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ADULT SAFEGUARDING POLICY

1. INTRODUCTION

Orchardville is committed to ensuring that young people and adults with learning disability and/ or Autistic Spectrum Disorder have the opportunity to gain new skills and develop their independence in a safe and supportive environment. Orchardville believes people with learning disability and/or ASD have the right to make informed choices about their future and participate fully in society.

1.1 Our Vision

To achieve an inclusive society where equal opportunities are enjoyed by everyone.

1.2 Our Mission

Orchardville is committed to be the leading provider of opportunities to equip people with a Learning Disability or Autism to achieve their individual ambitions.

1.3 Our Values

- Empowerment
- Quality
- USER
- Integrity
- Passion

1.4 Our Commitment

At Orchardville we aim to create an environment in which service users feel safe, respected and where any suspicion of abuse or disclosures are dealt with promptly and appropriately. We accept and recognise our responsibility to be vigilant in recognising the signs of abuse and to promptly make referrals as required. Employees and volunteers will at all times be respectful and show understanding of safety and welfare issues by conducting themselves in a professional manner reflecting the values of Orchardville. We will comply at all times with Health and Social Services guidelines on Adult Safeguarding procedures. Adult Safeguarding Champions (Heads of Service) will deal with adult safeguarding issues and make referrals to Health and Social Services as required.

2. SCOPE AND PURPOSE OF POLICY

This policy outlines the actions needed to respond to adults at risk of abuse or harm. For the purpose of this policy, safeguarding processes will apply to both 'Adults at Risk of Harm' and 'Adults in Need of Protection'. This policy applies to all employees and volunteers over all locations.

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3. DEFINITION OF TERMS USED

3.1 Safeguarding

Prevention, early intervention, risk assessment and management, including investigation and protective intervention. Includes activity which prevents harm from occurring and activity which protects adults at risk where harm has occurred.

3.2 'Adult at Risk of Harm'

A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics and / or life circumstances.

3.3 'Adult in Need of Protection'

A person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their personal characteristics or life circumstances, **AND** who is unable to protect their own well-being, property, assets, rights or other interests, **AND** action or inaction of another person or persons in causing, or is likely to cause him / her to be harmed.

3.4 Personal Characteristics

Can include, but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment or disturbance in functioning of the mind or brain.

3.5 Life Circumstances

Can include, but are not limited to isolation, socio-economic factors and environmental living conditions.

3.6 Adult Safeguarding Champion

Previously referred to as a 'Designated Officer', it is the role of the Adult Safeguarding Champion (ASC) to be the main point of contact with health trusts and relevant authorities for all adult safeguarding matters.

4. DEFINITIONS OF ABUSE

Abuse is the misuse of power and control that one person has over another; it can involve direct and indirect contact and can include online abuse.

4.1 Physical Abuse

Use of physical force or deliberate mistreatment of one person by another which may or may not result in actual physical injury, or wilful or neglectful failure to prevent physical injury or suffering. This may also include inappropriate restraint or use of medication.

4.2 Sexual Abuse

Any behaviour (physical, psychological, verbal, online or otherwise) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful or unwanted. This may include forcing or enticing an Adult at Risk or Harm or an Adult in Need of Protection to

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take part in sexual activities, as well as non-contact sexual activities such as indecent exposure, stalking or grooming.

4.3 Neglect and Acts of Omission

The persistent failure to meet physical, emotional and/or psychological needs, likely to result in significant harm. This may include deliberately withholding or failing to provide appropriate adequate care and support.

4.4 Psychological and Emotional Abuse

Persistent emotional and / or psychological ill-treatment which may cause severe and persistent adverse effects on mental health. This may include threats, humiliation, ridicule, provoking fear of violence, intimidation and controlling behaviour.

4.5 Financial or Material Abuse

Actual or attempted fraud, theft or misappropriation or misuse of money, property, benefits and material goods through intimidation, deception or exploitation. This may include withholding benefits or applying pressure in relation to wills.

4.6 Institutional Abuse

Abuse, mistreatment or neglect in settings which adults who are at risk may reside in or use. This may include poor standards of care, poor practice and behaviours, rigid routines which violate dignity or human rights or pose the risk of harm.

4.7 Bullying

The repeated use of power by one or more persons intentionally to harm, hurt or adversely affect the rights and needs of another or others. Forms of Bullying include:

- *Emotional*: excluding, being unkind
- *Physical*: hitting, kicking, theft.
- *Racist*: racial taunts, graffiti, gestures.
- *Sexual*: unwanted physical contact or sexually abusive comments.
- *Homophobic*: Focusing on sexuality.
- *Verbal*: name calling, sarcasm, spreading rumours, teasing.
- *Cyber*: text messages, picture/video, phone calls, e-mails and websites.

4.8 Exploitation

Deliberate maltreatment, manipulation, or abuse of power or control over another person.

This is not an exhaustive list. Appendix One contains an overview of recognising the sign of abuse, further training is included in the staff induction.

There are other related definitions which interface with adult safeguarding, for example domestic violence and abuse, human trafficking and modern slavery, and hate crime. Each of which have their

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own associated adult protection processes, which will include referring to the appropriate agencies or the PSNI.

5. THE ADULT SAFEGUARDING CHAMPION (ASC)

Adult Safeguarding: Prevention and Protection in Partnership (2015) sets out the requirement for organisations to have an Adult Safeguarding Champion (ASC). The ASC should hold a senior position within the organisation and should have the necessary training, skills and experience to carry out the role.

5.1 Responsibilities

- Provide strategic and operational leadership in relation to adult safeguarding and implement our Adult Safeguarding policy.
- Act as the main point of contact with HSC trusts and the PSNI for all adult safeguarding matters. In the absence of the ASC, any concerns should be reported to the most senior member of staff available.
- Ensure that Orchardville as an absolute minimum, safeguards adults at risk by being aware of signs of harm, reducing the opportunities for such activities and knowing how and when to report concerns to the correct authorities.
- Provide information, support and advice to employees and volunteers on adult safeguarding within Orchardville.
- Ensure that this policy is communicated and assessing the need for any further training.
- Ensure accurate and up-to-date records are maintained detailing decisions made and any action taken.

5.2 Safeguarding Reports

To meet governance requirements, the ASC will compile an annual Adult Safeguarding Position Report using the following core data:

- Number of referrals made to HSC Trusts involving both an adult at risk and an adult in need of protection.
- Number of adult safeguarding discussions where the decision taken was **not** to refer to HSC Trust.
- Any untoward event that triggered an adult protection investigation.
- Adult Safeguarding training opportunities provided and uptake across employee or volunteer groups.

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- Any action that Orchardville has taken to ensure it is compliant with Adult Safeguarding: Prevention and Protection in Partnership and to implement our Adult Safeguarding Policy.

These reports should be made available for any external audit purposes.

6. PREVENTING SAFEGUARDING CONCERNS

In accordance with statutory guidelines, Orchardville will safeguard adults at risk of harm by ensuring the following measures are in place:

6.1 Recruitment of Employees and Volunteers

- Pre-employment interviews are held.
- New staff are employed in line with Employment Rights (NI) Order 1996.
- Two written references are obtained, one from a current employer if applicable.
- An appropriate level Access NI check will be completed including photographic identification and proof of address.
- A comprehensive induction is carried out including adult safeguarding child protection training.
- All appointments are subject to a six month probationary period followed by a probationary review.
- Confirmation in post is only made after satisfactory completion of the above.

6.2 Adult Safeguarding Training

- Adult Safeguarding Training will be offered to all employees and volunteers on a regular basis and will include in-house training as well as training with external providers e.g. the Health Trusts.
- An employee or volunteer Code of Conduct in relation to working with young people and adults at risk is communicated to all staff and is strictly adhered to.
- Disability awareness training.
- Other training will also be provided to relevant employees, for example, first aid, epilepsy training and child protection training.
- If deemed necessary, and where appropriate, Orchardville may require employees to undertake Suicide Awareness and Prevention training.

6.3 Protecting both Service Users and Employee / Volunteers

We can reduce likely situations which could lead to abuse of adults at risk and help prevent Orchardville employees and volunteers from false accusations by making sure that everyone, as a general rule, should not:

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- Spend excessive amounts of time alone with service users away from others
- Take service users to their homes. If these two examples are unavoidable, they should only occur with the full knowledge and consent of the Line Manager **AND** the service users carer / family.
- Engage in rough physical games including horseplay – apart from structured sports activities.
- Engage in sexually provocative games.
- Allow or engage in inappropriate touching of any form
- Allow service users to use inappropriate language unchallenged
- Make sexually suggestive comments
- Let allegations a service user makes go unchallenged or recorded
- Do things of a personal nature for a service user that they can do themselves.

In emergency situations it may sometimes be necessary for employees and volunteers to do things of a personal nature for service users. In this case, the person's family / carer should be fully informed and any task should be completed with the utmost discretion. If possible, at all times two members of staff should be present to carry out tasks of a personal nature.

7. RECOGNISING AND RESPONDING TO ADULT SAFEGUARDING CONCERNS

Knowing what to look out for and being alert plays a major role in ensuring that adults are safeguarded. It is important that all concerns about possible abuse are taken seriously and appropriate action is taken.

Employees or volunteers should observe service users on an ongoing basis and note any significant changes that may be a cause for concern. Any employee or volunteer who becomes aware of, or is concerned that someone may be experiencing harm or abuse, must report this to the ASC immediately. Please see Appendix 1 for a list of potential signs of abuse or harm.

7.1 If an Adult at Risk discloses abuse to an Employee or Volunteer:

All employees or volunteers, regardless of their position or location, should be aware of what to do in the event that an Adult at Risk makes a disclosure to them, or makes a comment that raises alarm.

- Stay calm and listen.
- Express concern and acknowledge what has been said.
- Reassure the person that they did the right thing telling you and that the information will be taken seriously.
- Explain what will happen next.
- Explain the limits and boundaries of confidentiality.

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- Ensure the immediate safety of the person.
- Record everything that was said and report to the ASC. Always ensure any records are signed and dated.
- Records should be kept for 7 years.
- **NEVER** delay, stop someone midway through a disclosure, promise to keep secrets, or make the person repeat any details.
- **NEVER** attempt to investigate yourself, confront the alleged harmer or leave information regarding safeguarding issues on an email or voicemail system.

8. REPORTING ADULT SAFEGUARDING CONCERNS

8.1 Immediate Safety

- The Line Manager or person in charge should take any immediate action to ensure the person is safe and report to the Adult Safeguarding Champion.

8.2 Confidentiality

- Information will only be shared on a need to know basis and will only be shared when it is in the best interests of the service users.
- Confidentiality **should not** be confused with secrecy.

8.3 Consent

- Consent and capacity is often difficult to determine and it is a legal decision which is made by colleagues in the statutory sector following assessment.
- Informed consent should be obtained but if this is not possible and other adults are at risk it may be necessary to override it.
- For consent to be valid the person must be capable of taking that particular decision, not under undue influence from anyone, and provided with enough information to enable them to make the decision.

8.4 Communicate with Adult Safeguarding Champion (ASC)

- Concerns should initially be verbally communicated to the ASC **immediately**. This will be followed by a written record in the form of an 'Incident Report Form' (see Appendix 3) which will be provided by the ASC. In the absence of an ASC, concerns should be reported to the most senior member of staff available.

8.5 Role of the ASC

- Consider whether the concern is a safeguarding issue or not. This may involve some 'checking out' of information provided whilst being careful not to stray into an investigation.
- Where immediate danger exists, ensure any necessary medical assistance has been sought and refer to HSC Adult Protection Gateway or PSNI.

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- Where it has been deemed that it is not a safeguarding issue, other alternative responses should be considered such as monitoring, support or advice to employees or volunteers.
- If it is decided that it is a safeguarding issue, the situation should be referred to the relevant Community Team Leader for advice. The HSC Trust may then conduct a risk assessment and decide what response is appropriate.

8.6 Safeguarding Complaints against Employees or Volunteers

- Anyone with concerns should speak immediately to the Adult Safeguarding Champion.
- The Adult Safeguarding Champion should report to and work with the local Health Trust to agree the next steps. Social Services and the PSNI may be informed to conduct their own investigation.
- After an initial investigation, and when the level of severity has been established, the employee or volunteer may be suspended while the investigation is active.
- The service user or their family should not, under any circumstances, be contacted by an employee or volunteer.
- Once the Health Trust has completed their investigation, an internal disciplinary procedure may be followed and the appropriate action taken.

Please see Appendix 2 for a step-by-step process that should be followed in the event of a concern being raised or disclosure being made.

9. POLICY REVIEW AND AMENDMENTS

The above is general guidance on Adults at Risk of Harm or Adults in Need of Protection within Orchardville. Further information is contained within the employee induction and employees or volunteers regularly attend refresher courses.

Orchardville is committed to reviewing this policy every 2 years to ensure accuracy and best practice. However, employees or volunteers are actively encouraged to seek guidance and advice on any safeguarding issues either from their Line Manager or the Adult Safeguarding Champion.

Signed:

Dated:

Review Date:

This policy has been approved by the Board of Directors at a meeting held on 22nd March 2017.

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APPENDIX 1

SIGNS OF ABUSE

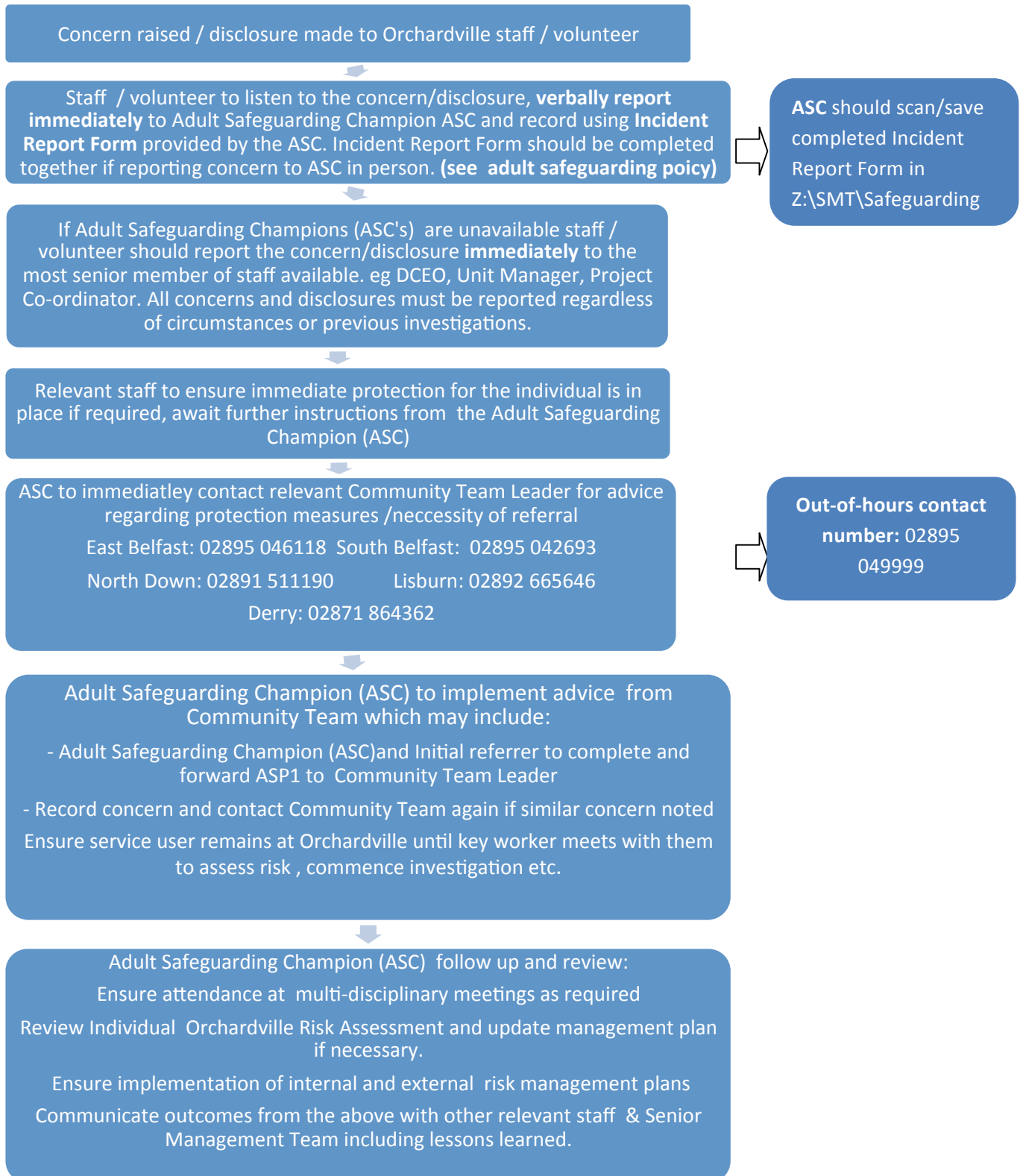
Physical Indicators	Behavioural Indicators
<p align="center">Bruising</p> <ul style="list-style-type: none"> Multiple bruises of different ages Bruising which appears to be non-accidental Small red pin prick bruises Finger tip or hand marks Bite marks Black eyes (especially two) Linear and object shaped marks Soft tissue bruising 	<ul style="list-style-type: none"> Extreme or sudden mood changes Any onset of uncharacteristic behaviour Poor appetite Tiredness Truancy / poor attendance Withdrawal from usual activities or deterioration in usual class participation Forgetfulness Poor organisation Aggression Fear of adults Suicidal or self-destructive behaviour Sexual preoccupation Overt masturbation Provocative behaviour Inappropriate touching Too early awareness of sexual behaviour Suicide threats Running away from home Fear of going home Arriving very early for project Poor peer relationships Persistent attention seeking Preoccupation with illness Vague pains Sudden drop in concentration
<p align="center">Burns and Scalds</p> <ul style="list-style-type: none"> Object shaped burns Cigarette burns Scald tide marks indicating forced immersion in hot water 	
<p align="center">Sexual Abuse</p> <ul style="list-style-type: none"> Bruising of genitals or thighs Pain on urination Venereal infections 	
<p align="center">Neglect</p> <ul style="list-style-type: none"> Low weight / height ratio Low rate of weight gain Dirty clothing Poor hygiene Inappropriate seasonal dress 	

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APPENDIX 2

Orchardville Adult Safeguarding Flowchart (Internal Response)

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APPENDIX 3

Orchardville Incident Report Form

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ORCHARDVILLE INCIDENT RECORD FORM

Name of Person Reporting Incident	
Position/Job Role:	
Service Users name:	
Service Users address:	
Parents/carers Names & Address:	
Date of birth: (if known)	
Date and time of incident:	
Details of the incident Include:- <ul style="list-style-type: none"> • What happened • Where did it happen • Who was involved • Who witnessed the Incident • Was there any follow up action taken • Any other relevant factual information 	
Signed by Person Reporting:	
Date:	