**ADULT SAFEGUARDING POLICY**

1. **INTRODUCTION**

Orchardville is committed to ensuring that young people and adults with learning disability and/ or Autism 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 Autism have the right to make informed choices about their future and participate fully in society.

1. **Our Vision**

A society where equal opportunities are enjoyed by all.

1. **Our Mission**

Supporting people with learning disability or autism to live learn and work.

1. **Our Values**
* **Empowerment:** We have the skills and attitude to make change happen
* **Quality:** We are always learning, improving, and striving for excellence
* **USER:** At the heart of everything we do, we always put our participants first
* **Integrity:** We always do what is right even when it is difficult
* **Passion:** We truly believe in what we do, and it shows
1. **Commitment**

At Orchardville we aim to create an environment in which service users/participants 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 Champion and Appointed Persons will deal with adult safeguarding issues and make referrals to Health and Social Services as required.

1. **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.

1. **DEFINITION OF TERMS USED**
2. **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.

1. **‘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.

1. **‘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.

1. **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.

1. **Life Circumstances**

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

1. **Adult Safeguarding Champion**

The Adult Safeguarding Champion will provide strategic and operational leadership and oversight in relation to adult safeguarding. The ASC is also responsible for implementing this policy.

1. **Appointed Person**

The role of the Appointed Person (AP) is to be the main point of contact for all adult safeguarding matters, including contact with health trusts and relevant authorities.

1. **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.

* **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 willful or neglectful failure to prevent physical injury or suffering. This may also include inappropriate restraint or use of medication.

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

* **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.

* **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.

* **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.

* **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.

* **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 rumors, teasing.
* *Cyber*: text messages, picture/video, phone calls, e-mails, and websites.
* **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 own associated adult protection processes, which will include referring to the appropriate agencies or the PSNI.

1. **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.

**Responsibilities**

* Provide strategic and operational leadership in relation to adult safeguarding and implement our Adult Safeguarding policy.
* In the absence of an Appointed Person, the ASC will 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.

**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.
* 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.

1. **PREVENTING SAFEGUARDING CONCERNS**

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

**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 in line with the Access NI Code of Conduct
* 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.

**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.

**Protecting both Service Users/Participants 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:

* Spend excessive amounts of time alone with service users away from others.
* Take service users/participants 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 user’s/participant’s 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/participants. 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.

1. **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/participants 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 AP immediately. Please see Appendix 1 for a list of potential signs of abuse or harm.

**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.
* Ensure the immediate safety of the person.
* Record everything that was said and report to the AP. 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 orleave information regarding safeguarding issues on an email or voicemail system*.*
1. **REPORTING ADULT SAFEGUARDING CONCERNS**
2. **Immediate Safety**
* The Line Manager or person in charge should take any immediate action to ensure the person is safe and report to the Appointed Person.
1. **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/participants.
* Confidentiality *should not* be confused with secrecy.
1. **Consent**
* Consent and capacity are 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.
1. **Communicate with Appointed Person (AP)**
* Concerns should initially be verbally communicated to the AP *immediately*. This will be followed by a written record in the form of a ‘Safeguarding Incident Report Form’ (see Appendix 3) which will be provided by the AP. In the absence of an AP, concerns should be reported to the ASC, or the most senior member of staff available.
1. **Role of the Appointed Person (AP)**
* 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.
* 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.
1. **Role of the Adult Safeguarding Champion (ASC)**
* The ASC provides strategic and operational leadership and oversight in relation to adult safeguarding for an organisation or group and is responsible for implementing its adult safeguarding policy statement. The ASC should ensure that, at a minimum, the organisation safeguards adults at risk by:
	+ - recognising that adult harm is wrong and that it should not be tolerated;
		- being aware of the signs of harm from abuse, exploitation and neglect;
		- reducing opportunities for harm from abuse, exploitation and neglect to occur; and
		- knowing how and when to report safeguarding concerns to HSC Trusts or the PSNI.
1. **Safeguarding Complaints against Employees or Volunteers**
* Anyone with concerns should speak immediately to the Appointed Person.
* The Appointed Person 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.

1. **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.

**APPENDIX 1**

**SIGNS OF ABUSE**

|  |  |
| --- | --- |
| **Physical Indicators** | **Behavioural Indicators** |
| **Bruising** | * 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
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| * Multiple bruises of different ages
* Bruising which appears to be non-accidental
* Small red pin prick bruises
* Fingertip or hand marks
* Bite marks
* Black eyes (especially two)
* Linear and object shaped marks
* Soft tissue bruising
 |
| **Burns and Scalds** |
| * Object shaped burns
* Cigarette burns
* Scald tide marks indicating forced immersion in hot water
 |
| **Sexual Abuse** |
| * Bruising of genitals or thighs
* Pain on urination
* Venereal infections
 |
| **Neglect** |
| * 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)**

If Appointed Persons are unavailable staff/volunteer should report the concern/disclosure **immediately** to the ASC or most senior member of staff available e.g. Director of Operations, Unit Manager, Project Coordinator.

Concern raised / disclosure made to Orchardville Staff / Volunteer

**Adult Safeguarding**

**Champion (ASC)**

Joan McGinn – CEO

Contact Number:

07736289496

Email:

Joan.mcginn@orchardville.com

Appointed Persons should scan/save completed Incident Report Form in **Z:\Public\Safeguarding**

**All** concerns and disclosures must be reported regardless of circumstances or previous investigations.

**Staff / Volunteer** to listen to the concern/disclosure, **verbally report immediately** to **Appointed Person (AP)** and record using **Safeguarding** **Incident Report Form** provided by the AP. Safeguarding Incident Report Form should be completed together if reporting concern to AP in person. **(See Adult Safeguarding Policy)**

**AP** to liaise with **ASC** and **Relevant staff** to ensure immediate protection for the individual is in place is required. Staff to await further instructions from the **AP**.

**AP** to immediately contact relevant Community Team Leader/Designated Officer for advice re protection measures / necessity for referral:

|  |  |  |
| --- | --- | --- |
| **BHSCT** | **SEHSCT** | **WHSCT** |
| North | **02895 042376** | North Down  | **02891 511190**  | Derry | **02871 864362** |
| West | **02895 041284** | Lisburn: | **02892 665546** |  |  |
| East | **02895 046118**  |  |  |  |  |
| South | **02895 042693** |  |  |  |  |
|  |  |  |  |  |  |
| **Regional Social Work Service (RSWS) – Out of Hours: 02895 049 999** |

NB – If participant has autism only and is not known to LD team, contact the appropriate Adult Protection/Gateway team:

Monday to Friday

Belfast HSCT (9am-5pm) **028 95041744**

South-Eastern HSCT **(10am-4pm)** **028 92501227**

Western HSCT (9am -5pm) **028 71611366**

Out of hours/Regional service (5pm to 9am or 4pm to 10am) **028 9504 9999**

**AP** to implement advice from Community Team which may include:

* AP and initial referrer to complete and forward APP1 to Community Team Leader
* Record concerns and contact Community Team again if similar concern notes
* Ensure service user remains at Orchardville until key worker meets with them to assess risk, commence investigation etc.

**AP** to follow up with **ASC** and review:

* Ensure attendance at multi-disciplinary meetings as required
* Review individual Orchardville Risk Assessment and update management plan if necessary.
* Ensure implementation of internal and external risk management plans
* Communicate outcomes from the above with other relevant staff and Senior Management Team including lessons learned.

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| **APPOINTED PERSONS** |
| **Name** | **Job Role** | **Phone Number** | **Email** |
| **Kirsty Spencer** | Head of Employment & Progression | **07590 452 619** | kirsty.spencer@orchardville.com |
| **Michael Walker** | Head of Employment & Progression | **07864 614 582** | michael.walker@orchardville.com |
| **Lydia Lynas** | Head of Community Inclusion & Progression | **07725 305 581** | lydia.lynas@orchardville.com |
| **BRENDA McCRACKEN** | Director of Operations | **07763 572 912** | brenda.mccracken@orchardville.com |
| **Rachel Stewart** | Community Inclusion & Progression Co-ordinator | **07711 374 069** | rachael.stewart@orchardville.com |
| **FionA McCaughan** | Community Inclusion & Progression Co-ordinator | **07590 452 618** | fiona.mccaughan@orchardville.com |
| **Laura JaMISON** | Community Inclusion & Progression Co-ordinator | **07711 374 074** | laura.jamison@orchardville.com |
| **ANNIE WILSON** | Volunteer Co-ordinator | **07849 353 709** | annie.wilson@orchardville.com |

**APPENDIX 3**

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| **ORCHARDVILLE SAFEGUARDING INCIDENT RECORD FORM**  |

|  |  |
| --- | --- |
| **Name of Person Reporting Incident/Suspected Abuse:** |  |
| **Position/Job Role:** |  |
| **Vulnerable Person’s name:** |  |
| **Vulnerable Person’s address:** |  |
| **Parents/carers** **Names & Address:** |  |
| **Vulnerable Person’s date of birth:****(If known)** |  |
| **Date and time of any incident:** |  |
| **Details of the incident****Include:-*** What happened
* Where did it happen
* Who was involved
* Who witnessed the

Incident* Was there any follow up

action takenAny other relevant factual information |  |
| **Signed by Person Reporting:****Date:** |  |
| **Follow up action /advice from** **Health & Social Care Trust / PSNI****etc.**Please record who you spoke toand when, in chronological order |  |
| **Debrief****Please complete a debrief with** **staff member/volunteer who** **reported the incident.**Debrief should include as a minimum* how did they find the process
* did the disclosure impact on them
* do they need any additional support

and/or training re adult safeguarding |  |