vulnerable adult been spoken to? If yes, what was said?

13.9. Has the emergency contact/carer been contacted? If yes, what has been said?

13.10. Has anyone else been consulted? If yes, record details?

13.11. Has anyone been alleged to be the abuser? If yes, record details.

13.12. Where possible, referral to relevant statutory services (e.g. the Adult Access Team and/or the police) should be confirmed in writing within 24 hours.

(See Appendix1: Safeguarding_Reporting Form_Adult)

14. Sick Vulnerable Adults

If a vulnerable adult falls ill or sustains an injury while at ICA's premises or on an off-site activity, an ICA HSO and the individual's emergency contact/carer should be contacted immediately.

The next steps will depend on the nature of the illness or injury and the situation:

14.1. If minor, the individual should be taken home by the HSO (or designated other) or collected by their emergency contact/carer.

14.2. If requiring treatment but a non-emergency, and their emergency contact/carer is not available, use common sense. For example, call 101 for advice or let the HSO (or designated other) take the individual to a hospital, remaining until the emergency contact / carer arrives.

14.3. If serious, 999 should be called and instructions followed.

15. Lost Vulnerable Adults

ICA employees and volunteers will take necessary precautions to ensure that vulnerable adults in their care are safe. However, in the unlikely situation where a vulnerable adult is lost or missing while at ICA’s premises or an off-site activity, an ICA HSO should be contacted immediately, as should the vulnerable adult’s emergency contact/carer to determine a course of action.

Next steps include reporting directly to Portland’s local Police Stations at:
Portland Fire Station, Grove Rd, DT5 1DS or Osprey Quay, DT5 1BL or calling 101.

Main contact for issues related to ICA’s Safeguarding & Vulnerable Adults Policy:

Kim Wilcocks, CEO

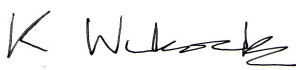
T: 01305 823789


E: office@islandcommunityaction.org.uk

LINKED POLICIES	
POLICYNUMBER	POLICY TITLE
1	Confidentiality Policy
2	Conflict of Interest Policy
3	Disciplinary Policy
4	Environmental Policy
5	Equal Opportunities, Diversity & Inclusion Policy
6	Financial Procedures Policy
7	UK GDPR Policy
8	Grievance Policy
9	Health & Safety Policy
10	Lone Working Policy
11	Online Cookie & Privacy Policy
12	Risk Management Policy
13	Safeguarding_Children & Young People Policy
14	Safeguarding_Vulnerable Adults Policy
15	Training & Development Policy
16	Transport Policy
17	Whistleblowing Policy

APPROVAL

Date...31st March 2025... Review date...31st March 2026...

Chief Executive Officer..... 

Chair of Board Signature..... 

APPENDIX 1

ICA: SAFEGUARDING_REPORTING FORM_ADULT

DETAILS	
Name of the person raising the concern:	
Address:	
Telephone (Home):	
Mobile:	
Email:	
Name of the individual affected:	
Address:	
Telephone (Home):	
Mobile:	
Email:	

<p>Provide details of the concern or allegation (please include dates, times and other relevant details, stating if the information given is fact, opinion or hearsay):</p>	
<p>Provide details of any visible injuries, including bruising. Attach photographs, where possible (please also include details of any indirect signs, such as behavioural changes):</p>	
<p>Provide details of any witnesses (please include full name, address and contact details):</p>	

<p>Where possible, provide details of the individual's account (please include how any bruising or other injuries occurred):</p>		
<p>Has the emergency contact / carer been contacted?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, provide details of what has been said:</p>		

Have any other individuals or organisations been contacted?	Yes	No
If yes, provide details (please include the names of any individuals you spoke to and their direct contact details, if available)		
Has anyone been alleged to be responsible for the concern or allegation?	Yes	No
If yes, provide details (please include their name and any contact details, if available):		

NEXT STEPS

Have any next steps been agreed?	Yes	No
If yes, provide a brief outline here (please include details of any follow-up actions, meetings or calls and any ideas that may stop this incident from being repeated):		

Where possible, any referral to relevant statutory services (e.g. Dorset Council – Adult Access Team and/or Dorset Police) should be confirmed in writing within 24 hours, and the name of the contact who took the referral should be recorded.

Completed by (please print).....

Signatures.....

Date.....