

CHESTER & DISTRICT COMMITTEE FOR DEAF PEOPLE - CHARITY REG.NO. 237910.

1. Adult and Children Safeguarding Policy

1.1 Introduction

1.2 **Chester & District Committee for Deaf People (CDCDP)** acknowledges that Children & Vulnerable Adults may be subject to harm or abuse. This document states what CDCDP will do to minimise the risks and what steps will be taken to ensure the safety of all people using our services and/or premises.

Throughout this document however, we will refer to vulnerable D/deaf Children & Adults as people'.

This policy and procedure will help CDCDP staff/ volunteers & Trustees to be clear about expectations, boundaries and procedures.

CDCDP is serious about the protection of all people and is actively working towards promoting their safety.

1.3 **Chester & District Committee for Deaf People Principles**

CDCDP aims to enable people of all ages living in Cheshire and surrounding areas, irrespective of race, ethnic origin, religion, gender, sexual orientation or disability to play their full part in community life, to be in control of their own lives and affairs, and to have access to all the services and opportunities society offers.

CDCDP recognise that people have rights as individuals. Everyone has the right:

- To live their life free from violence, fear and abuse.
- To be protected from harm and exploitation.
- To have independence, which involves a degree of risk.

CDCDP operates within the social model of disability and seeks to raise awareness and address D/deaf issues in all areas of its work by:-

- a) Ensuring that there is a consistent and effective response to any concerns, allegations or disclosures of abuse.
- b) Supporting staff in reporting and investigating all incidents of abuse.
- c) Preventing abuse from occurring in organisations.
- d) Ensuring that staff have the knowledge and understanding about both child & adult protection and receive training on implementing the both protection procedures.
- e) Working in partnership with other organisations.
- f) Monitoring and evaluating practice.
- g) Contributing towards Inter-agency Adult Protection Investigations and Risk Management Plans.
- h) Working towards creating Safer Services.
- i) Encouraging people to report any suspicions they have about abuse by awareness raising, both in our respective organisations and among the general public.

34.2.1 What is a Vulnerable Adult?

In this policy “adult” means a person aged 18 years or over.

The broad definition of a vulnerable adult referred to in the 1997 Consultation paper “Who Decides”, issued by the Lord Chancellors’ Department, is a person:

'Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

34.2.2 What is a Vulnerable Child?

In this policy ‘child’ means a person aged under 18 years.

The warning signs that a person may be being abused are rarely clear-cut and need to be considered alongside other knowledge of the individual and his/her family situation. Signs of abuse may be physical, medical, sexual, behavioural or emotional. You may also pick up concerns following assessment/observation of parental ability.

Refer to the Department of Health (DoH) “What to do if you are worried a child is being abused”.

Safeguarding and promoting the welfare of children is defined for the purpose of statutory guidance under the Children Acts 1989 and 2004 respectively as:

- protecting children from maltreatment;
- preventing impairment of children’s health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and;
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

34.2.3 What is Abuse?

Abuse is a violation of an individual’s human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may occur when the 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.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time, or by more than one perpetrator.

A continuum of abuse includes isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through pervasive ill treatment or gross misconduct at the other. Repeated incidents of poor care may be an indication of more serious problems, i.e. institutional abuse.

Many incidents of abuse are criminal acts.

Any person can become subject to abuse. This policy covers all circumstances where there are concerns that an adult has been abused. A wide range of people can and do abuse vulnerable adults. These may include a:

- member of staff, proprietor or service manager
- member of a recognised professional group
- volunteer or a member of a community group, such as place of worship or social club
- fellow service user
- spouse, relative or a member of the person’s social network

- carer
- neighbour, member of the public or a stranger
- person who deliberately targets vulnerable people in order to exploit them

We recognise our responsibility to people who have been abused. We recognise that we may also have a responsibility in relation to the perpetrators of abuse who may be our staff, volunteers, or others acting on our behalf and service users.

This policy includes domestic abuse and covers incidents of abuse by strangers e.g. doorstep crime or victimisation.

Abuse can take place in any context and at any time. Abuse may occur (for example) when an person lives alone or with a relative, it may also occur within nursing, residential or day care settings, in hospital, custodial situations, support services into people's own homes, school, or during leisure activities and other places previously assumed safe, or in public places.

Abuse concerns the misuse of power, control and/or authority and can manifest itself as:

- a) Domestic violence, sexual assault or sexual harassment, including honour based violence and forced marriage. (For further information see Handling forced marriage – Home Office 2009)
- b) Racial or religiously motivated assault.
- c) Discrimination and oppression.
- d) Institutional abuse.
- e) Financial abuse.

1.4 **Types of Abuse and Possible Indicators**

There are 8 types of abuse in this policy and they are – sexual, physical, financial, neglect, psychological/emotional, discriminatory, hate crime and institutional (domestic abuse may be part of a number of these).

The list below provides examples within each category; and a range of indicators, which may suggest abuse.

The presence of one or more indicators does not necessarily confirm abuse, however, the existence of a number of indicators may suggest a potential for abuse and will need further assessment.

1.4.1 **Physical Abuse:**

Is the physical ill treatment of a child or adult, which may or may not cause physical injury. This includes pushing, shaking, pinching, slapping, punching and force-feeding.

1.4.2 **Physical Abuse Possible Indicators:**

- Injuries that are not explained satisfactorily.
- Person exhibiting untypical self-harm.
- Unexplained bruising to the face, torso, arms, back, buttocks and thighs in various stages of healing. Collection of bruises that form regular patterns which correspond to the shape of an object, or which appear on several areas of the body.

- Unexplained burns on unlikely areas of the body, e.g. soles of the feet, palms of the hands and back, immersion burns, rope burns, burns from an electrical appliance.
- Unexplained or inappropriate fractures at various stages of healing to any part of the body.
- Unexplained cuts or scratches to the mouth, lips, gums, eyes or external genitalia.
- Medical problems that go unattended.
- Sudden unexplained urinary and faecal incontinence.
- Evidence of over or under medication.
- Person flinches at physical contact.
- Person appears frightened or subdued in the presence of particular people.
- Person asks not to be hurt.
- Person may repeat what perpetrator has said, e.g. shut up or I'll hit you.
- Reluctance to undress part of the body.
- Person wears clothes that cover all parts of their body or specific parts of their body.

1.5 Sexual Abuse:

Is any form of sexual activity, including grooming and sexual assault that the person (child or adult) does not want and to which they have not consented (a child under 13 cannot in law consent), or to which they cannot give informed consent. (Children aged 13-16 who are under the legal age for consent can be considered as giving informed consent if there is capacity to understand consent (Frazer principle) and age parity between the two young people).

Any sexual relationship that develops between children 16-18 years or adults where one is in a position of trust, power or authority in relation to the other, for example, day centre worker/social worker/residential worker/health worker etc will be regarded as sexual abuse.

Sexual assault/abuse includes, rape, incest and situations where the perpetrator touches the abused persons body, under or over clothing (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them), coerces the abused person into participating in or watching pornographic videos or photographs. Grooming includes sexual abuse through the misuse of technology, being coerced into sexual activity by criminal gangs, or the victims of trafficking.

1.5.1 Physical Abuse Possible Indicators:

- The person has non accidental bruising on their body
- The person has unexplained burns e.g. cigarette burns on their body
- Person has any physical injury &/or broken bones

1.5.2 Sexual Abuse Possible Indicators:

- The person discloses either fully or partly that sexual abuse is occurring, or has occurred in the past.
- Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- Person appears unusually subdued withdrawn or has poor concentration.
- Person exhibits significant change in sexual behaviour or outlook.
- Person experiences pain, itching or bleeding in genital/anal area.
- Person's underclothing is torn/stained or bloody.

- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

1.6 **Financial Abuse:**

Is the exploitation, inappropriate use, or misappropriation of a person's financial resources or property.

This includes the withholding of money or unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

1.6.1 **Financial Abuse Possible Indicators:**

- Lack of money especially after benefit/pay day.
- Inadequately explained withdrawals from accounts.
- Inadequately explained inability to pay bills.
- Disparity between assets, income and living conditions.
- Power of Attorney obtained when the person lacks capacity to make this decision.
- Recent changes of deeds/title of house.
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money.
- Personal possessions being systematically removed from the home.

1.7 **Neglect:**

The deliberate withholding or unintentional failure to provide help or support which is necessary for the adult/child to carry out activities of daily living.

Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others particularly when the person lacks the mental capacity to assess risk.

1.7.1 **Neglect Possible Indicators:**

- Person has inadequate heating and or lighting.
- Person's physical conditions/appearances poor, e.g. ulcers, pressure sores, soiled or wet clothing.
- Person is malnourished, has sudden or continuous weight loss, and is dehydrated.
- Person cannot access appropriate medication or medical care.
- Person is not afforded appropriate privacy or dignity.
- Person and or carer has inconsistent/reluctant contact with health & social services.
- Callers/visitors are refused access to the person.
- Person is exposed to unacceptable risk.
- Inability to form attachments.
- Impairment in growth & intellectual development.
- Poor health development.
- Difficulties with social functioning.

1.8 **Psychological Abuse:**

This may be intentional or unintentional; it may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and/or oppressive language, which results in:

- a) Person's choices, opinions and wishes being negated.
- b) The person becoming isolated or over dependent.

Psychological abuse includes the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's spiritual and cultural beliefs or sexual orientation.

It includes preventing the person from using services that would otherwise support them and enhance their lives. Furthermore, it includes the intentional and/or unintentional withholding of information, e.g. information not being available in alternative formats/languages.

1.8.1 Psychological Abuse Possible Indicators:

- Typical ambivalence, deference, passivity, resignation.
- Person appears anxious or withdrawn, especially in the presence of alleged perpetrator.
- Person exhibits low self-esteem.
- Person rejects his or her own cultural background or racial origin.
- Untypical changes in behaviour, e.g. continence problems, sleep disturbance.
- Person who is not allowed visitors/phone calls.
- Person who is locked in a room in their home.
- Person who is denied access to aids or equipment, e.g. glasses, hearing aid/wheelchair.
- Person's access to personal hygiene and toilet is restricted.
- Person's movement is restricted by use of furniture or other equipment.

Be aware that every other category of abuse will almost inevitably involve elements of psychological abuse. Signs of psychological abuse may well be indicative of other forms of abuse taking place

1.9 Discriminatory Abuse: (including hate crime)

Discriminatory abuse exists when values, beliefs and culture result in a misuse of power that denies opportunity to individuals or groups. It can be motivated by race, gender, disability, religion, sexuality, culture or ethnic origin. A person may be exploited/targeted by others whom perceive them as 'vulnerable' due to one or more of the above factors.

1.9.1 Discriminatory Abuse Possible Indicators:

- Lack of opportunities including access to health, social and leisure facilities
- Lack of access to criminal justice system
- Hate crime is defined as any incident that is perceived by the victim, or any other person to be racist, homophobic, transphobic due to the person's religion, belief, gender identity or disability.
- This can include incidents such as anti-social behaviour which do not always constitute a criminal offence.
- Incidents of anti-social behaviour against 'vulnerable' people need to be recognised at an early stage and multi-agency strategies in place to prevent incidents escalating. In CWAC the anti-social behaviour multi-agency panel meet on a regular basis, anyone whom an agency is concerned about should be referred to the panel through their organisational representative.

1.9.2 Hate crime indicators:

- Damage to property
- Fear of going outside own home
- Name calling/harassment abuse
- Repeat calls to statutory agencies such as police, social care, health

1.10 Institutional Abuse:

This can be defined as abuse or mistreatment by a regime as well as by individuals within any building, where care is provided.

'No Secrets' says: *"Neglect and poor professional practice need to be taken into account. This may be in the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems"* (2.9)

1.10.1 Institutional Abuse Possible Indicators:

- Lack of flexibility/choice
- No opportunity for drinks or snacks
- Lack of choice re consultation over meals
- Pressure sores
- Person is unkempt and smells
- Over use of communal items and communal personal toiletries
- Inappropriate/aggressive restraint
- Lack of procedures for financial management
- Staff member has a history of moving jobs
- Lack of privacy, including editing of mail, restricting visits, control of phone
- Derogatory remarks overheard
- Public discussion of personal matters
- Inadequate or delayed response to medical requests
- Missing documentation
- Entering rooms without knocking/seeking permission
- Staff overly controlling relationships with service users
- Service users abusive to staff and other service users.

1.11 Self neglect:

Self neglect is not covered by these procedures. Abuse in these procedures relates to circumstances where there is a person or agent, other than the vulnerable person at risk who is causing significant harm. However, it may be determined that someone who is self neglecting should be subject to safeguarding procedures, a decision to look at a case under safeguarding should be taken by board members.

Anyone who is thought to be neglecting themselves and who is deemed to have the capacity to make such a decision should be offered support through a community care assessment. If someone refuses services this should be documented and the agency that made the initial referral should monitor and offer further assistance should the person's circumstances or capacity change. If it is a member of the public that made the referral into social care then the safeguarding unit in the LA will monitor and review.

1.12 References

The Lord Chancellor's Department (1997) "Who Decides?" Page 68, the Stationery Office Limited.

1.13 Procedures for reporting allegations, concerns or suspicions of abuse

1.14 Alerting – What to do & who to tell

Anyone reading this document should consider themselves as a potential alerter, it is the responsibility of any member of staff from any agency to take action if they suspect the abuse of a vulnerable person.

Abuse may be witnessed

You may be told about abuse by either the vulnerable person themselves (direct disclosure) or by someone else who has been told about or who has witnessed abuse.

1.14.1 Responsibility of the person who is first aware of the situation to;

STEP 1: Make sure the person is safe – this may mean calling emergency services if the person is in danger or requires medical treatment, which may include reporting a crime to the police.

STEP 2: Inform your line manager or someone more senior if the allegation is against your manager. If there is evidence of a criminal act e.g. a physical assault, theft, neglect or sexual assault the manager should contact the police being careful to record & preserve evidence.

STEP 3: Record any conversations or observations in the person's own words, date and time the record.

STEP 4: Preserve any evidence (if applicable) i.e. do NOT disturb or destroy any articles that could be used as evidence, do Not wash the persons clothes unless this is associated with any first aid treatment that may be necessary.

1.15 Responsibilities of Line Managers

Once the allegation or suspicion has been raised with the line manager of an agency, s/he must decide without delay the most appropriate course of action.

It is the responsibility of the line manager to:

STEP 1: Deal with immediate needs – ensure that the victim of the alleged abuse is safe.

- Ensure any necessary emergency treatment is arranged.
- Ensure that no forensic evidence is lost.
- If the alleged perpetrator is also a vulnerable adult, ensure a member of staff is allocated to attend to their needs and that other service users are not put at risk.

STEP 2: Clarify

- The facts stated by the member of staff/service user through active listening - but do not discuss the allegations with the alleged perpetrator.
- Take any necessary personnel action if the alleged perpetrator is a member of staff (refer to own HR policy).
- Check out issues of consent and confidentiality.
- Ensure that the situation falls within the safeguarding children & adults procedures i.e. meeting the definition of a vulnerable person.
- Record any action taken.
- If you are the manager in regulated service complete the necessary regulation requirements and inform CQC and the Chief Executive of DSN.
- Chief Executive of DSN to inform the Charity Commission.

STEP 3: Making a referral:

Information that social services/police will need from you:

- Personal details of vulnerable person (name, address, date of birth, ethnicity, current whereabouts, language spoken).
- Who you are and why you are involved.

- What happened, when and where?
- Details of alleged abuser(s) (name, address, date of birth) and relationship to vulnerable person(s).
- Are there any other people at risk including any children?
- Details of any other agencies involved.
- Is the vulnerable person aware of the referral?
- Remember – do not start investigating the incident(s) yourself.

You should also:

1.16 Refer to the DBS if an employee is :

- dismissed because they harmed a child or adult
- dismissed because they might have harmed a child or adult otherwise
- was about to be dismissed for either of these reasons, but the person resigned first

This can be done by filling in the [DBS referral form \(DOC, 225KB\)](#), the address is on the form.

If you want help referring someone to the DBS, contact the DBS referrals helpline.

DBS referrals helpline 0300 0200 190

An employer is breaking the law if they don't refer someone to the DBS for any of these reasons.

- Contact the police if you think a crime has been committed (if the allegation involves a member of staff you should contact a senior manager in your organisation first).
 - Contact the Care Quality Commission (CQC) if the person is in a regulated service.
- In the case of child abuse, any concerns about a child's welfare needs to be considered with other agencies and under the Common Assessment Framework, DSN may be identified to assist in coordinating appropriate interventions.

Refer to separate procedures for working under the Common Assessment Framework.

All allegations of abuse will be reported to the agencies responsible for assessing concerns and investigating allegations of abuse i.e. Children's Social Care Services and Police. This must be done on the same day an allegation is made or significant concern is raised. With the exception of three criteria DSN must take every step to inform the parent/carer with PR that a referral under section 47 (Children Act 1989) is going to be made. See footnote below.

If the abuse is reported then the referral must be made to the relevant Social Services: -
Numbers below are for reporting Children & Adult Safeguarding cases, unless otherwise stated.

Cheshire East

Tel:0300 123 5012 (9am – 5pm Monday to Friday) **Tel:0300 123 5022** (Emergency Duty Team 5pm-8.30am)

Cheshire West & Chester

Tel:0300 123 7034 (8am – 7pm Monday to Friday) **Tel:01244 977277**(Emergency Duty Team 5pm-8.30am)

Halton

Tel: 0151 907 8306 – Adults

Tel: 0151 907 8305 – Children

Both numbers covered 9am – 5pm Monday to Friday **Tel:** 0345 050 0148 (Emergency Duty Team 5pm-8.30am)

Warrington

Tel: 01925 444239 (9am – 5pm Monday to Friday) **Tel:** 01925 444400 (Emergency Duty Team 5pm-8.30am)

If a member of the public or an anonymous caller contacts DSN with a protection concern, we will advise immediate contact with Social Services & or the Police.

Staff members receiving anonymous reports of abuse should pass this information onto their Line Manager.

**Local Authority Safeguarding Documents should be read in conjunction with this document.*

 Cheshire West and Chester	http://www.cheshirewestandchester.gov.uk/Default.aspx
 Cheshire East Council	http://www.cheshireeast.gov.uk/
 Warrington Borough Council	http://www.warrington.gov.uk/
 HALTON BOROUGH COUNCIL	http://www4.halton.gov.uk/Pages/Home.aspx
 Sir y Fflint Flintshire COUNTY COUNCIL	http://www.flintshire.gov.uk/home/

1.17

1.18 Importance of training for Chester & District Committee for the Deaf Staff and volunteers

1.18.1 All induction programs and basic induction training should include an awareness of abuse, and this policy should be discussed with all new staff and volunteers as part of their induction process.

1.18.2 In some areas of our work there may be a need for more detailed training. This will need to be discussed with the appropriate Line Manager.

How to deal with complaints

1.18.3 Should a complaint or grievance arise at any time during an allegation or suspicion of abuse or subsequent investigation, then it needs to be dealt with under the CDCDP Complaint Policy or Grievance Procedures.

Appointment of Workers and Volunteers

1.18.4 All prospective workers and volunteers will be asked to complete an Application Form and a DBS application form. The procedures for appointment will be in line with CDCDP Recruitment Policy and Volunteer Policy.

Vulnerable Persons Officer

1.18.5 The Vulnerable Person's Officer is the Chief Executive, who has overall responsibility for the implementation of this policy.