8. PROTECTION POLICIES

8.1 Safeguarding of Vulnerable Adults

This policy applies to all WISH staff, and volunteers, consultants, and freelancers when working within their positions of responsibility for the organisation (WISH).

The Care Act 2014 requires WISH to set out this policy and procedure and with the following aims:

- To prevent harm and reduce the risk of abuse and neglect of any WISH client requiring support;
- To safeguard adult clients in a way that supports them in making choices and having control about how they want to live, "Making Safeguarding Personal";
- To promote an outcomes approach that concentrates on improving life for the clients concerned and giving them the best experience possible.

WISH embraces its responsibility to prevent and report concerns about abuse, neglect and ill treatment of adults who are at risk of being harmed and believes that it is every person's right to live in a safe environment, free from abuse, and that it is everyone's responsibility to protect adults at risk within society. Abuse is a violation of an individual's human and civil rights by any other person or persons. This policy adheres to the six key principles underpinning safeguarding work as set out in the Care Act guidance:

- **Empowerment**: people being supported and encouraged to make their own decisions and give informed consent
- **Prevention**: it is better to act before harm occurs
- **Proportionality**: the least intrusive response appropriate to the risk presented
- **Protection**: support and representation for those in greatest need
- **Partnership**: local solutions through services working with their communities
- **Accountability and transparency** in safeguarding practice.

Capacity: In addition, a person's capacity needs to be considered when making decisions. Some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called "lacking capacity".

To make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things like learning disability, dementia, mental health needs, acquired brain injury, and physical ill health.

The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

The issue of capacity or decision making is a key one in safeguarding adults and it is important that WISH has an overview of the concept of capacity.

The MCA is about making sure that people over the age of 16 have the support they need to make as many decisions as possible.

The MCA also protects people who need family, friends, or paid support staff to make decisions for them because they lack capacity to make specific decisions.

Our Ability to Make Decisions Can Change Over the Course of a Day

Here are some examples that demonstrate how the timing of a question can affect the response:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved.

The MCA recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity. The MCA also recognises that decisions can be about big life-changing events, such as where to live, but equally about small events, such as what to wear on a cold day.

8.1.1 Definitions:

The term 'adult at risk' refers to any person aged 18 years and over who may be vulnerable because they may need community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness, or who may be unable to take care of themselves, or unable to protect themselves against harm, exploitation or serious mistreatment. This includes adult women in hospital and prison.

The safeguarding of vulnerable adults means protecting a person's right to live in safety, free from abuse and neglect.

What is Abuse?

Abuse is a violation of an individual's human and civil rights by a person or persons and can take different forms:

"A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an adult at risk"

Abuse may take the form of all or any of the following types:

- **Physical** – hitting, slapping, burning, pushing, kicking, misuse of medication, making someone physically uncomfortable, unauthorised restraint etc.
- **Psychological/emotional** – shouting, swearing, frightening, blaming, ignoring, or humiliating a person; threats of harm or not helping when it is needed; not allowing contact with other people, controlling the individual and making them do something they do not want to; verbal abuse and making them feel alone without support; failure to respect privacy.
- **Financial/material** – the illegal or unauthorised use, including theft, of a person's property, money, pension book or other valuables; persuading an individual to give or sign things that they do not understand or do not want to.
- **Sexual** – forcing a person to take part in any sexual activity, including inappropriate touch, rape and sexual assault, or sexual acts to which the individual has not consented, could not consent to or was pressurised into consenting to: inappropriate looking or comments; sexual photography; indecent exposure.
- **Domestic Violence** - The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015.
- **Neglect** – where a person is deprived of food, heat, clothing, comfort, or essential medication, ignoring medical or physical care needs; failure to provide access to good health, social care, or educational services.
- **Discriminatory** – this includes racist, religious, ageist, transphobic and sexist abuse, plus abuse based on a person's disability, sexuality, pregnancy, or maternal status; using derogatory terminology; substandard service provision relating to a protected characteristic.
- **Modern slavery** – this includes slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude and inhumane treatment.
- **Organisational abuse** This includes neglect and poor care practice within an institution or specific care setting such as a hospital, or in relation to care provided in an individual's home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice due to the structure, policies, processes, and practices within an organisation.
- **Self-neglect** - This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Why does adult abuse occur?

There are many reasons why people are abused. Each incident is different, and abuse may range from a one-off act to a regular and deliberate terrorizing of an adult at risk.

Some adults' independence and wellbeing would be at risk if they did not receive appropriate health and social care support but being in the care system can create the vulnerability of dependence on others. Those at risk of abuse or neglect should be able to access support which enables them to live a life free from violence and abuse, and it is becoming increasingly common for advocates to get involved in safeguarding work because of the vulnerable situations that people find themselves in.

Vulnerability places people at risk, for example, if someone else must deal with a person's financial affairs the possibility of abuse is introduced. Likewise, if a person with caring responsibilities has a drink or drug problem or is under stress as a result of the caring task, he or she may respond inappropriately, either accidentally or deliberately.

Circumstances of abuse occurring:

Many categories of people may abuse such as:

- Relatives and family members
- Professional staff
- Paid care workers
- Volunteers
- Neighbours
- Friends
- Strangers

Abuse may occur when an adult at risk lives alone or with a relative; it may also occur within nursing, residential or day care settings, in hospitals and prisons or in public places. Abuse may come to light because:

- someone discloses something that is believed to be abuse;
- it is directly witnessed;
- changes in someone's behaviour that gives rise for concern;
- physical evidence on the client's body;
- discovery of evidence from the client's home or workplace such as misuse of a bank card.

8.1.2 Procedures

If a WISH worker suspects something is wrong, she must act because all staff have a duty of care to protect people at risk. However, it is not the WISH worker's role to investigate suspected or alleged abuse.

It is most important to always adhere to the **Three R's:**

Reassure the person suspected to be at risk
Report the incident
Record the incident.

The WISH worker should make an initial assessment of the situation considering:

- The urgency of the situation i.e. how quickly is action needed?
- The severity of the situation – how serious is the risk to the person.?

In an emergency, when an individual may be at risk and/or that a criminal offence may have been committed to the extent they are injured or in immediate physical danger, contact the police and/or other appropriate emergency services without delay.

If a WISH worker is presented with allegations of abuse by anyone, she must not express any view on whether the allegations are true or even likely to be true. It is sufficient to understand that such matters are taken very seriously, that it is important to deal with these issues with sensitivity and that others are expected to do the same – be they service users, relatives, carers, or service providers.

Any concerns must immediately be reported to the WISH 'Designated Person for Safeguarding', whose role is to:

- Obtain information from staff, volunteers, children or parents and carers who have safeguarding concerns and to record this information
- Assess the information quickly and carefully and ask for further information as appropriate
- Ensure that Safeguarding is an agenda item at each WISH Board meeting so that trustees are full informed about safeguarding within WISH

The full role description of the Designated Safeguarding Lead is given in Appendix A

The designated person is:
Joyce Kallevik, Director, contactable via:
M: 07811 263536
E: j.kallevik@womenatWISH.org.uk
The designated person has been nominated by WISH to refer allegations or suspicions of neglect or abuse to the statutory authorities. Each authority or borough has its own safeguarding reporting system; most reports are completed online. In the absence of the Designated Person, the matter should be brought to the attention of the reporting individual's line manager.

Suspicions will not be discussed with anyone other than those nominated above.

Adult Social Services Departments have a responsibility for the protection of adults at risk and for ensuring that investigations are carried out. WISH, as a registered charity, will support the

safeguarding process by providing information and by supporting the victim of the alleged abuse, if asked to do so by the individual, through the investigation process.

If the person accused of abuse is also a woman who uses WISH's services, they may seek support from WISH during the investigation process. To avoid conflict of interests, these two supporting roles must not be carried out by the same person.

It is also the right of any WISH worker to make direct referrals to the relevant agencies if the above process cannot be followed.

Consent:
Victims of abuse do not have to take action against their abusers and this can happen particularly when the abuser is a family member or considered a friend. Victims may also be reluctant to agree to report abusers due to intimidation and this increases their vulnerability. The Wishes of the suspected victim will be respected unless:

- they are in immediate physical danger
- they are clearly unable to make an informed decision
- others are at risk of the abuse

8.1.3 Work Settings

Community: Where the situation is not sufficiently urgent or severe as to require emergency service intervention, the WISH worker should, in the first instance, record her concerns in writing, making a note of the date, time, the concerns and circumstances surrounding them, as well as anything said by anyone in relation to the matter. If a person at risk has disclosed abuse, the worker should, where possible, use their own words in her report.

The worker should then discuss the matter with her line manager with regards to making a formal alert to the local authority's Adult Social Services department. The alert may be made by either the worker or the line manager, as agreed. In line with transparent working, the person at risk should be involved and informed of the actions of WISH in relation to the safeguarding alert wherever possible; however, it should be made clear that in safeguarding matters, WISH has a duty to act, with or without, consent from the individual i.e., that this constitutes an area where confidentiality must be breached.

The person making the alert must confirm telephone referrals in writing within 48 hours and include a request for acknowledgement of receipt. The relevant local authority Adult Social Services department should acknowledge receipt, but if this is not received within three working days, the person alerting the local authority, must contact them again.

Counselling: Counsellors may become aware that a client is sharing or giving an indication of a possible/probable safeguarding situation that meets the threshold of significant harm during a therapy session. They must listen and be empathic when a client is relating a serious scenario. If it proceeds to be a full or clear allegation constituting a safeguarding situation, clarifying questions should not be asked. Counsellors should show empathy without collusion and listen actively to what is being said without asking leading questions, where partial or unclear comments are made.

Counsellors may seek clarification, but they must be aware that the client could be indicating that they are not ready to share more detail at that stage of the therapeutic work and should not be pressured to do so. By trying to clarify the counsellor may contribute to a need to act after that session; counsellors may express concern and offer reassurance but it is not appropriate for counsellors to promise inappropriate confidentiality. Good practice would be to make clear the confidentiality policy in an initial contract that where the client's safety or the safety of others is concerned there may be a requirement to break the usual rules of confidentiality. Counsellors may want to remind a client of this agreement if such issues are raised.

Clients must be made aware of any statutory responsibilities that would be invoked by specific disclosures. Wherever possible the counsellor should explain to the adult that they are concerned and seek to empower the adult to act themselves. If a client refuses consent for the Counsellor to make a safeguarding referral and the Counsellor has legitimate concerns about the welfare of either the client, a member of the client's family or a third party as referred to by the client, the counsellor should notify the relevant department within Social Services of their concern as soon as possible. The counsellor should also notify their supervisor.

Hospital setting

WISH advocates must be aware that they would not be responsible for proving that abuse or neglect may have occurred, and it is not an advocate's role to carry out their own investigation.

Advocates should ensure they know who the 'Safeguarding Leads' are within the hospital in which they are based, and should obtain a copy of, or be aware how to access, the Hospital's safeguarding policy prior to undertaking advocacy work; WISH Advocacy Service will link in with this existing structure under most circumstances.

The advocate should not interrogate their advocacy partner about facts and detail of any suspected safeguarding scenario, as this may influence any further investigations that could take place at a later stage should the police or other agency become involved. As above, good advocacy practice would indicate wherever possible that the person at risk should be involved and informed of the actions of WISH in relation to the safeguarding alert; however, it should be made clear that in safeguarding

matters, WISH has a duty to act with or without consent from the individual i.e. that this constitutes an area where confidentiality must be breached.

Where an allegation or suspicion of abuse occurs, the advocate should make a written record, making a note of the date, time, the concerns, and circumstances surrounding them, as well as anything that has been said by anyone in relation to the matter. If a person at risk has disclosed abuse, the advocate should, where possible, use their words in her report.

If necessary, the advocate should at this stage seek guidance from her line manager or other senior WISH manager. Where it is decided to make a safeguarding alert, the advocate (or WISH manager, if so agreed) should contact the hospital's safeguarding lead (Designated Safeguarding Person), who will liaise with the local authority Adult Social Services department.

Where this is done in person or by telephone, it should be backed up by an email within 48 hours. The written confirmation should include a request for acknowledgement of receipt. In straightforward cases, where prior discussion has not taken place, the advocate should also notify her line manager, by email, of any alert made.

In exceptional circumstances, advocates may opt to make an alert directly to the local authority Adult Social Services Department. This should not be done without discussion with a senior manager of WISH except in an extreme emergency.

Prison setting

Where a worker has a concern about a woman in prison, they should refer to the Prisons Safeguarding Policy and Procedure.

Monitoring the overall process

All WISH staff must ensure that detailed notes of what the client said about possible safeguarding matters, including:

- the date and time;
- the client's views of the situation;
- when and where did the incident(s) occur and who was involved?

They must also ensure any safeguarding alerts are fully documented, including details of people who have been contacted along with times and dates. WISH staff should clearly record on case sheets that a safeguarding alert has been made in relation to issues raised; a separate record should be kept of safeguarding alerts (cross-referenced to case sheets for advocates) which must be kept in a secured file. Advocates should also include figures of safeguarding alerts in their quarterly reports.

8.1.4 WISH has a statutory duty to inform appropriate bodies if WISH personnel have been dismissed because they have harmed a child or adult at risk. The organisation confirms these guidelines are in place to refer to DBS any appropriate information about any employee who may have posed a risk to vulnerable people whilst working for WISH.

8.1.5 Safeguarding Training & External Support Agencies

WISH is committed to the provision of safeguarding training for all team members. This policy is included in:

- Full training when an employee joins the organisation
- Refresher training

Below are notable external agencies that can also be contacted for assistance in specific areas of Safeguarding concerns pertinent to areas that WISH works with service users and clients. The list is not exhaustive and will be reviewed at each review date as noted in the policy document credentials.

Respond
Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.
Tel: 020 7383 0700 or
0808 808 0700 (Helpline)
Email: services@respond.org.uk
www.respond.org.uk

Stop Hate Crime
Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.
24 hours service:
Telephone: 0800 138 1625
Web Chat: www.stophateuk.org/talk-to-us/
E mail: talk@stophateuk.org
Text: 07717 989 025
Text relay: 18001 0800 138 1625
By post: PO Box 851, Leeds LS1 9QS

Susy Lamplugh Trust
The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.
Tel: 020 83921839
Fax: 020 8392 1830
Email: info@suzylamplugh.org
www.suzylamplugh.org

Victim Support

Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.
Tel: 0808 168 9111
www.victimsupport.com

Women's Aid Federation of England and Wales
Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service.
www.womensaid.org.uk/information-support

Policy Credentials

Policy Creator	Maria Ryan – Director of Operations
Policy Approved By	Director & Board of Trustees
Policy Created	November 2021
Policy last Reviewed	November2024
Next Review	May 2025

Appendix A

WISH Designated Safeguarding Lead Role Description

Role Overview: As the Designated Safeguarding Lead, you will act as the primary source of support, guidance, and expertise for safeguarding within WISH, which aims to empower and support women through advocacy services, community services and therapeutic interventions. You will play a crucial role in creating a safe environment for all beneficiaries and staff.

Key Responsibilities:

1. **Safeguarding Development**
    - Advise and support the team in developing and enhancing the charity's safeguarding approach, focusing on the needs of women accessing our services.
2. **Safeguarding Planning and Review**
    - Lead the maintenance and regular review of the charity's safeguarding policies and plans to ensure effectiveness and relevance.
3. **Policy Distribution and Resource Management**
    - Coordinate the distribution and implementation of safeguarding policies, procedures, and resources across Advocacy services, Community and trauma-informed Counselling projects.
4. **Training and Development**
    - Identify necessary safeguarding training for staff and volunteers, providing tailored training programs to enhance awareness and skills pertaining to women's safety.
5. **Support and Advice**
    - Offer ongoing safeguarding advice and support to staff and volunteers, fostering a culture of openness and sensitivity towards safeguarding issues.
6. **Case Management**
    - Manage and oversee any safeguarding concerns, allegations, or incidents reported within the organization, ensuring appropriate responses and documentation.
7. **Agency Referrals**

- Facilitate referrals to relevant safeguarding agencies, ensuring proper handling of incidents or allegations that arise.

8. **Board overview**

   Ensure that Safeguarding is an agenda item at each WISH Board meeting so that trustees are full informed about safeguarding within WISH

   - Ensure that Safeguarding is an agenda item at each WISH Board meeting so that trustees are full informed about safeguarding within WISH

Skills and Abilities:

- Strong ability to build effective relationships with staff, beneficiaries, and external partners.
- Capacity to provide informed and compassionate advice and support.
- Ability to act with integrity and respect in all interactions.
- Strong administrative management and excellent communication skills.
- Influencing skills to advocate for safeguarding best practices within the organization.
- Competency in dealing with sensitive and emotionally charged situations.

Knowledge:

- Understanding of the role of voluntary organizations in safeguarding.
- Awareness of types of abuse and harm, particularly affecting women.
- Familiarity with relevant legislation, government guidance, and national safeguarding frameworks.
- Knowledge of local safeguarding processes and agencies that support women and their families.