

ORG016 Safeguarding Adults and Children Policy

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Signature	
Position	Chief Executive
Date	15 th Aug 2019

Key Points:

- All staff receive safeguarding training on a regular basis
- Anyone having a concern or suspicion about actual or possible abuse must contact their Line Manager immediately.
- The safeguarding lead must be notified of any actual or suspected safeguarding cases and will decide on what action is to be taken next.
- Trustees should proactively safeguard and promote the welfare of their charity's beneficiaries.

Document Version Control

Date	Version	Status	Author	Details of Change
03/05/16	V.01	Live	Lee Bolland	Merge of Adult & Children's Policy
30/01/18	V.02	Live	Lee & Helen	Review
14/06/18	V.03	Draft	Ruth Bridgeman	Added trustee involvement Included that reporting individual should be notified of outcome
10-0-7-18	V.04	Live	Stephen Conway	Reviewed and Amend to Retention and Destruction of Records
08/08/2019	v.05	live	S Moore	Reviewed and updated

Introduction

It is every person's right to live a life free from harm, abuse and neglect. Vulnerable adults and children should be treated in a way that respects and promotes the human rights of all citizens under the Human Rights Act 1998. The Care Act (2014) extends the scope of the Human Rights Act (1998). This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the local authority (including Direct Payment situations (LGA, 2014)).

Actions taken to protect their interests will aim to respect their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation.

This document defines the policy that Deafblind UK will follow in order to safeguard adults and children at risk from harm and abuse. It also outlines the preventative measures to be taken to pre-empt harm and abuse, and the procedural elements and actions which will be followed to address issues following notification of suspected or actual abuse.

Deafblind UK (DBUK) is committed to supporting and promoting the welfare of all its staff and volunteers. Deafblind UK is also committed to seeking to ensure that staff are in a safe environment conducive to work and the enjoyment of a positive staff experience.

During the delivery of services to the membership and Customer base Deafblind UK could quite likely encounter children in customers' premises

DBUK has generally adopted the guidance available via Local Authority Adult and Children Safeguarding teams in compiling this document and in consultation with the charity commissioner's guidance. Where practical, local area staff will join the local Adult and Children Safeguarding Forum. A member of the team currently attends the Peterborough Forum and other regional staff attend local forums.

The aims of this policy and its supporting procedures are to:

- Outline the principles and values underlying our approach to protecting our customers from abuse or potential abuse
- Outline the ways in which we intend to protect our customers from abuse
- Define the action which will be taken to deal with abuse if it occurs
- Outline the responsibilities of trustee's, staff and volunteers
- Outline how we will make sure that staff and volunteers are aware and trained on this policy

Policy Statement

DBUK recognises that it is better to put in place preventative measures to reduce the likelihood of abuse happening than to react to abuse after it has taken place.

We will seek to prevent abuse by:

- Encouraging a culture and ethos which deters any sort of abuse
- Ensuring all staff and volunteers are fully conversant with our Whistle Blowing Policy
- Producing and regularly revise policies and procedures to combat abuse
- Operating personnel procedures which identify, appropriately deal with and, if necessary, exclude from practice potential or actual abusers.
- Operating recruitment policies which ensure that all potential staff and volunteers are rigorously checked, by the taking up of references and DBS checks.
- Providing appropriate and regular training for staff and volunteers in all aspects of abuse and protection and ensure that their knowledge is updated at least annually as a matter of course.
- Treating all reports of abuse seriously, and respond immediately to any suspicion or evidence of abuse or neglect (including whistle-blowing) to ensure the safety and protection of customers, including passing on concerns to Social Services, The Police and CQC in accordance with the Public Interest Disclosure Act 1998 and the Care Act 2014. Implement improvements to procedures if an investigation into abuse reveals deficiencies in the way in which DBUK operates
- Collaborating with all other relevant agencies in combating abuse and improving the protection of customers.
- In operating this policy, DBUK will ensure an individual's communication needs will always be considered .
- Under Section 11 of the Children Act 2004 we are bound by statutory guidance to make arrangements to safeguard and promote the welfare of children and young people. The framework for safeguarding is set out in the statutory guidance "*Working together to safeguard children*" (2015). The guidance sets out how organisations such as schools, health services and the Police should work together to safeguard children.

The following Acts and regulations are key when considering our safeguarding procedures:

Care Act 2014

Children Act 1989

Children Act 2004

Health and Social Care Act 2014
Human Rights Act 1998
Mental Capacity Act 2005
Working together to Safeguard Children 2015

Training

All Trustees', staff and volunteers receive Safeguarding training within the first 3 months of joining DBUK. This is refreshed on a regular basis.

Procedures and Responsibilities for Addressing Abuse

For the sake of simplicity these procedures are aimed at care and support staff, but apply equally to staff and volunteers engaged by and supporting the work undertaken by DBUK. DBUK care and support carry out regulated activity governed by CQC regulations whereas DBUK charity services do not deliver regulated care. Please see Appendix 4 for guidance for Community Services Team.

Staff, Trustee's, SMG and volunteers will be made aware of this document and other policy and procedure documents relevant to their activities and roles during their formal induction into the organisation. They will also be advised how and where they may refer to current DBUK policies and procedures should they need to refresh their knowledge of content.

Whilst this policy provides information regarding children, we do not provide contract services to children. We do provide support to a small amount of under 18's in Community services.

The Role of Trustee's

Trustees should proactively safeguard and promote the welfare of their charity's beneficiaries. They should take reasonable steps to ensure that these beneficiaries or others who meet their charity do not, as a result, come to harm. This is a key governance priority.

Trustees are required to act exclusively in the best interests of their charity and have a duty to act responsibly and with reasonable care and skill. The Charity Commission expects trustees to be able to explain and justify their approach, particularly if they decide not to follow its good practice guidance.

To comply with their legal duties, trustees must react responsibly to reports of safeguarding risks and incidents of abuse and take steps to make sure they and the people working in the charity know how to deal with these.

Trustees must manage and minimise the risk of further incidents happening as far as this is reasonably possible, by making any necessary changes to policies, procedures and work practices.

<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/annex-1-trustee-safeguarding-duties-explained>

Please see appendix 3 and 4 for individual procedures.

1. The Role and Accountability of Staff in Relation to Harm and Abuse

All staff have a responsibility to:

- Provide customers with the best possible care
- Always Treat customers with respect and dignity
- Take reasonable steps to ensure that their actions in relation to customers cannot be construed as abusive
- Be aware of and prevent any possibility of abuse
- Report anything, they witness which is, or might be harmful and abusive. It is important that any allegation of abuse is taken seriously however insignificant it may seem to the worker
- Any concern **MUST** be reported regardless
- Cooperate in every possible way in any investigation into alleged abuse
- Participate in training activities relating to prevention of harm, abuse and protection of adults and children at risk.

DBUK is committed to achieving the highest possible service and ethical standards in public life and in all its practices. To achieve these ends, it encourages staff under its Whistle Blowing Policy to use internal mechanisms for reporting any malpractice or illegal acts or omissions by its employees or ex-employees and will not tolerate any harassment or victimisation of a whistleblower (including informal pressure). DBUK will treat any such harassment as a serious disciplinary offence, which will be dealt with under the Disciplinary Procedure.

1.1 Personalisation

Under the Care Act 2014 we are required to ensure safeguarding is person led and focused on the outcomes that they want to achieve. The individual should be engaged in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

For definition of safeguarding harm and abuse see Appendix 1

3. Action to be taken on the reporting of abuse (or potential for abuse) of adults. For Children, see page 14.

3.1 Initial action

Anyone having any concern or suspicion about actual or possible adult harm or abuse must contact their Line Manager immediately, making clear what they know or suspect. The Line Manager will, immediately following notification, notify their Line Manager and Safeguarding Lead.

As part of the notification conversation the Line Manager will request the staff member to complete the 'Incident Reporting Form' which can be found here [\Forms and Useful Information\Serious Incident, Accident, Incident and Near Miss Reporting Forms\DBUK Group Incident Reporting Form.xlsx](#) (to be available to the Safeguarding Lead within 24 hours) outlining in as much detail as possible the circumstances of their concern or suspicion. For further reference please see 'Incident Reporting Process' Even if the Line Manager does not accept this as safeguarding, the form MUST be completed and submitted to incident@deafblind.org.uk

The only exceptions to this course of action are:

- If the person they would normally regard as their manager or supervisor may be implicated in their concerns OR
- If the abuse committed constitutes an actual criminal offence, in which case the priority is to make the adult at risk safe and to alert the Police

In these circumstances they should talk directly with an appropriate member of the SMG team or the Safeguarding Lead at the Registered Office. In their absence then please contact the Chief Executive of Deafblind UK.

See Appendix 2 for contact details

The Safeguarding Lead, with the support of members of the *Safeguarding Panel, will decide based upon available information on what further action is necessary, e.g. immediate suspension of employee pending further investigation, notification to police, or no action due to insufficient evidence/inconclusive observation.

* The Safeguarding Panel consists of a minimum of two members from the following: CEO, Deputy CEO, Safeguarding Lead, Director Operations. If the

issue involves a volunteer, the Safeguarding Lead will be supported by the Head of National Services.

Concerns of harm and abuse may also be received from members or carers, who are not our customers by any means such as but not limited to phone calls, e-mail and face to face contact. In these circumstances Deafblind UK still has a duty to safeguard adults at risk from harm and abuse and the issue should be dealt with in the same way as if the issue was reported through a staff member or volunteer. In this instance the staff member or volunteer should immediately report the issue to the Director of Operations. Reporting requirements are still required and a safeguarding alert should be made to the relevant Social Services team. Deafblind UK should cooperate with the Social Services on any subsequent investigation and consider if any further action is required to maintain the safe delivery of our services.

The allocation of a key contact or coordinator will be made; this will either be a Manager or a member of the SMG depending on the severity of the case.

3.2 Ensuring immediate safety

Initial concern must be for the safety of the adult at risk. If the person is in immediate danger or in need of urgent medical attention, action must be taken to ensure their immediate safety and well-being. This may include contacting the appropriate emergency services by calling 999.

A staff member who witnesses a situation in which a customer is in actual or imminent danger should use their judgment as to the best way to stop what is happening without further harm to anyone involved, including themselves, either by removing themselves from the situation, immediately intervening if it is safe to do so or by summoning help.

3.3 Confidentiality

Due to the nature of the issue it is essential that the staff member reporting the incident does not speak to anyone else other than the person to whom they reported the issue to, or a more senior manager.

3.4 Recording

Once the initial notification has been made it is essential that the Incident Reporting form is completed giving as much detail as possible. This should be written immediately to ensure that clear and accurate accounts of the events are provided. This should be signed and dated by the person making

the report and sent/given (password protected) to their Line Manager without delay and no longer than 24hours.

Note: the purpose of recording is to capture detailed observations while they are fresh in the mind, and not to start an investigation. If necessary, an investigating officer will be appointed at a later date who will then be responsible for conducting the investigation.

3.5 Informing others

On receipt of the Incident Reporting Form the responsible person will fully consider the content of the form, assess the next steps and report any safeguarding incidents to the appropriate Multi Agency Safeguarding Hub within the area.

Consent

Consent should be sought from the adult who has been abused or harmed or is at risk of abused prior to concerns being shared. Their or their representative's, opinions and desired outcomes from the safeguarding process should be considered throughout and reviewed at the conclusion of any investigation.

Consent may be overridden if:

- The alleged victim has been assessed as not having mental capacity to decide about their own safety, but a decision has been made in their best interests to make a referral.
- A crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made.
- the abuse, harm or neglect is a serious crime and not proceeding would prejudice the detection or prevention of crime
- The abuse, harm or neglect has been caused by a member of staff or a volunteer and other adult (or children) are at risk from the person causing the harm.
- The concern is about institutional or systemic abuse.
- There is concern that the abuse, harm or neglect may cause serious harm to the adult or others.
- There is a concern that a person is not able to freely consent because they have been threatened or coerced.
- Seeking consent would be too dangerous, putting either the adult or others at further risk of harm.

Please see Appendix 5 for contact details of relevant local authorities

3.6 CQC Reporting

DBUK will follow CQC requirements in reporting all notifiable issues to them, and will do so without delay. The Safeguarding Lead (Registered Manager) or a designated member of their team will inform CQC, using the relevant notification forms.

If the suspected abuse or harm is related to an individual who was supported with regulated activity the CQC will be formally notified “without delay”. The

Statutory Notification: Abuse or allegations of abuse concerning a person using the service form can be found on the CQC [website](http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers)

<http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers> and should be submitted by email to HSCA_notifications@cqc.org.uk

For incidents involving the Police **Statutory Notification; Incidents reported to or investigated by the Police** form should be submitted also -

<http://www.cqc.org.uk/guidance-providers/notifications/police-involvement-incident-notification-form>

<http://www.cqc.org.uk/guidance-providers/notifications/police-involvement-incident-notification-form>

If the Safeguarding Lead is unavailable, this form should be submitted by a member of the SMG or other suitable person.

3.7 Investigation

It is possible that the Local Authority safeguarding team will want to investigate the allegation/incident themselves. It is therefore very important to clarify whether the local authority wishes to do this at the outset. If the local authority safeguarding team wish to investigate the matter it is essential that we cooperate fully and not undertake our own investigation until the safeguarding team are happy for us to do this. Equally, where criminal activity is thought to have taken place the Police will conduct its own investigations and therefore, we must not begin our own investigations before being given permission by the relevant authority.

Every safeguarding concern will be investigated, and to facilitate this, an Investigating Officer from DBUK will be appointed by SMG. Statements will be requested from witnesses to establish the facts. Any staff involved with the incident will be required to fully co-operate with the investigation. The investigation report will be submitted to the Safeguarding Lead normally within 10 working days.

If the concern is about other people unrelated to our customers, i.e. staff in a care home where a customer resides or a friend or relative of our customer, reports will be written, and statements gathered, and the matter will be referred on to the appropriate body.

3.8 Ensuring safety during an investigation (Deafblind UK)

If an allegation involves a member(s) of staff or a volunteer the individual(s) may be suspended to safeguard all parties until the matter has been fully investigated. The suspension will continue until the safeguarding investigation has been completed. The individual(s) will be reinstated if the allegation has not been substantiated. Should allegations against staff be substantiated other action will be taken which may include disciplinary action taken under the DBUK Disciplinary Policy. If the allegation involves a volunteer this will be dealt with under the Deafblind UK Volunteer Handbook.

Steps will always be taken to support and protect the abused adult or adult at risk of abuse and harm during the investigation. Where the adult has mental capacity, involvement of family, friends or anyone else not implicated in the allegation should be agreed with the adult themselves. If the adult does not have mental capacity, family and friends must be consulted in accordance with the principles of the MCA 2005. Consideration must also be given to whether the adult may benefit from the support of an independent advocate.

Death

Please read and refer to the 'Death of a Customer' policy.

If the adult at risk dies during the safeguarding adult's process the investigation will continue and an immediate review must take place to decide whether the death was as a result of the inadequacy of action taken or whether poor inter-agency working was a contributory factor. The Police may be involved where there is evidence or suspicion:

- that the actions leading to harm were intended;
- that adverse consequences were intended;
- of gross negligence and/or recklessness in a serious safety incident.

If the incident involved unsafe equipment or systems of work a referral may be made to the Health and Safety Executive (HSE). The HSE will decide as to whether they will investigate.

Where more than one organisation has been involved with the deceased adult, more than one investigation into the circumstances surrounding the

death may need to take place. A meeting of relevant organisations should be held to review the allegation and agree a coordinated investigation. If there is to be a Police investigation, that investigation will take primacy.

If abuse, harm or neglect is suspected to be a contributory factor of the deceased's death (i.e. not a natural death), the Coroner will be informed by the best placed agency to do so as soon as possible (and before burial or cremation)

Where the death was not as a result of a failure of action taken and no risks to others have been identified, the investigation will end.

If a safeguarding adults referral or allegation is made after an adult at risk has died (for example made by a family member or friend, a concerned member of staff who is 'whistleblowing', or as a result of a report from the coroner), whilst action is not able to be taken to safeguard the adult concerned, safeguarding adults procedures should continue with a view to protect others who may be at risk from the same source.

Moving

If the adult at risk moves (for example, into either a new locality, care home or transfers to a new care provider) during the investigation the new local authority and care home or provider must be informed in writing of the nature of the investigation underway and any outstanding actions

Other organisations that have been involved in the enquiry must also be advised if the adult at risk has moved to another area

3.9 Further Action

At the end of an incident involving possible or actual abuse, DBUK will review the case with a view to assessing whether the organisation or its management has been in any way culpable, ineffective or negligent. This will help determine how DBUK should operate in the future, and what information should be passed to other agencies. If necessary, DBUK policies, procedures and training arrangements will be modified in response to any material facts which have emerged from the incident or the investigation.

Repeated allegations

An adult or their family members, friends and neighbours, who make repeated allegations that have been investigated and are unfounded, should be treated without prejudice. Each allegation must be responded to as set out

under this policy and a separate investigator will be allocated. Each incident must be recorded.

Deafblind UK has a duty to respect the rights of the individual, while protecting staff from the risk of unfounded allegations.

3.10 Other Policies Relating to Abuse and Protection

This policy should be read in conjunction with other policies and procedures which relate to aspects of abuse or protection of clients. These include:

- Complaints and compliments
- Customer finances
- Speaking Out (Whistle blowing) Policy
- Death of a customer
- Being Open and Duty of Candour
- Volunteer Handbook
- Incident Reporting

3.11 Being Open and Duty of Candour

If it is suspected that abuse or harm has occurred during the delivery of a CQC regulated activity and the suspected abuser is an employee of the Deafblind UK group and the suspected abuse or harm has resulted in:

- death of the customer, where the death relates to the incident rather than the natural course of the customer's illness or underlying condition **or**
- permanent (lasting for a continuous period of at least 28 days) impairment of sensory, motor or cognitive functions **or**
- prolonged pain or psychological harm lasting (or expected to last) at least 28 days; **or**
- changes the structure of the body; **or**
- shortens life expectancy **or**
- requires medical treatment in order to prevent any of the above

There is a statutory requirement to ensure that in addition to notifying the CQC, Local Authority Safeguarding team and Police, we ensure that we inform our customers/family/carers about what has happened and offer a sincere apology as soon as possible.

Staff should ensure that they read and follow the Being Open and Duty of Candour Policy OPS 011 in conjunction with this policy.

4.0 Child Protection Procedures

DBUK care and support do not provide care and support to children under the age of 18, however Deafblind UK community services do provide direct services to children under the age of 18. It is likely that Deafblind UK employees will encounter children during the course of providing services to its customers and/or members. These may be children who are related to our customers or who are acquaintances and friends. It is also possible that whilst supporting a customer within the community, they will encounter children in the wider community.

Throughout the group, volunteers are used to provide additional support to both staff and customers/members. Volunteers on occasion are sourced through schools. On these occasions if the volunteer is under the age of 18, they will be supervised by a named adult from the school.

Recognising Abuse

It is the duty of all members of staff to be vigilant regarding the welfare of children with whom we have contact in the course of providing services. Staff should avoid making judgments or assumptions but must ensure that they report all suspicions however small to their Line Manager; all reports however small will be treated with the utmost seriousness. Staff likely to be in contact with children and their families will be trained to recognise the signs of abuse and harm when they occur and to respond in accordance with national and local child protection policies and procedures.

Dealing with Disclosure

If a child or young person discloses that he or she has been abused or is at risk of harm and abuse, staff must respond with care and urgency. The staff member should listen to and accept what has been said without judgement and, reassure the child or young person that they have done the right thing by coming to them and that they are going to do something together to get help. Staff should not make promises that can't be kept, such as 'everything will be alright.' Care should also be taken to establish the facts around the allegation of harm and abuse without asking leading questions.

Staff must not promise to keep it a secret as your professional responsibilities may require you to report the matter. If you make this promise to a child and then break it, you confirm to the child yet again that adults are not to be trusted.

Recording

Once the initial notification has been made it is essential that a written

statement is prepared giving as much detail as possible. This should be written immediately to ensure that a clear and accurate account of the events are provided, with actual words spoken being recorded as far as possible. A diagram or body map could be used to indicate the position of any bruising or other injuries. This should be signed and dated by the person making the report and sent/given to the regional Manager without delay and no longer than 24hours.

Note: the purpose of recording is to capture detailed observations while they are fresh in the mind, and not to start an investigation. If necessary, an investigating officer will be appointed at a later date that will be responsible for conducting the investigation.

Reporting Abuse

Any member of staff who knows, believes or suspects that harm or abuse of a child is occurring has an obligation to report it as quickly as possible to their manager. This will then be passed to one of the contacts in Appendix 2 so the matter can be reported. All suspicions of harm and abuse will be reported to the Local Social Services safeguarding Team and there will be no exceptions. This should be done without delay in all instances.

Action in Emergency Situations

Staff employed within DBUK do not currently receive formal training in relation to Paediatric First Aid and should therefore not attempt to undertake any first aid treatment to children if they find themselves in an emergency.

If staff should encounter a situation whereby a child is in immediate danger, they should ensure that they contact the emergency services immediately and seek urgent advice and act upon the advice given at the time. If possible, the staff member should consider calling for assistance from a member of the public.

Immediate Action to be taken by Managers

Since DBUK do not provide direct physical support to children it is unlikely that reporting an incident of child harm or abuse to a local authority will result in the DBUK having responsibility to undertake a formal investigation, unless the allegation is in relation to a DBUK employee.

If an allegation involves a DBUK employee, the employee(s) may be suspended to safeguard all parties until the matter has been fully investigated. The suspension will continue until the safeguarding investigation has been completed. The employee(s) will be reinstated if the allegation has not been substantiated. Should allegations against staff be substantiated other action will be taken which may

include disciplinary action taken under the DBUK Disciplinary Policy. If the allegation involves a volunteer, this will be dealt with under the Deafblind UK Volunteer Policy.

It is possible that the Local Authority Child safeguarding team will want to investigate the allegation/incident themselves. It is therefore very important to clarify whether the local authority wishes to do this at the outset. If the local authority Child Safeguarding Team wish to investigate the matter it is essential that we cooperate fully and not undertake our own investigation until the Child Safeguarding team are happy for us to do this. Equally where criminal activity is thought to have taken place the Police will conduct its own investigations and therefore, we must not begin our own investigations before being given permission by the relevant authority.

Reporting to the Police

If it is suspected that a criminal act might have been committed, the situation should be reported to the police. Every effort should be made not to interfere with possible evidence.

Contact Details

The contact details of relevant organisations **see appendix 5**

Action to be taken in the Absence of Further Evidence

In instances where an investigation by the Social Services, Police or others against a member of staff of this agency is inconclusive, the appropriate manager should nevertheless proceed with an internal investigation within the disciplinary policy, taking any necessary steps to safeguard the child as far as possible, and should keep the situation under review in case it becomes possible or necessary to take further action.

Reporting to the CQC

Under the CQC regulations, DBUK would have a responsibility to notify the CQC about any incidents of child harm and abuse that they have reported to the Police and Local Authority child safeguarding team.

The Safeguarding Lead (Registered Manager) will be informed of the incident as soon as possible. If the suspected harm or abuse is related to a child, the CQC will be formally notified "without delay". The Statutory Notification: **Abuse or**

allegations of abuse concerning a person using the service form can be found on the CQC website <http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers> and should be submitted by email to HSCA_notifications@cqc.org.uk

For incidents involving the Police Statuary Notification; **Incidents reported to or investigated by the Police** form should be submitted also.

If the Safeguarding Lead is unavailable, this form should be submitted by a member of the SMG or other suitable person.

5.0 Retention and Destruction of Records

All details associated with allegations of harm and abuse will be recorded clearly and accurately. The record will be securely kept and the agency's rules on confidentiality carefully followed.

Type of record	Retention Period
Welfare concerns that are referred to Social Care or the Police. For example, this would include concerns about abuse, harm or neglect of an adult at risk, disclosures from a child or adult at risk about being abused or information from a third party which might suggest a child or adult at risk is being abused or harmed.	Records should be kept for 7 years after the last contact with the customer unless longer retention is required to comply with any other statutory requirements.
Welfare concerns that, after consultation, do not necessitate a referral to Social Care or the Police. An internal record of the concern and outcome of the investigation will be made.	Destroy the record five years after the child / adult at risk concerned ceases to use the service, unless the child or adult are continuing to use the services in the area that the referral initiated from.
Concerns about people (paid and unpaid) who work with children, young people or adults at risk, for example, allegations, convictions, disciplinary action. An internal record of the behaviour, the action taken, and outcome will be made.	Personnel files and training records (including disciplinary records and working time records) - retain for 25 years after employment ceases . However, the records should be retained for a longer period if any of the following apply: There were concerns about the behaviour of an employee where

	<p>they behaved in a way that has harmed, or may have harmed, a child or adult at risk; The employee possibly committed a criminal offence against, or related to, a child or adults at risk; The employee behaved towards a child or adult at risk in a way that indicates they are unsuitable to work with such groups of people.</p> <p>In these instances, records should be retained at least until the employee reaches normal retirement age,</p>
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6.0 Recruitment

DBUK ensure that robust procedures are followed when recruiting staff. Pre employment checks and enhanced Disclosure and Barring Service checks are undertaken in line with application, shortlist and interview processes to ensure that potential employees satisfactorily meet our requirements and are safe to work with children (where we have a contractual responsibility to directly support children) and adults at risk. We ensure that all employees understand their responsibility to co-operate in all government initiatives regarding the sharing of information regarding individuals who are found to be unsuitable to be involved in work which brings them into contact with children or adults at risk.

Duty to Refer

Deafblind UK must make a referral to the DBS when the following two conditions have both been met:

Condition One

When we withdraw permission for a person to work in regulated activity with children and / or adults at risk, either through dismissal or by moving the person to another area of work that is not regulated activity.

AND Condition Two

When we think the person has carried out one of the following:

- Been cautioned or convicted of a relevant (automatic barring) offence; or,
- Engaged in relevant conduct in relation to children and / or adults at risk [i.e. an

action or inaction (neglect) that has harmed a child or adults at risk or put them at risk or harm]; or,

- Satisfied the Harm Test in relation to children and / or adults at risk. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or adult still exists].

Condition one includes situations where an employer / volunteer manager would or may have dismissed the person or moved them to other duties, if the person had not resigned, retired, or otherwise left their work.

Further advice should be sought from HR in making a DBS referral.

Appendices

Appendix 1 –Safeguarding and Abuse

Six Safeguarding Principles

The UK Government created these six safeguarding principles especially for the health and social care sector to help better protect adults. The principles are an aid to understanding actions that need to be taken to protect people and are agreed within the Care Act 2014.

- 1) Empowerment:** people being supported and encouraged to make their own decisions and give informed consent
- 2) Prevention:** it is better to act before harm occurs
- 3) Proportionality:** the least intrusive response appropriate to the risk presented
- 4) Protection:** support and representation for those in greatest need
- 5) Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- 6) Accountability:** accountability and transparency in safeguarding practice

Definition of safeguarding Adults

The purpose of adult safeguarding is to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. The statutory framework introduced under the Care Act 2014 applies to any person aged 18 or above who:

- Has needs for care and support, whether the Local Authority is meeting those needs,
- Is experiencing or at risk of neglect, harm or abuse and
- As a result of those needs, they are unable to protect from the risk of or the experience of abuse, harm or neglect

Defining Abuse

Adults

The Care Act 2014 defines safeguarding as *protecting an adult's right to live in safety, free from abuse and neglect*

“Abuse is a violation of an individual’s human and civil rights by any other person or persons.” Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or failure to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.’ ‘Physical, sexual, financial, emotional, discriminatory or psychological violation or neglect of a person unable to protect him/herself to prevent abuse from happening, or to remove him/herself from abuse or potential abuse by others.”

Adults at Risk

An 'adult at risk' is defined by the Department of Health as a person aged 18 years or older:

‘who is or may need community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’

Definition of Safeguarding Children

Safeguarding is defined in Working Together to Safeguard Children 2015 as:

- protecting children from maltreatment
- preventing impairment of children’s health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- acting to enable all children to have the best outcomes

Defining abuse

Abuse is defined as “A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused or harmed in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be harmed or abused by an adult or adults, or another child or children.”

Types of abuse:

We recognise that harm and abuse can take many forms i.e.

- **Physical abuse:** including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
- **Sexual abuse:** including rape and sexual assault or sexual acts to which the adult, child or young person has not consented, or could not consent or was pressured into consenting;
- **Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, radicalization, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- **Financial or material abuse:** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- **Neglect and acts of omission:** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; and
- **Discriminatory abuse:** including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
- **Organisational/institutional abuse:** is abuse which arises from an unsatisfactory regime. It occurs when the routines, systems and norms of an institution override the needs of those it is there to support.
- **Cyber bullying:** bullying that takes place using electronic technology. Electronic technology includes devices and equipment such as cell phones, computers, and tablets as well as communication tools including social media sites, text messages, chat, and websites.
- **Self neglect:** a wide range of behaviors neglecting to care for one's personal hygiene, health or surroundings.
- **Cultural abuse:** genital mutilation, forced marriage

- **Modern slavery:** encompasses slavery, human trafficking, forced labour, and domestic servitude.

Indicators of abuse

Information: Information suggesting that abuse, harm or neglect may have occurred can come from a variety of sources for example:

- Allegations made by another person
- A child saying or showing that they have been mistreated
- An admission from someone who says they are harming a child
- Someone noticing signs and symptoms of harm and abuse

Physical Abuse Indicators: The following points can help to identify that abuse could be occurring.

- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which appears excessive
- Withdrawal from physical contact
- Arms and legs kept covered in hot weather
- Self-destructive tendencies
- Fear of returning home/parents or carers being contacted
- Signs of cuts, bruises or burns [old or new]
- Broken limbs

Sexual Abuse Indicators: General indicators are difficult to predict but may be as follows:

- Withdrawn, fearful or aggressive behaviour to peers or adults
- Running away from home
- Suicide attempts and self-mutilation
- Behavioural problems
- Withdrawal from social contact
- Onset of bed wetting/soiling
- Severe sleep disturbances
- Poor concentration
- Reluctance to change clothes, especially undergarments

Emotional Abuse Indicators: Possible indicators of emotional abuse include the following:

- Over-reaction to mistakes

- Sudden speech disorders
- Fear of new situations
- Self-mutilation
- Extremes of passivity or aggression
- Repeated absconding

Indicators of Possible Neglect: A person who is neglected may show signs such as:

- Consistently unkempt/dirty appearance
- Medical needs of an individual unmet
- Repeated failure by parents/carers to prevent injury
- Consistently inappropriately clothed for the weather
- Hazardous living conditions

Identifying Abusers

It is possible that harm and abuse may be committed by a range of possible people. We have a responsibility for seeking to protect our customers from all sources, which may include:

- Employees of DBUK
- Volunteers for DBUK
- Visiting health and social care practitioners and other official visitors
- Customers' friends and relatives
- People who have contact with our customers while they are temporarily beyond the confines of DBUK and members of the public
- Other customers
- A peer or peer group
- A parent
- A Carer

Carers and safeguarding

There may be circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response this could include:

- A carer may witness or speak up about harm, abuse or neglect;
- A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

Appendix 2 – Contact Details

Chief Executive
The Deafblind UK Group
Cygnet Rd
Hampton
Peterborough
PE7 8FD

info@deafblind.org.uk
Telephone/Textphone 01733 358100

Trustee with Responsibility
The Deafblind Group
Cygnet Rd
Hampton
Peterborough
PE7 8FD

trustees@deafblind.org.uk
Telephone/Textphone 01733 358100

Care and support

Cygnet Rd
Hampton
Peterborough
PE7 8FD

simone.moore@deafblind.org.uk
Telephone/Textphone 01733 213490
Mobile: 07940835621

Training Manager

Deafblind UK
Cygnet Road
Hampton
Peterborough
PE7 8FD

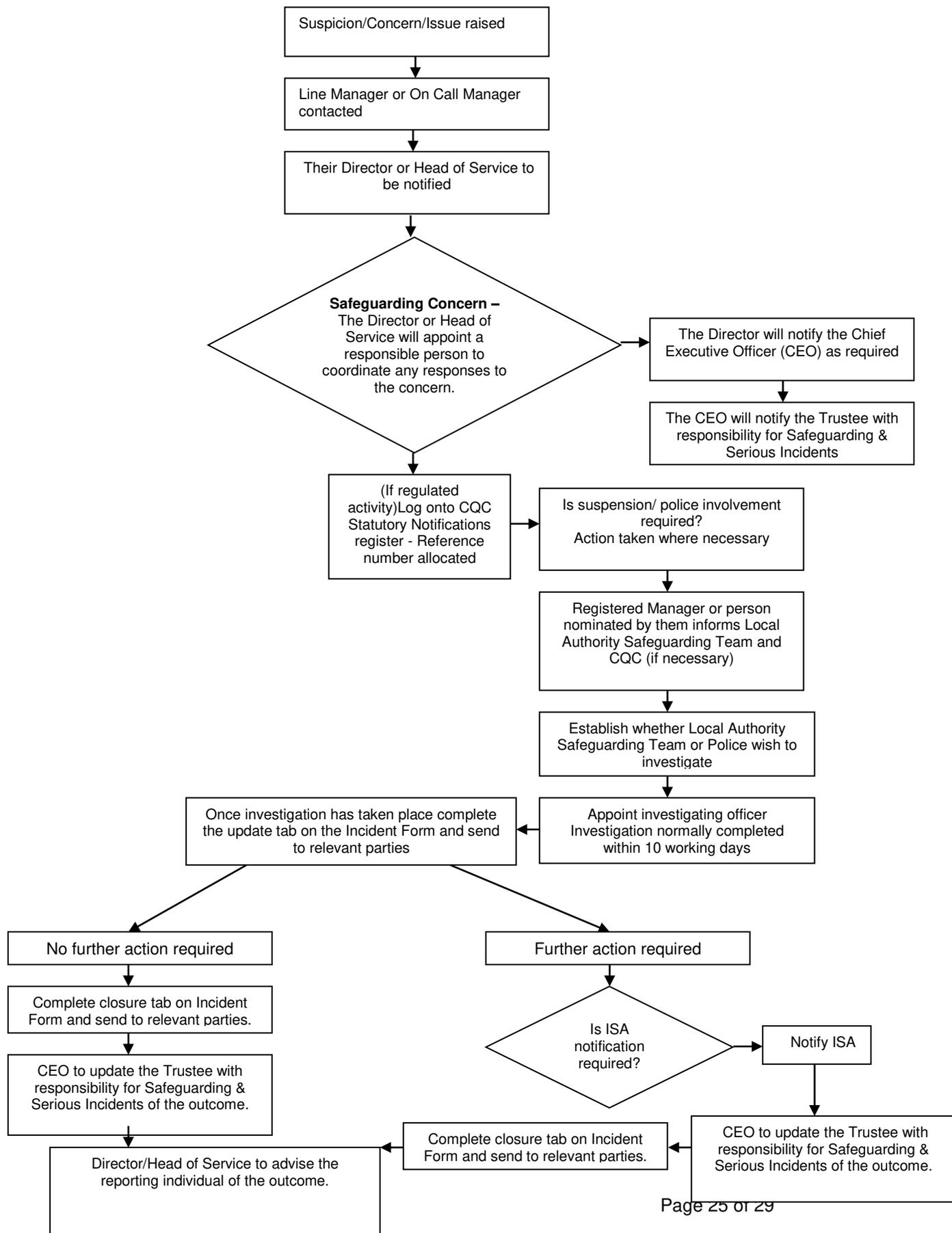
liz.duncan@deafblind.org.uk
Telephone/Textphone 01733 385100

Out of hours on call

07500 769727

NSPCC Whistleblowing Advice Line (for anyone with child protection concerns in the workplace) 0800 028 0285

Appendix 3 Care and support- SAFEGUARDING ADULTS AND PREVENTION OF HARM & ABUSE



Appendix 4

Deafblind UK Safeguarding Procedure

Once a safeguarding concern has been identified the following procedure should be followed in all cases.

This procedure applies to all DBUK staff and volunteers

1. Staff Member or volunteer is to inform their Line Manager who will raise the concern in the first instance with their Head of Service or Director.
2. In the absence of any of the above contact a member of the SMG.
3. If immediate risk, staff member to contact safeguarding team immediately and or 999.
4. As part of the notification conversation the individual reporting the concern must complete the Incident Reporting Form <S:\Forms and Useful Information\Serious Incident, Accident, Incident and Near Miss Reporting Forms\DBUK Group Incident Reporting Form.xlsx> For further reference please see 'Incident Reporting Process' Even if the Line Manager does not accept this as safeguarding, the form MUST be completed and submitted to incident@deafblind.org.uk
5. The relevant Director or Head of Community Services will support the Line manager, staff member or volunteer with the concern and if agreed there is a safeguarding concern a responsible person will be appointed by the Director or Head of Service. The responsible person will raise the alert with the local safeguarding team and police if required.
6. The Director or Head of Service is to notify the Chief Executive Officer (CEO) who in turn will notify the Trustee Lead for Safeguarding.

If safeguarding concern is not accepted by the social worker and you feel that this is still a safeguarding concern, then this needs to be escalated to the Associate Director of Local Authority Social Services.

Deafblind UK Internal process for recording:
Please see 'Incident Reporting Process'

Appendix 5

Area	Adults	Children
England		
Barking and Dagenham	0208 227 2915/ 0208 594 8366	020 8227 3811
Barnet	020 8359 5000	020 8359 4066
Bedford	01234 276222/ 0300 300 8123	01234 718700/ 0300 300 8123
Birmingham	0121 303 1234/0121 675 4806	0121 303 1888/ 0121 675 4806
Bradford	01274 431077	01274 437500/01274 431010
Brent	020 8937 4300	020 8937 4300
Brighton	01273 295555	01273 290400
Bristol	0117 922 2700	0117 903 6444
Camden	020 7974 4000/ 020 7974 4444	020 7974 3317/ 020 7974 4444
Cambridgeshire		T0345 045 5203 – (8am to 6pm Mon – Fri) Out of hours emergencies 01733 234724.
Coventry	024 7683 3800	024 7678 8555
Derbyshire	01332 640777/ 01332 786968	0845 123 33 33
East Sussex	0345 60 80 191	01424 724144 (Hastings and Rother) 01323 747373 (Eastbourne, Lewes and Wealden)
Essex	08452 66 66 63	0845 603 7627
Gloucestershire	01452 426868	01452 426565
Greenwich	020 8921 2304/ 020 8854 8888	020 8921 3172
Herefordshire	01432 260715 Out of hours0330 123 9309	

Islington	020 7527 2299	020 7527 7400/ 020 7226 0992
Knowsley	0151 443 2600	0151 443 2600
Lambeth	020 7926 5555/ 020 7926 1000	020 7926 5555/ 020 7926 1000
Lancashire	0300 123 6721	0300 123 6720/ 0300 123 6722
Leeds	0113 222 4401	0113 222 4403/ 0113 240 9536
Leicester	0116 454 1004	0116 454 1004
Lewisham	020 8314 7777/ 020 8314 6000	020 8314 6660/ 020 8314 6000
Liverpool	0151 233 3800	0151 233 3700
Manchester	0161 234 5001	0161 234 5001
Merton	0845 618 9762	020 8545 4226/ 020 8770 5000
Newcastle Upon Tyne	0191 278 8377	0191 277 2500
Newham	020 3373 0440	020 3373 4600
Northamptonshire	0300 126 1000 option 1/ 01604 626938	0300 126 1000 option 2 01604 626938
Northumberland	01670 536 400	01670 623980/ 01670 822386
Peterborough	01733 747474/ 01733 234724	01733 864180/ 01733 234724
Redbridge	020 8708 7333/020 8554 5000	020 8553 5825
Richmond	020 8891 7971	020 8891 7969/ 020 8744 2442
Sandwell	0845 352 2266/ 0121 569 2355	0121 569 3100
Sefton	0845 140 0845/ 0151 920 8234	0845 140 0845/ 0151 920 8264
Southwark	020 7525 5777	020 7525 1921/ 020 7525 5000
St Helens	01744 676600/ 0345 050 0148	01744 676600/0845 050 0148
Staffordshire	0845 604 2719	0800 1313 126/ 07773 792016

South Gloucestershire	01454 868007	01454 866000/ 01454 615165
Stockport	0161 217 6029/ 0161 718 2118	0161 217 6028/ 0161 718 2118
Tower Hamlets	020 3246 3501	020 7364 2972/ 0204364 4079
Tunbridge	03000 411104/03000 419191	03000 411 105/03000 419191
Waltham Forest	020 8496 3000	020 8496 2310/ 020 8496 3000
Warwickshire	01926 412080	01926 410410
West Sussex	012436 642121	01403 229900
Westminster	020 7641 2176/ 020 7641 6000	020 641 4000
Wirral	0151 606 2006/ 0151 677 6557	0151 606 2008/0151 677 6557
Wandsworth	020 8871 7707/ 020 8767 3411	020 8871 6622/020 8871 6000/
Wales		
Wrexham	01978 292066/ 0845 0533 116	01978 292039/ 0845 0533 116
Conway	0300 456 1111/ 01492 515777	01492 575111/ 01492 515777
Rhyl (Denbighshire)	0300 4561000/ 0845 053 3116	01824 712 200/ 0845 053 3116
Cardiff	029 2233 0888 Outside of those hours -029 2078 8570	
Northern Ireland		
Newtownabbey	028 2563 5512/ 028 9504 9999	0300 124 333
Belfast	028 9056 5707/ 028 9056 5444	028 9050 7000
Craigavon	028 3833 4444	0800 7837 745
Newry & Mourne	028 3833 4444	0800 7837 745
Downpatrick	028 9266 5181 Ext. 4558/ 028 9065 5444	0300 1000 300
Causeyway	028 2563 5512/ 028 9504 9999	0300 124 333