

**The Burton Street Foundation**  
Community Benefit Society #28699R

# Child protection **POLICY**

## Purpose

- To safeguard adults who use our services.
- To apply preventative practices within services to minimise the risk of abuse.
- To ensure staff are able to identify indicators of abuse and know how to support someone who has been abused.
- To ensure staff, follow the procedure for responding to, reporting and recording abuse.
- Adoption of the six principles of safeguarding i.e. Empowering people to recognise abuse for themselves, Prevention rather than cure, Proportionality providing measured and least intrusive responses in proportion to the risk presented, Protection by supporting or representing those in greatest need, Partnerships providing local information and solutions through working together in the best interests of service users and finally, Accountability and transparency in delivering safeguarding practice.
- To apply the principals and requirements of the Human Rights Act in all of the organisations' practice.

## Applicable Legislation

- Health & Social Care Act 2008
- Care Act 2014
- Moving and Handling Operations Regulations
- Lifting Operations and Lifting Equipment Regulations
- Health & Safety at Work Act 1974
- Mental Capacity Act 2005
- Health & Social Care Council mandatory Code of Practice.
- Human Rights Act 1998

## Responsibility

All staff:

- To identify and report any allegations or suspicions of abuse following the procedure in this document.

Service managers:

- To be familiar with and follow the local authority and NHS Safeguarding Adults procedures.
- To ensure any actions required by the Safeguarding Adults Team are carried out.
- To ensure that staff, are trained on how to safeguard adults and reinforce this through team meetings and supervision.
- To provide an open and supportive environment where service users are able to recognise abuse and feel empowered to report it.

Definition

This policy uses the definition of abuse from the Department of Health 'No Secrets' (2000) guidance:

'Abuse is defined as the violation of an individual's human rights by another individual or individuals.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to or exploitation of the person subjected to it. This document has been updated to reflect changes detailed in the Care Act 2014 including the addition of three new categories of abuse and an omission correction to add Institutional abuse as one of the defined categories.

**Physical abuse**

including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**Sexual abuse**

including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.

**Psychological abuse**

including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial or material abuse**

Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse of property, possessions or benefits.

**Neglect and acts of omission**

including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Institutional Abuse**

Mistreatment or abuse by a regime or individuals from within the organisation. Institutional abuse occurs when the routines, systems and norms of an organisation take precedence over the preferred lifestyle and cultural diversity of the service users in its care.

**Discriminatory abuse**

including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.'

**Domestic Violence\***

this includes psychological, physical, sexual, financial, emotional abuse; and acts perpetrated as part of so called 'honour' type acts.

**Self-Neglect\***

this refers to an unwillingness or inability to care for oneself and/or one's environment. It encompasses a wide range of behaviours, including hoarding, living in squalor, and neglecting self-care and hygiene.

**Modern Slavery\***

This encompasses slavery, human trafficking, forced labour and domestic servitude.

\*Introduced in the Care Act 2014

**Hate crime**

can include any of the above types of abuse and is seen as an extreme form of bullying. The Home Office definition of hate crime is:

'Any incident which constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate.

Hate crime is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of their race, ethnic origin, religion, gender, sexual orientation or disability.

Hate crime can take many forms, including physical attacks, threat of attack, or verbal abuse or insults.'

In this policy, the term 'abuse' will be used to cover all types of abuse, whether an allegation, suspicion or actual abuse.

## Policy

The BSF is committed to providing services that safeguard adults from abuse and to ensuring preventative practices are applied in order to minimise risk of abuse.

We will ensure that service users understand what abuse is and how to tell someone if they are being abused. We will provide an open and supportive environment to ensure service users feel able to report abuse.

We will ensure that staff, know what to do and who to report to if they suspect abuse or someone discloses abuse to them.

We will fulfil our internal obligations within this policy but also follow the local authority's and NHS Safeguarding Adults policy and procedures when dealing with abuse. The relevant authority will be the authority in which the service user is resident.

## Procedure

All service users will have access to a Safeguarding Adults guide in plain English. Staff should use this resource to ensure all service users understand what abuse is and what to do if they are being abused.

Care planning and reviews will be person-centred and should include a discussion around risks of abuse. This will empower the service user to recognise any areas or people within their life that are abusive or could lead to abuse. See the Person-Centred Planning policy.

Service users' access to advocates will be promoted to increase opportunities for an alert of abuse. Staff will be vigilant for any signs of abuse, small indicators of abuse may alert staff to something being wrong and, by raising concerns, could aid early intervention before the abuse escalates or continues.

## First response

If anyone at the BSF has any child or vulnerable adult protection concern about any service user or others, that concern or suspicion **MUST** be reported to the nominated vulnerable adult or child safeguarding manager immediately. The child safeguarding manager is the head of children's services, Simone Harper and for adults it is the registered manager Dannielle Wibberley. If the safeguarding managers are unavailable or the concern is appertaining to their conduct, concerns are to be addressed with their nominated deputies. For child related concerns, this is Julie Melville 'Let's Go' department manager and for Adults it is Andy Beeston (Senior Management Team)

If staff suspect abuse is taking place or are told about an allegation or incidence of abuse, they must:

- Deal with any immediate needs or ensure the person is safe.
- Listen to what is being said and only ask questions to verify facts. Under no circumstances ask leading questions.
- Give support and explain that the information will need to be reported to the safeguarding manager and treated seriously.
- Say what will happen next.
- Report and record the information accurately on an incident form.

## Reporting abuse

Staff must:

- Report the abuse to their line manager as soon as possible and agree the initial action to be taken. If

staff feel unable to report abuse to their manager or within the line management chain, they should follow the Whistleblowing policy.

- Contact emergency services if medical assistance is needed or a crime has taken place.

Within 24 hours:

- Departmental managers will inform the relevant safeguarding manager in accordance with this policy and/or service commissioners for the client if appropriate.
- Contact the Safeguarding Adults Team for Sheffield City Council and ensure the service user's social worker is also informed. Emergency on duty numbers are attached at appendix one.
- See displayed flowchart on safeguarding adults "are you acting within the law?"
- The CQC (Care Quality Commission), may be informed if contact cannot be established with the local authority safeguarding board or if allegations are directed against staff or the organisation [www.cqc.org.uk](http://www.cqc.org.uk), Tel: 0300 0616161).

Where appropriate and an agreed action:

- Inform the service user's family or carer.
- Contact another statutory body if appropriate.

### Recording abuse

After the first response, staff should record as much information as possible, including:

- Date and time of alert.
- Your name, job title and service.
- The service user(s) involved (name, service name, contact information, what is known of their mental capacity, their wishes in relation to the allegation or incident of abuse).
- Details of the abuse (type of abuse, time and dates abuse took place, alleged abuser's name and DOB, names of any known witnesses, how it came to light).
- Any immediate action taken – how is the service user now?
- Response to the concern being raised (use of emergency services, crime number, immediate safeguarding plan, referral to regulators, name of manager reported to).

This initial information can then be used to complete an incident record and to complete the regulator's notification form.

After the initial recording of information, records must be kept of any further actions, conversations, correspondence, investigations, or any other information relating to the abuse. These records must be kept in a dedicated folder for each service user or case of suspected abuse. Only relevant information should be kept on the service user's file (see Access to Records policy).

### The wishes of the service user

The wishes of the service user must be taken into account regarding further action and the sharing of information. If the person's mental capacity is in question, follow the guidance in the Mental Capacity Act 2005.

If the service user asks the allegation or incidence of abuse to be kept confidential:

- Staff must still report the alleged abuse as outlined in the reporting section of this policy.
- The request should then be discussed with the Safeguarding Adults Team.
- The service user should be told that the information will be treated confidentially and information will be shared on a strictly need-to-know basis.
- Their wishes should be verified again before further action is taken.

If the service user asks that no action is taken:

These wishes must be recognised and considered by the BSF and the Safeguarding Adults Team.

Action that can still be taken:

- Police may still carry out a criminal investigation, even if the service user does not want them to.

Action that must still be taken:

- The Safeguarding Adults Team and the BSF must take action if the alleged abuser has access to other vulnerable adults.
- If a member of staff is suspected of abusing, the BSF must ensure this is fully investigated and inform the relevant regulatory body.
- A record must be made of the actions taken to support the service user regarding the abuse and their wish for no further action.

### Investigation and action

The Safeguarding Adults Team has the overall responsibility to lead an investigation and will coordinate all actions taken under the local authority or NHS procedures.

Long-term plans to support the service user over any abuse issues should be included in the action plan. Service users should be provided with information about independent advocacy services and supported to access this service if they wish.

Where the police are carrying out a criminal investigation, any other actions taken should be coordinated under the local multi-agency procedures, in order to avoid prejudicing any criminal proceedings.

### Abuse by a member of staff

If the alleged abuser is a member of staff, whether on a paid or voluntary basis, the BSF will follow the Disciplinary policy. An internal disciplinary procedure would normally form part of the multi-agency response to the abuse.

### Abuse by a service user

If the alleged abuser is a service user, a risk assessment will be carried out to assess the level of risk they pose to others. This would normally be carried out by the BSF and the Safeguarding Adults Team would be made aware of its findings and agree any subsequent actions.

### Referrals for Inclusion on Barred Lists

The Independent Safeguarding Authority was disbanded on 1st December 2012 and incorporated into the new Disclosure and Barring Service.

The Disclosure and Barring service rules and regulations now apply. Under these rules, if a member of staff or volunteer has harmed or risked harm to either vulnerable adults or children, the BSF has a duty to comply with instructions on referral resulting from the subsequent safeguarding enquiry. To ensure compliance with complex legislation, any such referral must be scrutinised by BSF's legal representatives prior to submission to the Disclosure and Barring Service.

The Disclosure and Barring Service (henceforth referred to as DBS) replaces previous barring lists with two new registers. The BSF will continue to check a person's status to work with vulnerable adults or

children by asking for an enhanced DBS check on existing staff every three years and for prospective staff prior to employment.

A referral to DBS will be made in the following circumstances:

- The BSF has dismissed the worker on the grounds of misconduct which harmed or placed at risk of harm a vulnerable adult or child. Subject to findings of the local safeguarding board and legal affirmation.
- The BSF would have dismissed the worker on the grounds of misconduct which harmed or placed at risk of harm a vulnerable adult or child, had they not already resigned. Again subject to the findings of the local safeguarding board and affirmation by BSFs' legal representation.
- The BSF has transferred the worker from a care position to a non-care position on the grounds of misconduct which harmed or placed at risk of harm a vulnerable adult or child. Again subject to the findings of the local safeguarding board and affirmation by BSFs' legal representation.
- The BSF have chosen not to use a volunteer, relief or agency staff member again on the grounds that they harmed or placed at risk of harm a vulnerable adult or child. Again subject to the findings of the local safeguarding board and affirmation by BSFs' legal representation.

### Making a referral

DBS has a duty to make informed decisions about whether a person should be included in one or both barred lists.

The BSF Disciplinary policy describes how the BSF staff should work with colleagues to complete a referral to DBS\*.

A referral is information which we provide to DBS which does or could indicate that a member of staff or volunteer has engaged in relevant conduct which caused or could have caused harm to vulnerable adults or children.

Making a referral involves contacting the DBS Helpline Tel. No. 03000 200 190 and complying with their instructions including the provision of any supporting documentation.

The Managing Director, HR Manager, Legal representation, relevant BSF safeguarding manager and Sheffield's Safeguarding Board must be informed when any referral to the DBS is made.

DBS has the power to consider referrals related to safeguarding vulnerable adults or children whether in the workplace or elsewhere.

Referrals to DBS are notified to regulators including Ofsted and the Care Quality Commission and through the BSF incident reporting process. Overall, governance and learning from referrals will be reviewed as part of the Risk Assessment responsibilities of the BSF Senior Management Team.

\*This policy takes precedence over the BSF Disciplinary Policy until appropriate amendments can be made.

### Monitoring Concerns

Symptoms of abuse are not always indicators that abuse has occurred and information/observations may not in themselves be sufficient to alert safeguarding authorities that there is a problem. Sometimes it takes a number of observations and indicators to build up a collective picture that something isn't right for example a single incident of poor hygiene may result from the behaviour of a client, a single incidence of service breakdown (plumbing, washing machine etc.) or from a series of events that could not have been predicted. It is important in such circumstances that information is recorded and collated by the designated safeguarding managers and reviewed for trends.

In all cases where a symptom of abuse is identified or observed, staff must complete an incident

report and managers must refer it to the relevant safeguarding manager within prescribed time-scales. A guide to symptoms of abuse is included in annex two of this document.

On receipt of the incident report, the safeguarding manager will check to see if any other incident reports have been raised against the specific client and try to establish if there are any trends. They may also conduct a local investigation to establish if there is a reasonable explanation for the behaviour/observation and record their actions on the incident report.

If there is insufficient evidence to refer the matter to the safeguarding board, the report will be filed by the safeguarding manager in a uniquely raised file for each individual client.

On identification of a trend or a high volume of incident reports (3 or more), the safeguarding manager is to refer the matter on to the local authority safeguarding team via the adult access team using the Adult Access Safeguarding Alert Form held electronically. For children's services, the Safeguarding Children Policy applies.

### Supporting Family Members and Carers

Where appropriate, BSF will provide support to families and carers of abused service users by explaining processes, investigative progress where applicable, identify organisations that can provide advice and support and act as an advocate for the family if requested. It is essential that staff understand that abuse can be as equally as traumatic for those close to the victim or that in some instances of abuse, they may be as a result of carer ignorance rather than malicious intent.

### Records

Records will be completed in line with the recording section of this policy.

Records must be retained in accordance with NHS Code of Practice Part 2 (Second Edition) Annex D2 i.e. a minimum of eight years from last documented entry and in cases involving legal action ten years from last documented entry. In each case records cannot be kept in excess of thirty years.

Records kept regarding abuse will be confidential but also may need to be disclosed to third parties. Staff must follow the policy on Confidentiality and Disclosure of Information.

### Training

Training is given to staff during their induction period covering:

- Safeguarding adults (Alerter training – recognising indicators of abuse).
- Confidentiality of service user information.
- Reporting an allegation or incidence of abuse.
- Record keeping.
- Whistleblowing.

Safeguarding Adults training is also provided to staff within their first year of employment and thereafter refreshed every two years. Service managers will ensure this training is reinforced through team meetings and supervision.

Staff responsible for investigating allegations of abuse will receive Investigators training.

### Performance measures

Staff and service users will recognise abuse and report it.



## Review period

This policy will be reviewed as part of the three year cycle of policy review or on the introduction of significant legislative change.

## Appendix One: Key Sheffield Safeguarding Numbers

### Adults

Adult Access Team (24 hours)  
0114 273 4908

Safeguarding Adults Office (Office Hours)  
0114 273 6870

### Advice for Managers

[www.sheffield.gov.uk/caresupport/adult/adult-abuse/professionals/reportabuse.html](http://www.sheffield.gov.uk/caresupport/adult/adult-abuse/professionals/reportabuse.html)

### Children (West Team)

Social Care  
0114 273 4491

Multi-agency Support (MAST Team)  
0114 250 6865

### Children (East Team)

Social Care  
0114 203 7463

Multi-agency Support (MAST Team)  
0114 205 3635

### Children (North Team)

Social Care  
0114 203 7463

Multi Agency Support (Mast Team)  
0114 233 1189

Social Care out of hours (5.15pm – 8.45am)  
0114 273 4855

### Advice for Managers

[www.sheffield.gov.uk/caresupport/childfam/childprotection.html](http://www.sheffield.gov.uk/caresupport/childfam/childprotection.html)

## Appendix Two: Signs and Symptoms of Abuse

### Physical Abuse

- Any injury not fully explained by the history given or inconsistent with the lifestyle of the vulnerable adult.
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns or reflecting the shape of an article.
- Burns especially on soles, palms or back; immersion in hot water, friction burns, rope or electric appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Misuse of medication
- Self-inflicted injuries.

### Sexual Abuse

- Full or partial disclosure or hints about sexual abuse
- Significant change in sexual behaviour or attitude
- Pregnancy in women unable to consent to sexual intercourse
- Changes in patterns of personal hygiene e.g. wetting or soiling
- Deterioration in levels of concentration
- Vulnerable adult appears withdrawn, depressed or stressed
- Unusual difficulty walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area
- Photographs showing inappropriate poses/state of dress
- Sexually transmitted diseases, urinary tract or vaginal infection, love bites
- Bruising to thighs or upper arms

### Financial or Material Abuse

- Unexplained inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Power of attorney or enduring power of attorney obtained when the vulnerable adult is unable to comprehend and give consent.
- Withholding money
- Recent changes of deeds or title of property
- Unusual interest shown by family or others in the vulnerable adults assets
- Individuals deriving disproportionate benefit from a vulnerable adults income
- Person managing financial affairs is evasive or uncooperative
- Being required to pay for items that should be provided within the fees of a residential or nursing home

### Emotional or Psychological Abuse

- Loss of interest, emotional withdrawal and symptoms of depression
- Change in appetite
- Change in demeanour when certain person(s) are present or their name(s) mentioned.
- Low self-esteem
- Self-harm
- Unexplained fear, defensiveness, ambivalence
- Aggressive or challenging behaviour

- Poor concentration
- Sleep disturbance
- Failure to ensure appropriate privacy and dignity
- Prevention of access by visitors or phone calls to the vulnerable adult, or ensuring that he/she is never left alone with anyone else.

### **Neglect, Act of Omission or Self-Neglect**

- Physical condition of the vulnerable adult is poor; e.g. poor hygiene, clothing in poor condition.
- Inadequate physical environment
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies.
- Failure to engage in social interaction
- Malnutrition – inadequate or unsuitable diet
- Inadequate heating
- Failure to give prescribed medication.

### **Discriminatory Abuse**

- Lack of respect shown to an individual
- Unrealistic expectations of a persons' ability
- Signs of sub-standard service offered to an individual
- Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
- All behaviour or medical symptoms explained solely in terms of the persons' disability
- Lack of consideration for individual diversity e.g. race, culture and ethnicity, age, gender, religion, disability or sexuality.

### **Domestic Abuse**

- Unexplained injuries or explanations given not consistent with the injury
- Frequent call outs by police or ambulance services
- Regular visits to A & E
- Social withdrawal from social circle events
- Fear of people speaking to their partner
- Discouragement of visitors
- Self-Neglect or changes in behavioural patterns

### **Slavery or Forced Labour**

- Restriction on access to the individual
- Signs and indicators of financial abuse and/or physical abuse
- Fear of talking to associates
- Limited or restricted social interaction
- Large assemblies of none local females in the care of adult males
- Increase in local incidences of prostitution and offenders
- Large numbers of individuals living in domestic premises.
- Large numbers of male visitors to domestic address
- Increase in prevalence of sexually transmitted diseases within locality