



Safeguarding Policy

Vulnerable adults protection policy and procedure

Hospice Hope provides services to a wide range of individuals and we recognise that occasionally some of our clients may be vulnerable adults. Hospice Hope believes that it is always unacceptable for a person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of vulnerable adults by a commitment to practices which protect them from harm.

Although Hospice Hope does not provide services to children, we fully understand and accept that any individual could be party to a safeguarding disclosure which we have a duty of care to report. For the purpose of this policy, we will refer to adults hereafter.

In the context of this policy, vulnerable adults are those who are or may need community care services by reason of disability, age or illness and who may be unable to take care of themselves or unable to protect themselves against significant harm or exploitation.

Whilst legal frameworks may differ, the spirit of these procedures should be applied in respect of all users of Hospice Hope's services.

The purpose of this policy and procedures is to provide protection for the vulnerable adults who access services from Hospice Hope.

This policy and procedures also provide all individuals associated with Hospice Hope with guidance on what they should do if they suspect that a vulnerable adult may be experiencing, or be at risk from, some form of abuse.

Who this policy applies to

This policy applies to all staff, trustees and volunteers of Hospice Hope.

Policy & Procedures

1. Recruitment, selection and training of staff and volunteers

- 1.1 Hospice Hope has a recruitment and selection policy which is followed when recruiting new members of staff or volunteers. Points from that policy relevant to safeguarding are detailed below.
- 1.2 Hospice Hope will ensure that our recruitment and selection procedures will take account of the need to protect vulnerable adults.
- 1.3 Two references will be taken up for all successful candidates prior to a formal offer of employment, and where appropriate referees will be asked to comment on the applicant's suitability to work with vulnerable adults.
- 1.4 All posts at Hospice Hope will be subject to an enhanced level Disclosure and Barring Services check if staff or volunteers are likely to come into direct contact with guests . These checks are to be reviewed and renewed every three years for all current employees and volunteers.
- 1.5 Induction for new staff and volunteers will include information on all relevant policies and procedures, including safeguarding, and ongoing training will be provided if necessary. All individuals will be informed of their responsibilities under safeguarding on an annual basis.

2. Reporting Procedure

- 2.1 Abuse of vulnerable adults can take many forms (see appendix I). It is not the responsibility of anyone working within Hospice Hope (paid or

voluntary) to decide whether or not abuse has taken place. It is therefore vital that staff members and volunteers raise all cases of suspected or alleged abuse in line with the procedures identified in this policy. It is important to do this as there may have been concerns expressed previously by others and failure to report concerns may place a vulnerable adult at risk.

- 2.2 Any disclosure or suspicion of abuse should be reported to the Support Café or Hope House leader as soon as possible. This should be done as soon as is practicable, by telephone or face-to-face. This should be followed up by completion of a 'Record of Special Concerns' form.
- 2.3 The Support Café or Hope House leader in conjunction with the named Safeguarding Officer will gather further information and details by interviewing the person making the report, or the client directly.
- 2.4 The named safeguarding officer and Charity Chairman will then agree on appropriate action. The nature of this action will be determined by the individual circumstances, but it may include the involvement of external authorities, such as Social Services, referral organisations and the Police.
- 2.5 All individuals will be familiar with good practice guidelines on the immediate action to be taken following a report of abuse (see appendix II)
- 2.6 Any safeguarding allegation made against a member of staff, volunteer or contracted individual should be reported to the named Safeguarding Officer and Charity Chairman who will investigate and take action as per the Disciplinary Policy. In the event of an allegation being made against the Charity Chairman/Chairperson, this should be reported to our named safeguarding Officer.
- 2.7 If a disclosure of abuse is made by a client, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible for Hospice Hope to maintain confidentiality.
- 2.8 If a client makes an allegation about another organisation this should be reported to the Charity Chairman who will investigate and take appropriate action.

RETENTION OF SAFEGUARDING RECORDS

- 3.1 All safeguarding documents will be retained by the charity for a period of 25 years.

This policy was reviewed and agreed by the trustees at a meeting held on

11th February 2019

Signed byChairman

Hospice Hope Safeguarding Policy
Reviewed January 2011. Next review January 2013
Reviewed and agreed at the meeting 9 May 2016.
Reviewed and agreed at meeting 7 November 2016
DATE OF NEXT REVIEW – February 2020

Appendix I: Identifying Abuse

Abuse is the violation of an individual's human rights. It can be a single act or repeated acts. It can be physical, sexual, or emotional. It also includes acts of neglect or an omission to act. In all forms of abuse there are elements of emotional abuse. Vulnerable adults may also suffer additional types of abuse such as being manipulated financially or being discriminated against. Other examples of abuse include inflicting physical harm such as hitting or misuse of medication, rape and sexual assault or exposure to sexual acts without informed consent, emotional abuse such as threats, humiliation and harassment, exploitation, ignoring medical or physical needs, withholding of necessities of life such as food or heating. This list is not exhaustive.

Possible Indicators of Abuse

Physical Abuse

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Fingermarks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing
- Recurring crises/hospital admissions

Sexual Abuse

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person,
- Behaviour of others towards the vulnerable adult

Psychological/emotional Abuse

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect

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

Financial or material signs

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

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions

This list is not exhaustive.

Appendix II: Good Practice Guidelines on the Immediate Action to be taken Following the Report of Abuse

The following are guidelines on immediate action to be taken following a reporting of abuse by a vulnerable adult.

- React calmly so not to frighten or deter him/her.
 - Re-assure him/her that you are glad they have told you, and it is not their fault.
 - Don't promise to keep it to yourself, at the earliest opportunity remind them of our confidentiality policy and explain what this means.
 - Explain that you need to make sure that they will be safe and may have to pass on the information to somebody trusted to deal with it appropriately.
 - Listen carefully to what they say and take them seriously.
 - Allow them to tell you what happened in their own words.
-
- It is important to clarify what you have heard, and to establish the basic facts. However avoid leading questions and do not ask them specific questions about explicit details.
 - If possible make brief notes during the initial disclosure, explaining to them why you are doing this. If not possible to do at the time, make notes as soon as possible afterwards. All notes should be dated and signed by the staff member or volunteer talking to them. The information recorded should include:
 - The nature of the suspicion or allegation.
 - A description of any visible injury.
 - Dates and times and any other factual information.
 - The distinction between fact, opinion or hearsay.

Appendix 111 - RECORD OF SPECIAL CONCERNS

Client:

Name of person making report:

Address: _____

Telephone:

Date of visit:

Describe area of concerns / issue:

Action Taken:

To whom reported:

Date reported:

It is essential that all issues/concerns are reported immediately to your individual supervisor/coordinator/manager. Please complete this form as soon as possible and forward to your individual co-ordinator. It is imperative that all issues and concerns are recorded.

Total **staff**
people