



# Safeguarding Policy for Adults at Risk

**This policy was updated and approved by the board of Bentilee Volunteers in July 2025 to be reviewed in 12 months time.**

## Policy Statement

Bentilee Volunteers is committed to ensuring the protection of adults at risk through the development and implementation of effective policies and best practice. Members of the Board, staff and volunteers recognise and accept the responsibility to develop and raise awareness of the issues involved in working with adults at risk.

Relevant legislation and guidance relating to the protection of adults at risk are reflected in this policy, including:

- Human Rights Act 1998
- Youth Justice and Criminal Evidence Act 1999
- Domestic Violence, Crime & Victims Act 2004
- Mental Capacity Act (MCA) 2005
- Introduction of Deprivation of Liberty Safeguards into the MCA in April 2009
- Care Act 2014
- Care and Support Statutory Guidance issued under the Care Act – March 2016.

## Who is an adult at risk:

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## Designated person for safeguarding

The current designated safeguarding leads for Bentilee Volunteers is Alex Pitula

## This policy is based on the following principles:

- Provision of an environment in which adults at risk feel safe and valued
- All adults at risk, whatever their age, culture, disability, gender, language, racial origin, religious beliefs and/or sexual identity have the right to protection from abuse
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- A **designated person for safeguarding** will be identified (as above) for all matters affecting adults at risk, and to identify appropriate training opportunities
- All staff, volunteers and trustees have a responsibility to report concerns to the designated person with responsibility for safeguarding

We will aim to safeguard adults at risk by:

- exercising a *Duty of Care* and, when necessary, share information and/or concerns in a confidential manner with the appropriate outside agency e.g. Social Services
- following the procedures for recruitment and selection of staff and volunteers
- developing a time specific induction period when all new staff, volunteers and trustees are introduced to guidelines for working with adults at risk and policy and procedures
- providing effective management for staff and volunteers through support, supervision and training
- reviewing and updating our policy and practice annually.

This policy sets out agreed guidelines relating to the following areas:

- Responding to allegations of abuse, including those made against staff and volunteers
- Recruitment and vetting of staff and volunteers
- Supervision of organisational activities.

## Dealing with cases of abuse

### Six Safeguarding Principles

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Protection** – Support and representation for those in greatest need.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

### 1. Definitions of abuse

Abuse may be defined as the wrongful application of power by someone in a dominant position. It involves an imbalance of power and exploitation without a full and informed consent. Abuse can take several different forms and may be a single act or repeated acts.

Please see Appendix 1 for a further breakdown of categories and types of abuse.

### 2. Recognising and Responding to Abuse

There are many potential indicators and signs of abuse, most of which may also be signs of other forms of injury or ill health. Those working with adults at risk should familiarise themselves.

Please see Appendix 2 for a list of potential signs of abuse.

### 3. What to do if you suspect that abuse may have occurred

1. You must report the concerns immediately to the designated person

The role of the designated person is to:

- Obtain information from staff, volunteers, family members and carers who have adult at risk protection concerns and to record this information.
- Assess the information quickly and carefully and ask for further information as appropriate.
- Consult with a statutory adult at risk protection agency such as the local Social Services department to clarify any doubts or worries.
- Make a referral to a statutory adult at risk protection agency or the police without delay.

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

3. It is the right of any individual to make direct referrals to the adult at risk protection agencies. If for any reason you believe that the nominated persons have not responded appropriately to your concerns, then it is up to you to contact the adult at risk protection agencies directly.

### **Allegations of abuse or neglect**

If an adult at risk has a symptom of abuse or neglect the designated person will:

1. Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the adult at risk. The family member or carer should not be informed by the organisation in these circumstances.
2. Where emergency medical attention is necessary it will be sought immediately. The designated person will inform the doctor of any suspicions of abuse.
3. In other circumstances speak with the family member or carer and suggest that medical help/attention is sought for the adult at risk. The doctor will then initiate further action if necessary.
4. If appropriate the family member or carer will be encouraged to seek help from Social Services. If the family member or carer fails to act the designated person should in case of real concern contact Social Services for advice.
5. Where the designated person is unsure whether to refer a case to Social Services then advice should be sought from a relevant adult at risk protection agency.

## **4. Responding to an adult at risk making an allegation of abuse**

- Stay calm, listen carefully to what is being said
- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others-do not promise to keep secrets
- Allow the adult at risk to continue at his/her own pace
- Ask questions for clarification only and at all times avoid asking questions that suggest a particular answer
- Reassure the adult at risk that they have done the right thing in telling you
- Establish their views and what they would like to happen next
- Be aware that evidence may be needed
- Tell them what you will do next and with whom the information will be shared
- Record in writing what was said using the adult at risk's own words as soon as possible, note the date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.
- Make the referral

### **Helpful statements to make**

- I believe you (or showing acceptance of what the adult at risk says)
- Thank you for telling me
- Its not your fault
- I will help you.

### **Do not say**

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises.

### **Do**

- Call for help if necessary from emergency services
- Ensure the person's safety
- Act within the individual's wishes, as far as possible
- Reassure them that they will be supported

- Report to the designated person as soon as possible

### **Do Not**

- Promise not to tell anyone
- Act within the individual's wishes if it would put them or others at risk
- Be judgemental
- Contact the alleged perpetrator or anyone else in the allegation
- Touch or move anything/ contaminate evidence

## **5. What to do after an adult at risk has talked to you about abuse**

### **The procedure**

1. Make notes as soon as possible (ideally within 1 hour of being told) you should write down exactly what the adult at risk has said and what you said in reply and what was happening immediately before being told (i.e. the activity being delivered) You should record the dates, times and when you made the record. All hand written notes should be kept securely.
2. You should report your discussion with the designated person as soon as possible. If the designated person is implicated report to Social Services.
3. You should under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.
4. After an adult at risk has disclosed abuse the designated person should carefully consider whether or not it is safe for an adult at risk to return home to potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

## **6. Recruitment and appointment of workers and volunteers**

In recruiting and appointing workers Alex Pitula will be responsible for the following:

- We will identify the tasks and responsibilities involved and the type of person most suitable for the job.
- We will draw up the selection criteria and putting together a list of essential and desirable qualifications, skills and experience.
- All applicants should apply in writing and their application will cover their personal details, previous and current work/volunteering experience.
- We will make sure that we measure the application against the selection criteria.
- If relevant to the post applicants need to sign a declaration stating that there is no reason why they should be considered unsuitable to work with adults at risk. The Rehabilitation of Offenders Act (1974) requires that people applying for positions working with adults at risk must declare all previous convictions. A Disclosure and Barring (DBS) Check will be undertaken and assessed. They are also required to declare any pending case against them. It is important that your applicant in this particular category understands that all information will be dealt with confidentially and will not be used against them unfairly.
- We will ask for photographic evidence to confirm the identity of the applicant e.g. their passport.
- We may request to see documentation of any qualifications detailed by the applicant.
- We will always interview our candidates and ask for two references.
- We will request two written references from people who are not family members or friends and who have knowledge of the applicant's experience of working with adults at risk if relevant to the post. We will ask the referee to also comment on their suitability for working with adults at risk.
- If relevant to the post we will ensure that our successful applicant has obtained the Enhanced DBS as required from the Disclosure and Barring Service. They will need to show the ECRC before we will confirm them in post.
- We will include our safeguarding adults at risk policy in the induction process.

## **7. Allegations against a member of staff**

We will assure all staff/volunteers that Bentilee Volunteers will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing an adult at risk. Where there is a complaint against a member of staff there may be three types of investigation:

- A criminal investigation
- An adult at risk protection investigation
- A disciplinary or misconduct investigation.

The results of the police and adult at risk protection investigation may well influence the disciplinary investigation, but not necessarily.

### **Action if there are concerns**

#### **Concerns about suspected abuse**

- Any suspicion that an adult at risk has been abused by either a member of staff or a volunteer should be reported to the Designated Person, who will take such steps as considered necessary to ensure the safety of the adult at risk in question.
- The Designated person will refer the allegation to the Social Services department who may involve the police, or go directly to the police if out-of-hours.
- The parents or carers of the adult at risk will be contacted as soon as possible following advice from the Social Services department.
- If the Designated Person is the subject of the suspicion/allegation, the report must be made to the Chief Executive or Chair who will refer the allegation to Social Services.

## Appendix 1

# Categories and Types of Abuse

### Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

### Sexual abuse

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse

### Psychological/emotional abuse includes:

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks
- Humiliation
- Bullying, shouting, swearing

### 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 – importantly, it may not always be clear in the case of an adult at risk, who is responsible for the neglect

### Financial or material

- Including theft and fraud
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

### Discriminatory abuse

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

### Self-neglect

- Including failure to take care of own basic needs
- Neglecting care for personal hygiene and surroundings and hoarding

### Modern Slavery

- Including slavery, human trafficking, forced labour, domestic servitude, coercion, deception, and life of inhumane treatment

### Organisational abuse

- Including denial of rights, denial of access to family, friends, Doctor, Solicitor, denial of access to money or information
- Neglect, poor care practice, threats of punishment, loss of personal possessions and evictions to ensure compliance, lack of choice of meal times, bed times due to the fact it makes it easier for the organisations

### Domestic abuse

- Including threatening behaviour, intimidation, violence
- Between family members or those who are or have been intimate partners. Includes sexual, financial, emotional, physical and "honour based" violence

## **Appendix 2**

# **Signs of Abuse**

### **Physical abuse signs**

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

### **Sexual abuse signs**

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down
- Behaviour of others towards the adult at risk

### **Psychological/emotional signs:**

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

### **Neglect signs**

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

### **Financial or material signs**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the adult at risks assets

**Discriminatory signs**

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

**Self-neglect signs**

- Not engaging with a network of support
- Unwilling or unable to meet necessary care to meet needs
- Unable to make reasonable and informed decisions due to mental disorder, illness or acquired brain injury
- Unable to protect themselves against exploitation or abuse
- Refusing essential support without which their health & safety needs cannot be met and the individual lacks the insight to recognise this

**Modern slavery signs**

- Signs of physical or psychological abuse, malnourished, withdrawn
- Not allowed independent travel
- Seem under the influence of others, reluctant to seek help
- Don't interact with the neighbourhood
- Few or no personal belongings or document
- Avoid eye contact, appear frightened or hesitate to talk to strangers
- Living/working in the same place

**Organisational signs**

- Poor standards
- Inflexible routines
- Lack of personal belongings and stark or unhomely environment
- Deprived environmental surroundings and lack of stimuli
- Inappropriate physical intervention
- Inappropriate use of power
- Denial of visits by friends or family

**Domestic abuse signs**

- Signs can be the same as any type of abuse or neglect

**Other signs of abuse**

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users



A. Pitola. 25/7/25.