

# The Thalidomide Trust

<b>Name of Policy</b>	<b>Safeguarding Policy</b>
<b>Written by</b>	<b>Michelle Hodson-Curran</b>
<b>Date Written</b>	<b>April 2015</b>
<b>Date for Review</b>	<b>April 2017</b>

## 1. Policy Statement

The Thalidomide Trust believes that all individuals should be able to live free from fear of harm, neglect or abuse. The staff, volunteers and Trustees of the Trust are committed to operating in a way which promotes the welfare of its beneficiaries and safeguards vulnerable adults from harm.

We will treat all beneficiaries fairly and with respect and will respond responsibly to any concerns of harm in respect of vulnerable adults. We will not tolerate any forms of abuse wherever it occurs or whoever is responsible.

Staff, volunteers and Trustees in our organisation accept and recognise that we need to develop awareness of the issues that can cause harm. We are committed to promoting an environment that is open, inclusive and transparent and welcome feedback from beneficiaries on how we carry out our work with a view to using this to improve our services.

We will aim to safeguard beneficiaries by:

- Identifying a Safeguarding Lead (and appropriate deputy or deputies);
- Adhering to our Safeguarding Policy and ensuring that it is supported by robust procedures;
- Following good practice in recruitment and selection processes to minimise the opportunity for unsuitable people to work or volunteer with vulnerable beneficiaries: this will include requiring criminal record checks for specific staff and volunteer roles (in line with our agreed criminal record checking process) and ensuring references are taken up;
- Having procedures in place for the effective induction, management, support, supervision and training of staff and volunteers;
- Implementing clear procedures for raising awareness and responding to concerns of actual/suspected incidents of abuse and for reporting concerns to statutory agencies;
- Acknowledging that some of our beneficiaries may be more at risk of harm than others and have procedures in place to ensure that we are providing the appropriate levels of support to help manage this;
- Ensuring that all staff and volunteers are briefed on the Safeguarding Policy and procedures and that channels for raising concerns are transparent and easy to access;
- Arranging formal, external safeguarding training for key staff (including the Safeguarding Lead and identified deputies);
- Reviewing our Safeguarding Policy and procedures and other relevant policies at least once every two years to ensure that they are fit for purpose.

Although our priority is safeguarding our beneficiaries from harm, if any member of staff, volunteer or Trustee, whilst undertaking activities on behalf of the Trust, becomes aware of another vulnerable adult or child experiencing any form of abuse, they should report this to the relevant authorities.

## 2. Why is a Safeguarding Policy necessary?

Some of our beneficiaries are less able to protect themselves than others, and some may have difficulty making their wishes and feelings known. This may make them vulnerable to abuse.

A vulnerable adult is defined as 'any adult over the age of 18 years who is or may be in need of community services, due to mental health problems, learning or physical disability, age or illness and is unable to protect him/herself against significant harm or exploitation'.

## 3. Definition of abuse

Abuse is defined as 'a violation of an individual's human and civil rights by any other person or persons'. The Department of Health's guidance document 'No Secrets' identifies that abuse can be:

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

A description and examples of these different types of abuse are provided in Attachment 1.

Abuse can happen anywhere:

- in the home
- in a care home
- in a hospital
- at a day centre
- in a public place

Abuse can be carried out by anyone:

- Family, friends, informal carers, neighbours
- Paid staff, volunteers
- Other service users
- Strangers

Abuse can be a single act or may continue over a long period. It can be unintentional or deliberate, but will result in harm to the individual, either physically, emotionally or in its effect on the person's wellbeing or development.

## 4. Dealing with reported abuse

It is important that our beneficiaries are protected from abuse. All complaints and allegations of abuse must be taken seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

***It is not the responsibility of anyone working within the Trust in a paid or unpaid capacity to decide whether or not abuse has taken place as this is the role of the Local Authority.***

Local Authorities (usually Social Care departments) hold the lead responsibility for establishing and coordinating the local intra-agency framework for safeguarding adults in line with Government guidance. They will act on any concerns raised and decide on the appropriate action to be taken in each case.

## **5. Procedure in the event of a disclosure**

It is the responsibility of all staff, volunteers and Trustees to act and to pass on any allegations of abuse to a responsible person or agency and to ensure that they act in line with the Trust's Safeguarding Policy and procedures.

When a disclosure of abuse is made, care should be taken to explain to the individual the procedure that will be followed. Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.

The first priority should always be to ensure the safety and protection of the vulnerable beneficiary and this may necessitate the abuse being immediately reported to emergency services.

A full record should be made as soon as possible as to the nature of the abuse that has been reported and any other relevant information. This should be recorded using the Reported Abuse pro forma (see Attachment 2). This must include information in relation to the date, the time and place where the alleged abuse happened, your name and the names of others present when the abuse is reported, the name of the adult who has allegedly been abused and the account which has been given of the allegation.

The Safeguarding Lead will then assess whether a referral is needed and, if so, make the referral usually to the local Safeguarding Adults Team or the Emergency Social Care Duty Team (for the locality in which the vulnerable adult lives). In order to assess the situation fully the Safeguarding Lead may need to speak to the beneficiary, staff member/volunteer or witnesses and may consult the management team.

The Safeguarding Lead will also ensure that any necessary support is provided to the beneficiary who experienced the alleged abuse and to the individual who raised the concern and ensure that they are kept informed regarding any actions taken by the Trust.

A written record of the actions taken will be kept by the Safeguarding Lead and a timescale for any follow up identified. This might include adding the beneficiary to the Trust's case management register. All actions taken in respect of this policy will comply with the Trust's Data Protection Policy.

Any allegation against a member of staff or volunteer will be brought to the immediate attention of the Director. If an allegation is made against the Director or a Trustee this should be reported to the Chair or Vice Chair of Trustees.

The Director or (Vice) Chair will consider the situation and, if appropriate, refer to the relevant Safeguarding Team or agency. A decision may also be made to suspend or remove from active service the employee, volunteer or Trustee pending the outcome of any investigation.

## **6. Suspicions of abuse**

When there is a suspicion that a vulnerable beneficiary is being, or has been, abused, it is important that the concern is formally recorded on the Suspicion of Abuse pro forma (see Attachment 4) and the Safeguarding Lead is notified as soon as possible.

The Safeguarding Lead will consider whether the concern falls within the definition of abuse as outlined in this policy and decide whether any immediate action is required.

The first priority should always be to ensure the safety and protection of the vulnerable beneficiary and this may necessitate the abuse being immediately reported to emergency services. If this is the case, then the beneficiary should be informed as soon as is practical, unless the emergency services specifically advise against this.

If no immediate action is required, the Safeguarding Lead will assess the situation and discuss it, if necessary, with the staff member/volunteer who suspects abuse, the beneficiary and/or the management team.

If a (non-emergency) referral to an external agency is indicated it will be important that the Safeguarding Lead discusses the suspected abuse with the beneficiary and explains the action that the Trust plans to take before making a referral to the appropriate agency. Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.

If internal action is indicated (for example gathering of further information, a visit by a member of staff) this will be actioned as soon as possible.

All referrals and internal actions will be recorded by the Safeguarding Lead and a timescale for any necessary follow up also noted. This might include adding the beneficiary to the Trust's case management register.

The Safeguarding Lead will also ensure that any necessary support is provided to the individual who raised the concern and ensure that they are kept informed regarding any actions taken by the Trust.

## **7. Financial exploitation**

Because of the nature of the financial support provided by the Trust, its beneficiaries are particularly open to financial exploitation which falls under the definition of abuse.

Where this is reported or suspected, the standard procedure should be followed but it is more likely that internal actions will be required rather than immediate referral to a third party.

In these circumstances, internal actions could include providing grant funding on a monthly or weekly rather than annual basis, requiring proof of expenditure to ensure that it is being spent appropriately.

## **8. Beneficiaries with reduced capacity**

Where beneficiaries have reduced capacity they are particularly at risk of abuse. For beneficiaries who are not in full control of their financial affairs, any payments to meet the needs of the beneficiary will only be made following discussion with the beneficiary and /or the third party responsible for the beneficiary's financial affairs. This includes the Court of Protection appointed deputies and those holding Power of Attorney.

In cases where beneficiaries with reduced capacity are receiving statutorily funded care, the Trust staff will maintain close links with the care and support providers and wherever possible attend case review meetings.

The Trust will keep a case management register of beneficiaries with reduced capacity and other beneficiaries it may consider to be vulnerable because of complex health, social or financial needs. A member of staff will be identified to lead on the management and intervention in each case and all cases will be reviewed on a regular basis by the management team.

## **9. Overseas beneficiaries**

It is recognised that beneficiaries living overseas may not be subject to the same legal and statutory arrangements as those living in the UK. However it is important that the staff and volunteers remain alert to any possible abuse and that this is reported so that the Safeguarding Lead can assess what action if any is needed.

## **10. Reported or suspected abuse involving a non-beneficiary**

If, whilst undertaking activities on behalf of the Trust, a member of staff, a volunteer or a Trustee is notified, or suspects, that a vulnerable adult or child who is not a beneficiary of the Trust (for example a family member) is being abused they should take action to protect that individual by reporting the (suspected) abuse to either emergency services or the Local Authority Safeguarding Team, as appropriate. If the staff member, volunteer or Trustee is unsure how to report the abuse or requires further advice, they should contact the Trust's Safeguarding Lead.

## **11. Attachments:**

There are a number of attachments which are integral to this policy:

- Attachment 1                      Descriptions of different types of abuse
- Attachment 2                      Pro forma for recording reported abuse and action taken
- Attachment 3                      Process for dealing with reported abuse
- Attachment 4                      Pro forma for recording suspected abuse and action taken
- Attachment 5                      Process for dealing with suspected abuse

<b>Physical:</b>	Including hitting, slapping, pushing, kicking, misuse of medication and unapproved restraint or restriction.
<b>Sexual:</b>	sexual assault, rape or other sexual acts, inappropriate touching of sexual area, or coercion into the viewing of pornographic material.
<b>Psychological</b>	threats of harm, abandonment, humiliation, shouting, bullying, name calling, intimidation, deprivation of privacy or social contact or dignity.
<b>Financial:</b>	withholding money or possessions, intentional mismanagement of the persons finances or property, theft, fraud misappropriation of finances or exploitation
<b>Neglect:</b>	ignoring medical or physical care needs, failure to access appropriate services for recognised needs, withholding the necessities of life, such as medication adequate nutrition, adequate hygiene, clothing or heating
<b>Discriminatory:</b>	any acts that use hurtful language or cause harassment or similar treatment of an individual because of their disability, race, sex, age, faith, sexual orientation.
<b>Institutional:</b>	the use of systems, routines, practices or care that neglects individual needs.

<b>Name of beneficiary</b>	
<b>Description of alleged abuse</b> (please provide as much detail as possible)	
<b>Date/time that alleged abuse occurred</b>	
<b>Did anyone else witness the abuse?</b> (if so, please provide contact details)	
<b>Has the abuse been reported?</b> (If so, please provide detail)	
<b>Date/time that alleged abuse was reported</b>	
<b>Was anyone else present at the time the abuse was reported to you?</b> (if so, please provide contact details)	
<b>Your name:</b>	
<b>Date:</b>	

**Summary of action taken**

What?	Who?	When?	Comments

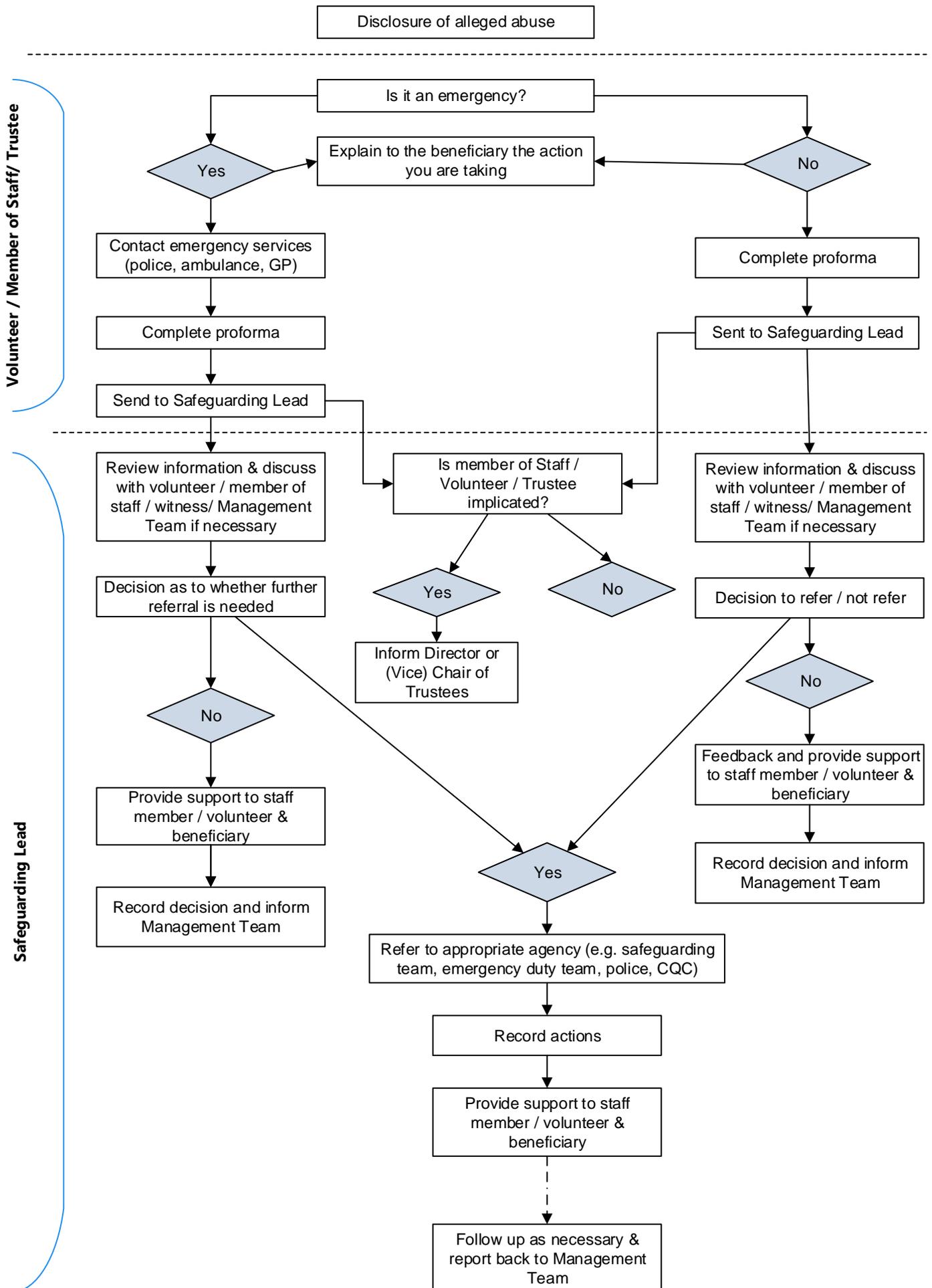
**Details of any follow up required**

Action	Target Date	Completed

**Additional Notes**

--

Process for dealing with reported abuse



**Details of suspected abuse**

**Attachment 4**

<b>Name of beneficiary</b>	
<b>Reasons for suspected abuse</b> (please provide as much detail as possible on the nature of the abuse suspected and the evidence to support your suspicions)	
<b>Is the beneficiary aware of your suspicions?</b> (have you shared your concerns with them? (if so give details with date and time) How did they react?)	
<b>Have you discussed the suspected abuse with anyone else?</b> (if so, please provide details with dates and times)	
<b>Any other relevant information?</b>	
<b>Your name:</b>	
<b>Date:</b>	

**Summary of action taken**

What?	Who?	When?	Comments

**Details of any follow up required**

Action	Target Date	Completed

**Additional Notes**

--

Process for dealing with suspected abuse

