

COUNTESTHORPE U3A

SAFEGUARDING POLICY and PROCEDURE

1. STATEMENT OF PRINCIPLES

This Policy and Procedure is written to enable the Committee to act appropriately whenever possible or where instances, or allegations of, actual abuse or neglect comes to their attention.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Countesthorpe U3A recognises that some people are potentially at risk of abuse and neglect. Abuse and neglect can take place anywhere.

Where abuse or neglect is suspected Countesthorpe U3A will aim to respond to the situation in a way which is caring, effective and enabling. Countesthorpe U3A also recognises that abuse and neglect can be perpetrated by volunteers, other users of services, relatives, friends and neighbours. Countesthorpe U3A acknowledges that the reasons for abuse and neglect occurring may not be fully understood and vary with each incident, often dependant on risk factors

Countesthorpe U3A will neither condone nor tolerate any form of abuse or neglect and believes that all people should be able and, where necessary enabled, to live in an environment which is safe.

In all situations, Countesthorpe U3A believes that everyone is entitled to the following:-

- privacy
- be treated with dignity and respect
- lead an independent life and to be enabled to do so
- choose how they live their lives
- have the protection of the law, and
- have their human and civil rights upheld regardless of ethnic origin, gender, sexuality, impairment or disability, age, religious or cultural background.

2. ADVICE REGARDING ACTION

It is not appropriate for Countesthorpe U3A to take the lead role in any Safeguarding Enquiry under Section 42 of the Care Act 2014. Wherever possible, the victim of abuse should be consulted and his/her wishes known before any action or referral takes place. However, if it is apparent that an incident is so serious, with an imminent risk of harm, or that a criminal act has (or may be) committed, then Social Services and/or the police should be informed without delay. Whatever the circumstances, a referral to the Advice and Volunteer Manager in the U3A's National Office should be made to enable it to engage with the appropriate local authority - though the Office's reaction may take some time. **Therefore, in the interests of our own U3A's protection it is wise to adopt the mantra; 'if in doubt pass it on' (ie: to the authorities!).**

3. PROCEDURE

- a) Countesthorpe U3A recognises that it has a responsibility to ensure that its committee and group leaders understand this policy.
- b) Countesthorpe U3A will support the alleged victims and the alleged perpetrators of any abuse, as well as any volunteer who becomes aware of the abuse, in so far as this does not compromise any Safeguarding Enquiry or investigation into the allegation or place other adults at risk.
- c) While Countesthorpe U3A will make every effort to respect the confidentiality of any information that is disclosed under this Policy and Procedure, this cannot be guaranteed. Information will be recorded and stored securely in accordance with GDPR 2018 but confidentiality is not absolute and information may have to be shared, on a 'need-to-know' basis only, to prevent:
 - danger to a person's life,
 - danger to a person's health,
 - danger to others'
 - danger to the community
 - or to prevent or to facilitate the investigation of a serious crime.
- d) This Policy, Procedure and Appendices will be reviewed every 3 years from their date of adoption. The names and details of the Executive Committee should be amended when any change of Trustee takes place.

4. COURSES OF ACTION

- a) If any member of the committee becomes aware of possible or actual abuse or neglect, he/she should ensure that the safety of the adult at risk is safeguarded as a first priority.
- b) In the case of immediate action being necessary, call 999 or Adult Social Services on 0116 305 0004.**
- c) Be prepared with the following information:-
- d) Whether there is an immediate or future risk
- e) The views of the abused person and whether or not consent for referral has been obtained
- f) When and where the incident took place
- g) The names of the people involved
- h) Do not:-
 - Promise to keep secrets
 - Do not ask investigative questions other than to ascertain an outline of what has happened in order to make a judgement regarding possible formal referral
 - Influence the abused by the use of leading questions
 - Destroy any evidence
 - Confront the alleged abuser
 - Make decisions without the support of others

- i) Any U3A member who becomes aware of possible or actual abuse should, as soon as possible, report the details of the abuse to any committee member – either in person or by dialing the Countesthorpe U3A duty phone on 07901548576. The pro-forma (Appendix 1) will then be completed in collaboration. The Advice and Volunteer Manager at National Office on 020 8466 6139 (open Mon – Fri 0930-1630 hrs) will then be informed and will provide further guidance.
- j) Important: When a crime may have been committed, the Police must be contacted as soon as possible. In the case of abuse resulting in fears of further harm, Adult Social Care should be informed on 0116 305 0004.
- k) The committee, having been advised of the possible or actual abuse, should satisfy itself that the adult at risk is safe, and that the alleged perpetrator, if known, does not pose a continuing threat, or to any other adult.
- l) In non-emergency cases, the committee, now working with the Advice and Volunteer Manager at National Office, will follow the advice and guidance given by the Manager.
- m) As far as possible, the adult at risk's wishes will be respected as to whether or not to refer any concerns to the local authority as a Safeguarding Enquiry under Section 42 of the Care Act 2014. However, it may be necessary to override these in the best interests of other adults at risk.
- n) The committee then completes Form 1, possibly with the guidance of the Advice and Volunteering Manager.
- o) Completed Form 2s will be held in a designated file for a minimum of 2 years from the date of the last completed Form 1.
- p) Confidentiality is adhered to at all times. Therefore the contents of the form will not be provided to any third parties.

This Policy and Procedure and Appendices was adopted by Countesthorpe U3A on:

Date: _____

Signed: _____ *Date:* _____

Print name: _____ *Committee role:* _____

This policy is to be reviewed every three years

Appendix 1

C O N F I D E N T I A L

COUNTSTHORPE U3A

SUSPICION OF, OR ACTUAL INCIDENT OF ABUSE:

INITIAL RECORDING (FORM 1)

DETAILS OF ADULT DEEMED TO BE AT RISK:-	
Surname:	Forename:
Gender:	Age:
Home address: Post Code:	
Suspicion of possible abuse; or actual incident of abuse: Date and Time:- Date:/...../..... Time:	Name and contact details of informant:-
Nature of alleged abuse:	Location of any injuries resulting from alleged abuse:
Outline description of alleged abuse:	

Name of Committee Member Informed:	
Contact details of Committee Member:	
Signed: Informant:	Date:/...../.....
Signed: Committee Member:	Date:/...../.....

Appendix 2:

C O N F I D E N T I A L

COUNTSTHORPE U3A

COMMITTEE ACTION RE: POST INCIDENT (FORM 2)

RESULT OF ACTION TAKEN	
Name of Committee Officer:	Post:
COMMITTEE DECISION:-	
Further action taken? YES NO	
Referral made? YES NO	
* If 'Yes' to whom was the referral made?	
Reason/s for the above decision	
Summary of the known actions/outcome:	
Date the above action was taken:/...../.....	
Date Record to be Destroyed:/...../.....	
Chairman's Signature:	Date:/...../.....

Information contained in this document should only be used for the purposes of implementing and monitoring Countesthorpe U3A's Safeguarding Adults Policy and Procedures and service monitoring. The information must not be copied, transmitted or in any way divulged without the permission of Countesthorpe U3A.

Appendix 3

IF SOMEONE DISCLOSES ABUSE TO YOU:

Do:-

- a) Stay calm and try not to show shock or disbelief
- b) Listen carefully to what they are saying
- c) Be sympathetic (“I’m sorry that this has happened to you”)
- d) Be aware of the possibility that medical evidence might be needed
- e) Tell the person that:
 - They did the right thing to tell you
 - You are treating the information seriously. It was not their fault
 - You are going to inform the appropriate person
 - You/ will take steps to protect and support them
- f) Record and report the disclosure in line with the Procedure

Do Not:-

- a) Press the person for more details; this will be done at a later date
- b) Stop someone who is freely recalling significant events (Don’t say ‘hold on, we’ll come back to that later’; they may not tell you or anybody else again)
- c) Do not promise to keep secrets; you cannot keep this kind of information to yourself
- d) Make promises you cannot keep (Such as ‘This will never happen to you again’)
- e) Contact the alleged abuser
- f) Be judgemental
- g) Pass on the information other than to those with a legitimate ‘need-to-know’ under this Policy and Procedure

In your record of the disclosure:-

You should aim to:-

- a) Note what people actually said, using their own words and phrases
- b) Describe the circumstances in which the disclosure came about
- c) Note the setting and anyone else who was there at the time of the abuse or the disclosure
- d) Separate factual information from your own and others opinions
- e) Use pen or biro with black ink so that the report can be photocopied if needed

Be aware that your report may be required later as part of a legal action or disciplinary procedure.

Appendix 4

Key Definitions

1. ***Adult at risk:***

is any person, who is over 18 years of age and who has need for care and support, is experiencing, or is at risk of abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or risk of it.

2. ***Abuse:***

is the “violation of a person’s human and civil rights by any other person(s). It may be a single or repeated act(s), physical verbal, psychological, sexual, institutional, discriminatory or financial, an act of neglect or failure to act”

3. ***Types of abuse:***

- a) *Physical abuse* – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- b) *Domestic violence* – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- c) *Sexual abuse* – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- d) *Psychological abuse* – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- e) *Financial or material abuse* – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- f) *Modern slavery* – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- g) *Discriminatory abuse* – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- h) *Organisational abuse* – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- i) *Neglect and acts of omission* – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

- j) *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.

Recommended agencies:

- a) Their Local Authority, Social Services, GP Surgery, Police, etc.
- b) **Action on Elder Abuse** (AEA) is a confidential support and advice for older people who have been abused or people who know an older person who may be suffering abuse.
Available weekdays 9 am – 5 pm on freephone 0808 808 8141.
- c) **Voice UK** is a national charity supporting people with learning disabilities and other vulnerable people who have experienced crime or abuse. They also support their families, carers and professional workers.
Voice runs a helpline 0808 802 8686.

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