

PROTECTION FROM ABUSE & SAFEGUARDING CHILDREN POLICY

At this point London Housing Trust only accommodates male adults 18 and over with LOW to MEDIUM support needs. This policy is for the protection of both the vulnerable adults at London Housing Trust and the staff members who work with them. This is designed primarily to help staff recognise and respond to cases of abuse involving vulnerable adults, and to provide a procedure to be followed in the event of abuse being witnessed and / or reported.

This policy commits all staff to responding actively, promptly and in a co-ordinated way to allegations or suspicions of abuse that come to their notice. They also commit staff to an approach that takes into a persons' race, cultural background, disability, age, gender, or sexuality.

Vulnerable Adult - Definition

This policy recognises that a Vulnerable Adult is someone who is over the age of 18; and if by reason of old age, infirmity or disability (including mental disorder within the meaning of the Mental Health Act of 1983) he is unable to take care of himself or to protect himself from others, and significant harm or exploitation.

People most likely to be assessed as vulnerable are those adults who :

- ❖ Are elderly or frail.
- ❖ Suffer from mental illness (including dementia).
- ❖ Have a physical or sensory disability.
- ❖ Have a learning disability.
- ❖ Suffer from a severe, incapacitating illness.
- ❖ Have become vulnerable through homelessness, or long periods of unsettlement within their life history.
- ❖ Have become vulnerable through drug / alcohol abuse / dual diagnosis.

Recognising Abuse

Abuse of vulnerable people can be described as physical, sexual, psychological, financial, or social. It may be intentional or unintentional, or the result of neglect. In all cases it causes significant harm to the person concerned either temporarily or over a long period of time. In some instances the abuse may have happened a long time ago and may have been only recently disclosed.

In accordance with the Department of Health guidance document 'No Secrets', abuse may be:

- Sexual
- Physical
- Emotional
- Material
- Financial
- Psychological
- Discriminatory
- Neglect and / or acts of omission
- Spiritual

This policy is concerned with abuse that happens within the domestic hostel setting that is London Housing Trust and is perpetrated by someone who knows and / or has a relationship with the vulnerable person. Although this policy also recognises that abuse by strangers, can of course, cause very serious harm and that when it happens the adult concerned may require considerable support. When there is a relationship it is often characterised by a considerable power imbalance and usually by the dependence of the vulnerable person to a greater or lesser degree on the perpetrator of the abuse, who may be a caregiver / partner/ friend / relative / volunteer / or someone employed to care.

Abuse in domestic settings often occurs in the context of long-standing poor relationships and / or carer stress. In some of these cases, a perpetrator may her / himself be maltreated by the person he / she is caring for.

This policy recognises that the following are all contributory factors that can be associated with leading carers to abusing vulnerable people in domestic settings:

- Lack of support professional or otherwise
- Severe stress e.g. carer looking after more than one person.
- Change in the carer's lifestyle (i.e. loss of income, career etc.)
- Carer's loss of social contacts
- Long-standing history of relationship difficulties
- Poor and / or overcrowded housing
- Change of cultural expectation
- Alcohol / Drug / Substance misuse.
- Carer's own health problems
- Carer's own fear of ageing or becoming dependent

- Lack of understanding about the ageing process / progressive illness / disability
- Verbal abuse and aggressive behaviour from the vulnerable person towards his carer
- Financial dependency of carer on vulnerable person.

Staff is asked to consider that whilst this list may not be immediately applicable to the situation that is London Housing Trust itself, they may have been influential factors where abuse has previously occurred in the life of the vulnerable adult, either where they are / were the victim or where they are / were the perpetrator.

The seriousness of the abuse varies and can range from behaviour that is violent / pathological and criminal to passive abuse which is neglectful, unintentional and less exploitative in character.

This policy recognises that awareness of abuse may come through third party disclosures made by residents or staff who have been witnesses to events rather than directly involved, and that those making such third party disclosures may well need support and guidance in order to cope with what they have witnessed. This policy also recognises that a person's perception of what abuse is will have to be taken into consideration as situations may come to light where they person does not actually feel that they are being abused but a third party does, or vice versa.

Guiding Principles'

These principles are designed to guide practice and promote a common approach within the project, to the investigation / assessment of allegations / suspicions of abuse and the protection of vulnerable adults:-

- a first response will be to listen to what is being said by the person raising a concern or reporting an incident of alleged abuse.
- Everyone has the right to protection under the law and is entitled to be treated with respect and accorded personal dignity.
- All responses must take account of a person's race, cultural background, disability, age, gender, spirituality, or sexuality.
- Each person has a right to a life that maintains independence and enables them to make their own decisions and choices. If such an independent life involves a degree of risk, which the person accepts, this should be respected, unless exceptionally a statutory responsibility to intervene exists.

- When an individual is unable to make an informed decision and refuses to acknowledge or recognise serious risks, intervention may be necessary. Carefully considered professional judgements should be made as to the extent of a person's ability to make appropriate decisions when his safety is in jeopardy.
- When intervention is necessary to reduce risk this should be made explicit to the person concerned and should be pursued in a manner which least disrupts the person's life and ensures their maximum involvement in decision-making. As far as possible, investigation of abuse should be integrated within the client's Support Plan and Package and their individual risk assessment.
- The resources and skills of all relevant statutory and voluntary agencies are needed to deal with difficult cases of adult abuse. Co-operation between agencies and the sharing of information and skills are crucial factors in the identification of and response to adult abuse. Only in cases where a person is in extreme danger should a professional take action on their own.
- There is a duty to care and ensure that the interests and well being of vulnerable people are at the forefront in assessment and decision making in relation to care planning and any necessary protective action.
- Carers looking after vulnerable adults may face difficult and stressful circumstances and are entitled to an assessment of their needs and practical support.
- Every person has the right to engage in sexual activities that are lawful and wanted and understood without being exposed to exploitation or sexual violence. Sexual activity between employed staff and a vulnerable adult is always exploitative and abusive.

The Law and Legislation

Vulnerable adults who are abused or at risk should be regarded as having high priority under **The NHS and Community Care Act (1990) Section 47**.

This policy recognises that London Housing Trust is also guided by **The Housing Act (1985) Part 111 (Homelessness)**. In Section 66: the act states that :

'Local authorities have a preventative duty to take reasonable steps to ensure that accommodation does not cease to become available for applicants threatened with homelessness.'

Other legislation includes **The Mental Health Act (1983)**. This specifically addresses vulnerable adults who are mentally disordered, and is more

interventionist. This legislation should as a rule, only be used as a last resort in cases of abuse and then only after multi-agency discussion.

However in no cases should the proper and wise use of legislation be avoided where it is right and necessary for the individual concerned.

In cases where it is thought necessary to use the legislation, the actual legislation itself will be consulted directly and guidance will be sought from the Local Authority's legal section and / or the police where necessary.

If intervention under the Mental Health Act appears appropriate or necessary then an Approved Social Worker (ASW) or GP will be involved at the earliest opportunity.

Any subsequent acts that are passed that directly relate to this area are included into this policy, and the residents of London Housing Trust will be regarded as having a high priority under such acts.

Procedures for Responding to Abuse

At this point it should be noted that whilst a fair and proper procedure will always be upheld, the procedure that will be carried out would differ where the alleged perpetrator is another vulnerable person or a member of staff.

In all cases staff should be clear that every allegation / suspicion of abuse involving a vulnerable adult must be treated seriously and reported to the manager, whether the perpetrator is another member of staff or another vulnerable adult. The manager will then carry out the necessary investigation and the interviews that are required. If it is difficult to approach the manager (i.e. the manager is away) or the alleged perpetrator is the manager then the Chairman of the Trustees, or his Deputy, should be consulted. In which case it is expected that this person, to whom it is reported, will carry out the necessary investigations and interviews.

Summary of Procedure

A **preliminary investigation** shall be carried out, which will look at what has been reported and the surrounding evidence, and will assess the whole situation. From there the necessary **interviews** will take place unless the allegation is discounted at the preliminary investigation stage. All stages of the procedure shall be documented on the "protection from abuse report form" even if the allegations are discounted at this stage. In the event of the allegations being upheld, but the abuse being of a minor nature a **care plan** will be drawn up to

protect the vulnerable adult concerned. In more serious cases a **protection meeting** will be held.

Procedural Responsibilities

Staff may come across allegations / suspicions of abuse in a variety of ways and settings and in some instances evidence may accumulate over a period of time.

If staff get to know about the alleged abuse directly from a vulnerable adult, in the form of a disclosure, they should note the following points:-

- Listen carefully to and ensure that the vulnerable person knows that you are taking what he is saying.
- Stay calm yourself.
- Reassure the person that he is doing the right thing in telling you.
- Explain what you are going to do next, be very clear and keep it as simple as possible.
- Do not appear shocked, horrified, disgusted, or angry.
- Show sympathy and concern, but do not make comments or judgements.
- Do not give sweeping reassurances, they may well not hold up later.
- Do not confront the alleged perpetrator. If the alleged perpetrator is a colleague do not mention the allegation to any person other than the manager.
- Do not press the individual for details (it is not your job to do the detailed reporting and it is not right to do straight away upon disclosure either).
- Do not promise confidentiality or to 'keep secrets'. Remind the person / people concerned that confidentiality is to the project and to the whole staff team and not just to the individual to whom they are speaking. (Please refer to London Housing Trust's Confidentiality Policy for specific guidelines on Confidentiality and procedure in this matter).
- Do not contaminate or remove any possible evidence, that is evidence that may be used in a court of law, e.g. blood, semen and saliva. If the reported incidence has happened very recently it may still appear to be possible for the police to obtain forensic evidence. If first aid is required, this should be administered for 'bleeding and shock' only.
- Write a factual and chronological account of what you have heard and learned being very careful not to embellish or alter the facts or to let your own emotions influence your account.
- In the event of a vulnerable person being in immediate danger his safety should be paramount, even if that means calling the emergency services.

In the event of an instance of abuse being reported within the project it is the responsibility of the manager, once the abuse has been reported to them to contact the relevant outside agencies. In the event of the manager being away or the allegation being about the manager then this duty falls to the person to whom the allegation is reported, i.e. either the Chairman or his Deputy.

Procedure

The procedure followed in the circumstances of abuse allegations being made is an extension of London Housing Trust's pre-existing **Complaints Procedure**. (Please see the existing Complaints Procedure for additional support and guidance in this area).

Upon making the **preliminary investigation** when the allegation is reported the person carrying out the investigation shall take account of such factors as:

- ❖ The type and seriousness of the alleged / suspected abuse.
- ❖ Any evidence for the alleged / suspected abuse.
- ❖ The reasons why the person suspected of being abused is considered vulnerable.
- ❖ Whether this vulnerable person has already made a disclosure.
- ❖ The nature of the relationship of the alleged perpetrator and the vulnerable adult.
- ❖ Whether there have been previous reported allegations of abuse or alleged abuse and if so the outcome of the investigation.
- ❖ What is already known about the individual and his needs?
- ❖ What is known of the vulnerable person's ability to communicate?
- ❖ What is known about the vulnerable adults' ability and capacity to give consent to actions which may be required during an investigation / assessment.

Interviewing.

Except in the cases where the preliminary assessment clearly rules out the allegations / suspicions, the alleged victim should be interviewed as part of the investigation / further assessment.

Every effort will be made to keep the number of times that the alleged victim is interviewed to a minimum.

Where the report is about a recent incidence of alleged abuse the vulnerable person should be interviewed within 24 hours.

Interviewing vulnerable adults is a complex task, especially as the adult is likely to be distressed and could possibly have limited communication and comprehension skills. Considering this it may help to consider the following points when interviewing:

- Avoid reaching conclusions about the suspected abuse before the facts are known.
- Ensure that communication difficulties are recognised prior to the interview.
- The location of the interview should ensure privacy, comfort, safety and a lack of interruption.
- The interviewee is informed of the purpose for the interview.
- Time is allowed and the interview unhurried, non-accusing, and the investigator remains calm.
- Confidentiality is kept clear and information is shared on a 'need to know basis'. (Please refer to London Housing Trust's Confidentiality policy for guidance in this area).
- Be aware about making stereotyped judgements about race, gender sexuality, spirituality and disability.
- Try to use open ended questions that invite more detailed responses e.g. How? Why? When?

It may also help to remember that victims of abuse do not always react in the same way. This said there are some common reactions: -

- Denial that anything is wrong and an emphasis that everything is fine.
- Acceptance or resignation that their situation is their fault and/or is the result of being old/vulnerable/ disabled.
- Withdrawal from usual activities right through to total lack of communication.
- Depression which can happen either very suddenly or gradually emerge.
- A dramatic change in behaviour personality, that can happen very suddenly and is often associated with fear. There may be an element of self-protection evident.
- Out of character displays of physical outbursts/ aggression/rage/fear.
- Confusion, this can be characterised by a sudden onset or a marked deterioration in a previously confused person.

- Attention seeking behaviour where previously there was none.

In cases where the vulnerable adult has not made the disclosure to his key-worker and the disclosure is not about his key-worker then the key-worker will be informed about all stages of the investigation through out by the person carrying out the investigation, unless the vulnerable person makes an informed decision that they do not want their key-worker to know. This is especially important if the allegations involve a member of staff as it will not be possible to inform the entire staff team of what is going on with this vulnerable adult.

This policy recognises that the vulnerable adults' key-worker, and / or the project worker to whom the abuse is reported may well themselves need some support in their own right after hearing about the alleged abuse.

Where there is evidence of a crime having been committed against a person the police should be unquestionably informed. The vulnerable adult concerned should give consent for this action. In cases where the withholding of this consent would put other service users or staff at risk then the police should always be contacted.

In circumstances where the person cannot make an informed decision then the views of his key-worker should be taken into consideration (unless they are the alleged perpetrator).

If the person needs medical treatment then an immediate referral to either the nurse, GP, A and E or specialist health team should be made.

If forensic evidence is involved and needs to be collected the police should always be contacted. Every effort should be made to ensure that there is only one medical examination. The vulnerable adult has the right to make his own decision about participating in an examination.

In the case of the adult being unable to give their informed consent doctors will be allowed to proceed on the basis that they are 'acting in good faith.'

If the vulnerable person needs to be admitted to hospital discharge should not be agreed until satisfactory arrangements have been made to ensure an investigation / assessment can be made and their safety assured.

The views of the vulnerable person must be sought throughout and respected in the making of any decisions. Though certain protective action (e.g. the suspension of an employee would be out of their hands).

If the alleged perpetrator is a paid employee, consideration should be given to suspending the person pending further information arising from the investigation. This can be to protect both the alleged victim and the alleged perpetrator and is intended to let the investigation proceed unhindered.

It is possible that cases may arise where a person does not feel that they have been abused but that a witness i.e. a third party does believe that the person concerned has been. In these cases the person's perception of the abuse is crucial and in such circumstances this must be taken into consideration. If the person concerned does not feel that they have been abused then under the terms of this policy no obvious action will be taken. However this policy recognises that a person may embark on such a response outcome because they are afraid of the consequences. So although a note will be made in the 'Handover Book' and the situation will be subject to constant monitoring by staff. However in cases where 2 or more residents or members of staff can testify that abuse has taken place even though the 'victim' does not feel that they have been abused then procedures can be put into place anyway, with careful regard to the person who has been abused and in particular with regard to why they did not want to report the abuse.

Support Plans

If, after an investigation / assessment it appears that there has been abuse or it is still strongly suspected a plan will need to be made to protect the individual concerned.

In cases where the abuse is of a relatively minor nature and the vulnerable adult and perpetrator are living together and accepting of services it may be sufficient for a support plan to be put together that takes into account all the risk factors. The plan should be explicit about the services that are required to protect the abused person and support the key-worker where necessary.

Protection Meetings

In cases where the abuse is serious and / or persistent and definitely when a criminal offence has been committed or is still strongly suspected a Protection Meeting should be held to discuss where to go from there.

If other agencies have already been involved up to this point then they should be present at this meeting. The presence of the adult concerned is for them to decide. Consideration must be given to whether this would be constructive for them, if not, or they do not wish to attend, then their view must be actively sought out and respected. If they do wish to attend, everything possible should be done to support this.

If there are specialists already involved in the care of the vulnerable adult then they will automatically be invited to the adults protection meeting.

The key tasks of the protection meeting shall be as follows: -

- To decide what further action is necessary and what course of action shall be followed.
- To establish how best to protect the abused person and care for them in the future. This will therefore address the factors that led to the abuse, a full range of support services will be considered to meet the assessed need.
- Where criminal or police proceedings are ongoing to ensure that there is a plan to support the adult through them, and his key-worker where appropriate.
- Plan for how the people involved can overcome the experiences and feelings resulting from or surrounding the abuse.
- Where appropriate to assist the 'abused' person and the perpetrator to re-establish their relationship.
- If the key-worker is not the perpetrator then it is their responsibility to ensure that there is a co-ordinated response and that this is implemented.
- To fix a date for a review within 3 months.
- *N.B. where the perpetrator is a member of staff then some of these actions may not be appropriate to address.*
- All decisions made at protection meetings and subsequent reviews shall be sent to all invitees within 5 working days of the meeting.
- Review meetings will be organised in the same manner as the initial protection meeting.

Where the perpetrator is also a vulnerable adult it may be necessary to hold separate meetings to consider the needs of the alleged perpetrator. It is recognised that there is the potential for very difficult decisions having to be made where there is a conflict between the interests of the alleged perpetrator and of the victim's interest. The main objective must remain to protect all vulnerable people from abuse and the decisions of the protection meetings should be weighted with this in mind. The disciplinary action that shall be taken against the perpetrator shall be left to the discretion of the person carrying out the investigation, unless criminal proceedings are in progress, but will be based on the existing disciplinary procedure.

Where the alleged perpetrator is a member of staff there should be a screening of the allegation by the manager, unless the staff concerned is the manager, in which case the screening should be carried out by either the Chairman or his deputy. If a criminal offence has been committed the police should be contacted and a decision made as to their involvement in the situation. The disciplinary action that shall be taken against the member of the staff concerned will be left

to the discretion of the person carrying out the investigation, unless criminal proceedings are in progress, but will be based on the existing staff disciplinary procedure. The decision about whether to suspend the member of staff concerned in order to let the investigation proceed unhindered rests with the person carrying out the investigation.

Staff subject to disciplinary proceedings should be kept informed of the allegations and the overall progress of the investigations and will require support, provision of which should be made by the project. Also the staff reporting the allegations / suspicions may need support, which will be provided by the project.

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Review of this policy.

Under the terms and conditions of this policy it will be reviewed annually every July. The policy will be reviewed by the Protection from Abuse Committee. This will consist of:

- A Trustee
- An Independent Practitioner.
- The Project Manager
- Project Worker
- A Resident.

The committee will meet every April to review the existing policy.

During the review the committee will examine the existing policy, any alterations or updates that need to be made and also all cases that have occurred, examining how every reported case was dealt with, including even those that were discontinued at the most preliminary stage. With every case it will aim to address and identify any disincentives to reporting of actual or suspected abuse or neglect. Any changes to legislation will also be discussed.

This policy recognises that a resident's involvement in reviewing this policy is vital due to the importance of service users being actively involved in reviewing the policies and procedures.

Minutes of the review meeting will be taken and other records will be kept, to demonstrate residents' participation, and that the policy review has taken place and what was discussed. All will be formally logged, as will any changes that are made, or even if there are not any changes that have to be made.

Where necessary the policy will be updated, so that the updates on the policy can be in place by July, for the policy's next working year.

LIST OF USEFUL TELEPHONE NUMBERS.

Refuge: 24 hour Domestic Violence Helpline

0870 599 5443

Victim Support Line

0845 30 30 900

Legal Accident Line

For anybody who has suffered an injury in an accident caused by another person

0500 19 29 39

Shelterline

0808 800 4444

NHS DIRECT

0845 46 47

Careline

Telephone counselling service for the general public

020 8514 1177

ParentLine Plus

Helpline for support and information for anyone in a parenting role of children

0808 800 2222

The Samaritans

08457 90 90 90

National Drugs Helpline

0800 77 66 00

DIAL UK

Network of disability information and advice services run by people with direct experience of disability

Cruse Bereavement Care

Helpline for bereaved people and those caring for bereaved people

0870 167 1677

DRINKLINE

Offers advice, information and support to anyone concerned about their own or someone else's drinking

0800 917 8282

POLICE

Plumstead Police Station

(020) 8649 3540

07843 065 879

Plumstead Police Safer Neighbourhood

(020) 8721 2639

07920 233 824

Police London

(020) 7326 1212

Police London Non Urgent

(030) 0123 1212

Lesbian and Gay Employment Rights (LAGER)

Lesbians : 0807 704 8066

Gay Men : 0207 704 6066

Lesbian and Gay Switchboard

0207 837 7324

Safeguarding Young People and Children

Safeguarding is a relatively new term which is broader than 'child protection' as it also includes prevention. Safeguarding has been defined as:

- All agencies coming into contact with children and young people and their families taking all reasonable measures to ensure that the risks of harm to children's welfare are minimized.

- Where there are concerns about children and young people's welfare, all agencies taking appropriate actions to address those concerns, working to agreed local policies and procedures in full partnership with other local agencies. (*Safeguarding Children* (2005),
- The Society for the Relief of the Homeless Poor at London Housing Trust believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognizes its responsibility to safeguard the welfare of all children and young people who visit the project, by commitment to practice which protects them.
- Safeguarding children is vital for charities as charity trustees have a duty of care towards the children with whom they have contact. Having safeguards in place within an organization not only protects and promotes the welfare of children but also it enhances the confidence of trustees, staff, volunteers, parents/carers and the general public. Safeguarding children is beneficial to a charity in many ways – protecting its reputation, helping to effectively meet its objectives and protecting finances.

The child protection policy

This is a **statement of intent** that demonstrates a commitment to safeguard children involved with a charity from harm. The essential inclusions for a child protection policy are outlined below:

- the welfare of the child is paramount;
- all children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs;
- the policy is approved and endorsed by the board of trustees;
- who the policy applies to (i.e. all trustees, staff and volunteers);
- children and parents are informed of the policy and procedures as appropriate;
- all concerns, and allegations of abuse will be taken seriously by trustees, staff and volunteers and responded to appropriately - this may require a referral to children's services and in emergencies, the Police;
- a commitment to safe recruitment, selection and vetting;
- reference to principles, legislation and guidance that underpin the policy;
- arrangements for policy and procedures review;
- reference to all associated policies and procedures which promote children's safety and welfare e.g. with regards to: health and safety, anti-bullying, protection of children online, and photography.

- Risk assessments to be done for every individual child that visits the project. This is to be undertaken by a member of staff and the parent/career of the child on the appropriate London Housing Trust risk assessment forms. This is to be kept in the parents/careers file at London Housing Trust, however the information should be shared with relevant child protection agencies as appropriate.
- All staff at London Housing Trust should do safeguarding awareness training.
- The project Manager will be the nominated person for any issues of child safety to be raised too.
- All parents/careers visiting London Housing Trust should abide by the rules for visiting children.

Guidance and legislation

For current guidance on safeguarding, legislation and resources see www.everychildmatters.gov.uk

Two documents are particularly helpful:

- *What to do if you're worried a child is being abused (2003)*
- www.everychildmatters.gov.uk/search/?asset=document&id=17378
- *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (2006)* HM Government.
- www.everychildmatters.gov.uk

If you have concerns about a child/young persons wellbeing

If you have concerns about a child/young persons wellbeing it is the responsibility of staff, trustees, agency staff and residents to take appropriate action by discussing this with the nominated person, in London Housing Trust this is the project manager. It is then their role of the person who has the concerns or the project manager to contact any of the following agencies for guidance:

Safeguarding and Protecting Children in Greenwich

Useful Telephone Numbers / Addresses

NSPCC Helpline	0808 800 5000
Childline	0800 1111
Greenwich Social Services	
Duty Number	020 8854 8888
Police Child Protection Unit	020 8247 7843
NHS Direct	0845 4647

All staff to undergo safeguarding awareness training, this will be done externally.

Any concerns raised in London Housing Trust relating to young people on or off the premises should be documented in the POVA & Safeguarding file; an accurate account of who was informed should also be recorded.