**Croft Safeguarding & Protection from Abuse Policy**

**1. Policy**

1.1 Croft aims to ensure that we provide a safe and secure environment for residents, volunteers, staff and the public. We believe that abuse is unacceptable, and we are committed to preventing any form of abuse, including bullying, harassment, victimisation and unlawful discrimination. We will:

* ensure that we respect the individual and their individuality.
* ensure that residents, staff, volunteers and trustees are aware of

their responsibility to be proactive in situations where they suspect

abuse is occurring.

* take seriously complaints of abuse by residents, volunteers, staff,

suppliers, visitors, the general public and any others.

* create a working environment where those who suspect abuse are

not afraid of reporting it;

* listen and respond to people who are alerting us to abuse, whoever

they are;

* ensure that local procedures are developed for the prevention,

detection and response to abuse, including procedures for systems for reporting concerns of abuse, and for recording detailed and accurate records of allegations of abuse and any subsequent actions taken by staff;

* ensure that all staff, volunteers and trustees are familiar with these procedures and are trained to the necessary level in their use;
* ensure appropriate staff and trustees are trained in dealing with abuse allegations
* recognise the importance of confidentiality but not at the expense of leaving anybody at risk;
* recognise that the term ‘abuse’ can include criminal activity. When it is suspected a criminal offence is being committed then consultation with the police will take place.

**2. Scope**

2.1 This policy will apply to all those involved in Croft, on or off site. The purpose of this policy is to set out:

* The definition of abuse in its many forms
* The responsibilities and liabilities of all members of Croft

Turnaround Stays in relation to abuse

* Basic procedures on dealing with abuse

**3. The Legal Framework**

3.1 This policy and it’s procedures reflect the following legislation:

* Care Act 2014
* Safeguarding Vulnerable Groups Act 2006
* Human Rights Act 1998
* Mental Capacity Act 2005
* Public Interest Disclosure act 1990
* Rehabilitation of Offenders Act 1974

**It is not necessary to understand the detailed legislation, related policies, or detailed guidance before passing on urgent concerns about abuse, or failure to safeguard.**

**4. Definitions**

1. 4.1  Abuse is a violation of an individual’s human and civil rights by any other person or persons.
2. 4.2  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 it may result in significant harm to, or exploitation of, the person subjected to it.
3. 4.3  Abuse can take many forms and may or may not involve criminal activity.
4. 4.4  There are many kinds of abuse which can take the form of:

**a) Physical**

Physical abuse results in bodily harm and/or mental distress. It includes physical assault, imprisonment, and misuse of drugs. The perpetrator may cause physical or mental pain by doing (e.g. hitting) or not doing (e.g. withholding food). Often the nature of the physical injury is not consistent with the account of how it occurred.

**b) Neglect and Acts of Omission**

Neglect also results in bodily harm and/or mental distress. It can involve failure to provide help and support in daily living tasks. Often there is a failure to meet basic needs (e.g. warmth, nutritional diet). It can involve failure to intervene in behaviour which is likely to cause harm to a person or to others. Neglect can occur because of lack of knowledge by the carer.

**c) Self-Neglect**

This includes various behaviours; disregarding one’s personal hygiene, health or surroundings resulting in a risk that impact on the adult’s wellbeing, this could consist of behaviours such as hoarding.

**d) Psychological Abuse**

Psychological abuse results in mental distress and may affect a person’s physical health. It can involve the denial of choice, dignity and respect. It can include the fear of violence, threats, harassment, humiliation, loss of liberty, name calling, the use of racist/sexist/discriminatory language. It can involve restricting or failing to present all of the options to the adult with care and support needs, over-riding consent, treating adults as children

A person may be subject to such treatment in one off incidents by strangers. Workers will ascertain if the incident is one off. If it is, support will be offered to the victim and records of decisions taken will be kept but no further enquiry will be undertaken.

**e) Sexual Abuse**

Sexual abuse occurs when a vulnerable person is involved in sexual activities she/he does not want to be involved in or does not understand, or to which she/he is unable to give informed consent. Sexual activity does not always involve contact. It may take the form of looking at pornographic photographs, videos and magazines, voyeurism, indecent exposure.

**f) Financial or Material Abuse**

Financial or material abuse includes the theft, misuse or withholding of money or possessions. It can involve the use of verbal, physical and emotional threats. The vulnerable person’s financial and material position is exploited.

**g) Organisational Abuse**

Organisational abuse in care practice can occur in any group living situation (e.g. day centres, supported housing, residential or nursing homes etc.) Any of the abuse described above could happen in an organisational setting. In addition it could be the institution itself that is the source of the abuse. Organisational abuse can involve the imposing of rules by staff without the consent of those living there. It can involve lack of privacy and the lack of individual attention. This can involve the deprivation of normal social contact and the involuntary withdrawal from valued activity.

Organisational abuse can also be caused by the policies of the institution if they fail to recognise the diversity of the communities that they serve.

**h) Domestic Violence & Abuse**

Definition of Domestic Abuse:  
An incident of pattern of incidents of controlling, coercive, or threatening behaviour, violence, or abuse...by someone who is or has been an intimate partner or family member regardless of gender or sexuality.

Domestic violence includes: psychological, physical, sexual, financial, emotional abuse; so called ‘honour based violence’, Female Genital Mutilation, forced marriage.

**i) Modern Slavery**

Modern Slavery is an international crime, it can include victims that have been brought from overseas, and vulnerable people in the UK. Slave Masters and Traffickers will deceive, coerce and force adults into a life of abuse, callous treatment and slavery.

**j) Discriminatory Abuse**

Abuse can be experienced as harassment, insults or similar actions due to race, religion, gender, gender identity, age, disability, sexual orientation.

**k) Sexual Exploitation**

Sexual exploitation is a subset of sexual abuse. It involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.

Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding.

**l) “Mate Crime”**

A vulnerable person is specifically targeted, befriended and exploited by a perpetrator, usually for (but not solely for) financial gain for the perpetrator.

**m) Radicalisation**

A vulnerable person is specifically targeted, groomed or radicalised to take part in, assist with or promote potential terrorist or other violent extremist activities.

**5. Responsibilities**

1. 5.1  All residents, staff, volunteers and trustees have a duty to report any abuse or suspected abuse.
2. 5.2  All members of Croft have a moral obligation, a right and a duty to raise concerns with the ‘Designated Person’ any instance of malpractice, negligence or unprofessional behaviour.
3. 5.3  In practice this means that everybody involved in Croft is responsible for being alert to abuse and for doing the right thing.
4. 5.4  Being alert to abuse means:
   * Identifying behaviour that is not acceptable
   * Listening to anybody who discloses abuse;
   * Acknowledging hints or signals which ‘leak out’.
5. 5.5  Doing the right thing means:
   * Reporting concerns to the appropriate person;
   * Ensuring that an investigation takes place

**6. Whistleblowing**

1. 6.1  There will be no recriminations for “whistle blowing” and all concerns will be dealt with fairly and justly. It is recognised that anybody might be scared of taking action when they suspect that abuse is occurring. It is common to react to distressing situations by denying reality or by feeling guilty or de-skilled.
2. 6.2  The Public Disclosure Act 1998 offers protection for staff who ‘whistle blow’. Please refer to the whistle blowing policy for further information.

**7. Designated Person (Safeguarding Officer/Responsible Person)**

1. 7.1  The Board of Trustees must appoint a ‘Designated Person’ **This is the Chair of Trustees**
2. 7.2  The ‘Designated Person’ is responsible for investigating any allegations of abuse.
3. 7.3  If the appointed ‘Designated Person’ is the subject of allegations, if there are other conflicts of interest or the ‘Designated Person’ is unavailable another person will be appointed by the Board of Trustees.

7.3 The appointed person will:

* Undertake or oversee and supervise the investigation of the abuse.
* Support staff who are involved in working with abusive situations
* Gather initial information
* Keep detailed records
* Ensure that an action plan is in place and appropriate aftercare is

offered to the person who has been abused

**8. Responding**

1. 8.1  All suspected abuse will be reported to the appointed person who will then undertake an assessment in order to take appropriate action.
2. 8.2  **Immediate actions:** 
   * Ensure safety of the person/s involved and protect from any further

abuse

* + Provide support and reassurance
  + Assess whether emergency services are required and if needed

call them

* + Follow the procedure
  + Explain the procedure to the individual making the allegation and

areas of confidentiality

* + Explain the circumstances in which certain information may need to

be shared to comply with legal obligations

* + Listen to the persons account
  + Make careful notes of their account, using their words where

possible, your observations and actions

* + Obtain agreement that all notes are an accurate reflection of their

account

* + Ensure notation of dates, time and persons present are correct and

agreed

* + Take all necessary precautions to preserve and maintain any

forensic or other evidence

* + Listen to the views of the complainant on how they wish to proceed
  + Explain again the policy, procedure and obligations
  + Remember the need for ongoing support

1. 8.3  **DON’T:** 
   * Confront the alleged abuser
   * Be dismissive of the concern
   * Be judgmental or voice your own opinion
   * Investigate or interview beyond that which is necessary to establish

the basic facts

* + Disturb or destroy possible forensic or other evidence
  + Consult with persons not directly involved with the situation
* Ask leading questions
* Assume information
* Make promises
* Ignore the allegation
* Elaborate in your notes
* Panic

1. 8.4  It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. In the first instance any allegations of abuse will be reported to the designated person who, depending on the nature of the allegations, may refer the matter to professional adult protection agencies.
   * If a member of staff is implicated in suspected abuse internal disciplinary procedures will apply.
   * If the abuse allegation involves a criminal act then the designated person will inform the police
   * If the abuse allegation involves a member of the public, a child, an adult with care and support needs or a registered sex-offender the designated person will inform the police and social services where appropriate.
2. 8.5  Where the ‘Designated Person’ is not immediately available there should be no delay in taking any initial action necessary to prevent further abuse. Where such action is required a record of that taken should be made and this should be handed to the ‘Designated Person’ when they are made aware of the allegation.

**9. Investigating**

1. 9.1  The designated person will make initial enquiries to ensure the reliability of any information given prior to any formal investigation.
2. 9.2  If at any time during the investigation it appears that a criminal offence may have been committed then all attempts to investigate should stop until the police investigations have been concluded.
3. 9.3  Similarly if at any point the abuse allegations involve a member of the public, a child, an adult with care and support needs or a registered sex- offender Social Services will be contacted where appropriate and asked to conduct the investigation.
4. 9.4  An investigation should be completed within 5 working days of the incident first being reported. The investigation should:
   * establish what has happened – when, to whom, by whom and to assess the general well-being of the person who is thought to have been abused;
   * identify the physical and psychological needs of the person;
   * consider the domestic arrangements – who does what.
5. 9.5  Factual information obtained during the course of the initial assessment and any investigation should be recorded and retained on file.
6. 9.6  A report should be written within three working days is common of the investigation being concluded giving:
   * a clear review of what has happened;
   * a clear review of what has been concluded;
   * a clear statement of what is going to happen next and what

additional support is to be provided; and

* + a clear indication of any recommendations.

**10. Confidentiality**

1. 10.1  Protection of ‘Adults at Risk’ raises issues of confidentiality which should be clearly understood by all.
2. 10.2  Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of Adults at Risk’ with other professionals, particularly investigative agencies and adult social services.
3. 10.3  Clear boundaries of confidentiality will be communicated to all.
4. 10.4  All personal information will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.
5. 10.5  If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.
6. 10.6  Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.
7. 10.7  Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the ‘Adult at Risk’ is the priority.
8. 10.8  Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.
9. 10.9  Staff should assure the adult that they will keep them informed of any action to be taken and why. The adults’ involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

**11. Actions**

1. 11.1  If the nature of any abuse requires the involvement of external agencies then advice will be sort from the appropriate external body/s such as Social Services, the Police or the Local Authority on legal requirements and necessary actions which will then be implemented.
2. 11.2  Where the matter is not of a nature that requires intervention by the police and/or social services the following actions will be taken.
   * Abuse by residents:  
     If an investigation concludes that a resident has been abusive to any other member of Croft this will be dealt with under the Code of Conduct policy.
   * Abuse by staff:  
     If an investigation concludes that a member of staff has been abusive towards any member of Croft action will be taken in accordance with the Disciplinary Procedure.
   * Abuse by volunteers or trustees  
     Where appropriate the Chair of Trustees will make a decision on whether the individual will be able to continue with their role in the community or whether another form of remedial action is appropriate.
3. 11.3  If the investigation concludes that abuse has not taken place it must be made clear to the person making the allegation that there is no further course of action available internally.
4. 11.4  If the person is not satisfied with the outcome they should take the matter up with an external agency such as the Social Services, the Police or the Local Authority. Should the person decide to take such action they will not be subject to any form of harassment as a result.

11.4 Staff are protected by the Croft Whistle blowing Policy.

**12. ‘Designated Person’**

12.1 The ‘Designated Person’ at Croft is Hannah Travers and can be contacted by email/phone on 07910099392 or hannah@theartsfundraisers.com