



YMCA
BURTON UPON TRENT
& DISTRICT

POLICY AND PROCEDURE FOR SAFEGUARDING ADULTS AT RISK

Document Control

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Original copy of this policy was signed and dated by the CEO on 2nd Sept 2024.

1. Introduction

YMCA Burton aims to ensure that everyone is welcomed into a safe, caring environment with a professional and friendly atmosphere and takes a zero-tolerance approach to abuse and neglect.

Everyone has the right to be protected from abuse regardless of their age, gender, disability, culture, language, racial origin, religious beliefs, sexual identity, personality, or lifestyle.

Many of the people we work with, are potentially classed as adults at risk so our professional practice with them should always be in accordance with this policy and procedure.

2. Purpose of this Policy and Procedure

- To set out the principles underpinning YMCA Burton's approach to the protection of adults at risk
- To assist staff and volunteers to safeguard adults at risk and to guide staff in accessing relevant procedures to manage the risks associated with safeguarding adults, thereby minimising and preventing abuse
- To define the different types of abuse and identify associated signs, recognising that this will not include every potential area of abuse
- To set out a clear procedure for employees and volunteers who suspect possible abuse
- To provide a framework for vetting, training and supporting those who work with adults at risk

3. Principles

YMCA Burton is based on the Christian core values of **caring, honesty respect and responsibility** and believes that everyone is entitled to live free from abuse. We recognise that adults at risk are at particular risk of abuse and exploitation.

We have an important shared responsibility to increase awareness around issues of abuse and to have clear procedures for employees or volunteers to follow should they have any suspicion that abuse is occurring or has occurred.

The Care Act 2014 placed a statutory duty on all Local Authorities and other agencies to cooperate in the best interests of adults at risk, including sharing information as appropriate. When sharing information, it should be necessary and proportionate, relevant, accurate and always shared with confidentiality in mind. Whilst adults have a general right to control information about themselves, the need for consent can be overridden in the context of adult safeguarding.

All staff and volunteers have a duty to protect adults at risk and to report suspicions or disclosures of abuse.

Service users should be made aware, prior to the commencement of any service, that staff or volunteers have a duty to report any concerns, allegations or suspicions of abuse and will not be able to 'keep secrets' of this nature. All confidentiality clauses must clearly state that confidentiality cannot be maintained where there is an allegation of abuse although clearly any investigations, reporting etc will be done only to appropriate bodies or persons. Wherever possible the wishes of the adult at risk will be considered but this cannot override the appropriate reporting of concerns.

Our Policies and Practices Are Guided by The Six Principles:

i Empowerment

This principle is all about informed consent and **empowering adults with care and support needs to make their own choices**. For example, an adult at risk should be able to give permission for medical treatment with complete knowledge of the potential outcomes.

For an adult at risk to make these kinds of decisions, you should ensure that they are given all necessary information in an objective manner. Services should also be tailored to the specific needs of the adult at risk that you are working with. You could, for instance, ask them what their desired outcome to a situation would be and plan your response around their wishes.

As with all Safeguarding Principles, it's important to act in the best interests of the adult at risk. The Empowerment principle ensures that their thoughts, feelings and opinions are taken into consideration. Unless they do not have the capacity to make decisions, as defined in the Mental Capacity Act 2005, they should always have control over their own choices.

ii Prevention

Where there are signs that abuse, harm or neglect could occur, **it is essential that action is taken to stop a person being put in danger**:

To make this possible, it is important to raise awareness of who may be more likely to become vulnerable. For example, an adult at risk can include those with mental or physical disabilities, those with chronic or terminal illness, and the elderly.

It is also important to be able to recognise the signs of abuse, harm and neglect. For this, thorough Safeguarding Training is crucial. Advice and information around safeguarding must also be easily accessible and communicated with others, so that any signs can be recognised and acted on as early as possible.

iii Proportionality

Ensure that **the way you deal with a safeguarding issue is proportional to the risk presented**. As a general rule, it is important to respond using the least intrusive method. However, to ensure that a safeguarding concern is dealt with in the most appropriate way, you will need to properly assess the risk presented.

Ask yourself, how likely is abuse, harm or neglect to occur? And how severe is the situation? Some situations may only need a small amount of intervention, whereas severe risks (such as where a person's life is in danger) would necessitate an urgent, more invasive response. Always act in the best interests of the adult at risk.

iv. Protection

The Protection principle reiterates the whole purpose of safeguarding: to **support adults at risk and protect them from harm**. This must be done in the best possible way for the adult at risk.

Under this principle, organisations and individuals should understand safeguarding processes and best practice. They will need to know what to do if they have a safeguarding concern, how to stop danger from happening or escalating, and how to provide help and support to the adult at risk who requires it.

Knowledge is power here. Accessible training, education and communication between people and organisations can all help to ensure people know how to deal with safeguarding concerns, and in turn can protect those at risk.

v. Partnership

The Partnership principle encourages **collaboration between organisations and local communities**. Organisations are advised to raise awareness around safeguarding issues. If local communities understand how abuse, harm and neglect can be spotted, prevented, and reported, then adults at risk living in that community stand a better chance of being protected.

Organisations can also share relevant information about an adult at risk with other organisations and the local community, as long as it is absolutely necessary to keep that person safe.

vi. Accountability

Everybody has a responsibility to keep others safe.

If you are in contact with an adult at risk, it is your duty to recognise, record, respond and report any safeguarding concerns. This includes if you are that person's carer, doctor, social worker, or even if you are a friend, relative or colleague.

To ensure accountability, it is helpful to establish clear roles and responsibilities around safeguarding within the workplace. That way, everyone understands exactly what they need to do when it comes to keeping people in their circle safe.

3a. Making Safeguarding Personal (MSP)

YMCA Burton adopts the principles of **Making Safeguarding Personal (MSP)**.

Making Safeguarding Personal means safeguarding activity is person-led, outcome-focused and based on the wishes, views and desired outcomes of the adult concerned wherever possible. Adults at risk should be empowered to make informed decisions about their lives and be supported to achieve the outcomes that matter most to them.

YMCA Burton will:

- Put the individual at the centre of safeguarding activity.
- Support adults to make informed choices.
- Promote independence and wellbeing.
- Take a strengths-based approach.
- Focus on achieving outcomes identified by the adult.
- Balance safety with personal choice and control.

Where an adult lacks capacity to make a specific decision, decisions will be made in accordance with the Mental Capacity Act 2005 and in the person's best interests.

4. Definitions

An adult at risk (previously referred to as a vulnerable adult) is defined as:

"A person aged 18 or over who has needs for care and support and is experiencing or is at risk of abuse or neglect and as a result of this is unable to protect themselves from either the risk or experience of neglect or abuse" (**The Care Act 2014**).

The Care Act 2014 defines safeguarding as "protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect whilst at the same time making sure that the adult's wellbeing is promoted". Safeguarding should be person led and outcomes focussed.

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering. Abuse can be a single or repeated act or omission, which causes harm or distress. **The Care Act 2014** defines 10 forms of abuse – physical, financial, material, discriminatory, neglect, acts of omission, psychological, sexual, self-neglect, modern slavery, domestic violence or organisational.

See Appendix 1 for Indicators of Abuse.

See Appendix 6 for other legislation guiding our policies and practices.

I. Transition from Children's Safeguarding

The statutory guidance contained in the Care Act 2014 is that if someone is 18 or over but still receiving children's services and a safeguarding issue is raised then it is dealt with through adult safeguarding arrangements.

II. Wellbeing

The 2014 Care Act contains provisions to promote the wellbeing of adults at risk.

Wellbeing is a state of mind in which an individual is able to realise his or her own abilities, cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. It is about feeling good and functioning well in society.

Wellbeing is a broad concept, and is described as relating to the following areas in particular: personal dignity (including treatment of the individual with respect); physical and mental health and emotional wellbeing; protection from abuse and neglect; control by the individual over day-to-day life (including over the care and support provided and the way it is provided) participation in work, education, training or recreation; social and economic wellbeing; domestic, family and personal relationships; suitability of living accommodation and the individual's contribution to society.

III. Mental Capacity Act 2005

YMCA Burton recognises the importance of the Mental Capacity Act 2005 in safeguarding adults at risk.

All staff must work in accordance with the five statutory principles:

1. Every adult has the right to make their own decisions and must be assumed to have capacity unless proven otherwise.
2. Individuals must be supported to make their own decisions wherever possible.
3. Individuals have the right to make unwise decisions.
4. Any act or decision on behalf of a person who lacks capacity must be made in their best interests.
5. Any intervention should be the least restrictive option available.

Mental capacity is both decision-specific and time-specific. Staff must never assume a person lacks capacity because of their appearance, behaviour, diagnosis, disability, age, homelessness or lifestyle.

Where concerns arise regarding an individual's capacity to make decisions affecting their safety and wellbeing, advice should be sought from appropriate professionals and agencies.

IV. Deprivation of Liberty and Restrictive Practice

YMCA Burton recognises that excessive restrictions placed upon an individual may amount to a deprivation of liberty.

Staff should remain alert to situations where adults are:

- Subject to continuous supervision and control.
- Unable to leave an accommodation setting freely.
- Experiencing significant restrictions on movement, relationships or decision-making.
- Subject to restrictive practices that may not be proportionate to risk.

Any concerns regarding deprivation of liberty must be discussed immediately with the Senior Designated Safeguarding Officer and, where appropriate, referred to Adult Social Care for further advice.

YMCA Burton will work in accordance with the Mental Capacity Act 2005 and current Deprivation of Liberty Safeguards requirements.gov+1

5. Staffing

Selection and Vetting of Workers

We will follow our Safer Recruitment Policy. All staff, volunteers and trustees will be required to complete a criminal record declaration and references will be taken up and verified. An Enhanced, or Basic where appropriate, Disclosure and Barring Service (DBS) Check of the Barred List for Adults or a check via the DBS Update Service will be undertaken for the following staff and volunteers who have unsupervised access to adults at risk: Support workers, Night Support Workers, Counsellors, Mediators, Trustees and Outreach Volunteers. All other roles will have standard checks.

We are a charity that works with children, young people and adults at risk, therefore all trustees will be subject to an Enhanced Disclosure and Barring Service (DBS) Disclosure, with a Check of the Barred Lists or a check via the DBS Update Service.

It is a criminal offence to allow someone to work with children and young people if they are barred from doing so.

No new starters will be offered posts with unsupervised or substantial access to adults at risk without having presented a DBS Certificate. In the absence of such, in exceptional circumstances, a new member of staff may start work only when supervised at all times.

As appropriate, Enhanced DBS disclosures, checks of the DBS Update Service will be repeated during employment. For those working directly with adults at risk this will be on at least a three-yearly basis. Refusal to comply could be grounds for dismissal for gross misconduct.

All staff and volunteers will declare any issues immediately that arise that may compromise their ongoing suitability to continue working with children, young people and adults at risk. This

will be communicated to Senior Managers and Designated Safeguarding Trustee and Chair of Trustees.

5(a). Induction and Training

All staff and volunteers should receive basic training in safeguarding adults at risk and identifying and responding to evidence or suspicions of abuse. This training is included in the induction process for all staff and volunteers, as appropriate to their role. See Appendix 7

All staff, volunteers and trustees will receive safeguarding training appropriate to their role. This will include induction training, regular safeguarding updates, and formal refresher training at least every three years. Designated Safeguarding Leads (DSL) will undertake additional specialist safeguarding training and maintain continuing professional development through annual updates and multi-agency learning opportunities.

The DSL will refresh training every year (or at a minimum every two years as required in statute).

5(b). Boundaries and good practice

Staff must be aware that all of our residents, and some of our other service users are considered adults at risk.

Members of staff and volunteers must:

- Maintain professionalism in their conversations and conduct at all times
- Maintain appropriate dress and personal appearance when working with adults at risk
- Not disclose their home address or personal phone numbers, share information about their personal lives, arrange to meet socially or allow access to their personal social networking sites, online messaging systems etc
- Not use their own cars to transport residents or other service users except in very exceptional circumstances and only with the approval of their line manager and the senior designated officer or one of the designated officers.
- All destinations, stops, and areas where the vehicle is stopped for long periods of time must be pre-planned and approved by the employees' line-manager. Any emergency, unplanned departures from a pre-approved travel itinerary should be immediately reported to the line-manager, and if out of hours the Association's Duty Manager, once it is safe to do so. Participants must never travel to, enter, or know the location of private dwellings that are related to staff members.
- Never start a personal relationship with an adult at risk receiving our services or accessing our schemes. In posts working directly with adults at risk any potential relationship with someone who has previously accessed our provisions within the last 6 months should be discussed with the line manager and formally declared. In the interests of transparency, pre-existing relationships must be declared to the line manager on a declaration of interest form. Not engage in any of the following:
 - Participation in rough, physical or sexually provocative games
 - Inappropriate and intrusive touching of any form
 - Scapegoating, intimidating, ridiculing or rejecting a service user or resident
- Never invade privacy when they are showering or toileting.
- Make sexually suggestive comments to or about a service user or resident, even "in fun".

For managing behaviour of children see Appendix 5.

5(c). Barring and Criminal Offences

Employees who, whilst employed with us, become barred from working with children and or adults at risk must inform their manager and HR immediately so that appropriate action (which may include redeployment or dismissal) can be taken. Failure to inform will result in dismissal.

If an employee is facing criminal charges or is convicted of a criminal offence they must inform their manager and HR immediately (and complete a new annual declaration form) so that appropriate action (which may include redeployment or dismissal) can be taken. Failure to inform will result in dismissal.

6. Responsibilities

- It is the responsibility of the Board of Trustees to ensure that there is a robust policy and procedure for safeguarding adults at risk and to monitor safeguarding issues at each Board meeting
- The senior designated officer(s) and safeguarding trustee are responsible for reviewing the policy at least every two years for formal approval by the Board of Trustees
- Managers and designated officers are responsible for ensuring that staff and volunteers are aware of and comply with the Policy and Procedure and that they receive training appropriate to their role
- It is the responsibility of all employees and volunteers to be familiar with the Policy and Procedure, to reread it annually and to be aware of the Whistleblowing Policy and procedure
- It is the responsibility of all employees and volunteers to promote the wellbeing of the adults at risk with whom they work by e.g. promoting healthy eating, encouraging social interaction, signposting to appropriate support services etc
- It is the responsibility of all employees and volunteers who receive an allegation or disclosure of abuse from any source, or who suspect abuse to act as an "alerter" and to report their concerns to their line manager and or a designated officer. In the situation where an allegation or suspicion of abuse involves or implicates the line manager or designated officer they should inform a different designated officer
- Designated officers receiving allegations are responsible for acting as "referrers" and referring the concerns to the appropriate bodies as appropriate, informing the senior designated officer and maintaining confidential records
- In the case of allegations relating to our volunteers or staff it is the responsibility of the senior designated officer(s), to liaise with the Local Authority Designated Adult Safeguarding Manager or other designated contact before progressing the issue
- It is the responsibility of the senior designated officer(s) to make any required referrals to the Disclosure and Barring Service (DBS)

Governance, Learning and Continuous Improvement

The Board of Trustees will receive safeguarding information regularly, including:

- Numbers and types of safeguarding concerns.
- Referrals made to external agencies.
- Training compliance.
- DBS compliance.
- Themes and trends.
- Learning from incidents.
- Serious safeguarding matters.

YMCA Burton will review safeguarding incidents and near misses to identify lessons learned and improve practice.

- A safeguarding culture of openness, transparency and professional curiosity will be actively promoted throughout the organisation.

7. Roles

For YMCA Burton the **Senior Designated Officer** for dealing with Safeguarding Adults at Risk issues is:

Catherine Miles

catherine.miles@burtonymca.org Tel: 07880 964591 or 01283 538802

In the absence of the senior designated officer please contact:

Paul Laffey – Chief Executive

Paul.Laffey@burtonymca.org Tel: 07753 701367 or 01283 538802

In the first instance however issues, alerts, concerns or questions regarding safeguarding adults at risk can be referred to any one of the following designated officers: -

Debra Crooks – Housing Manager

Debra.Crooks@burtonymca.org Tel: 07526 132551 or 01283 547211

Louise Di-Rito – Deputy Housing Manager

Louise.Di-Rito@burtonymca.org Tel: 07756 254397 or 01283 741229

Amie Blockley – Safeguarding Trustee

Amie.blockley@burtonymca.org

If required, referrals to external agencies will be made by one of these named officers. Such referrals should be made as soon as possible once an alert has been received and certainly no more than 24 hours later. **The Senior Designated Officer must be informed of all referrals made.**

8. External Safeguarding Agencies / Contacts

In an emergency and in the unlikely event that none of the above named can be contacted then a referral can be made, depending where the adult lives, directly to:

- Staffordshire Vulnerable Adults: VAstaffordshire@staffordshire.gov.uk
- Staffordshire and Stoke on Trent Adult Safeguarding Partnership on 0300 111 8000 or 0345 604 2719 or out of hours number is 0845 604 2886
- Derby and Derbyshire Safeguarding Adults Board on 01332 640777 or for out of hours Careline 01332 786968
- Police on 999 or 101

The first two contacts can also be contacted for advice and guidance in relation to safeguarding.

9. Contractors and Partner Organisations

YMCA Burton will ensure that all contractors, consultants, partner organisations and commissioned services working on behalf of the organisation have appropriate safeguarding arrangements in place.

Where appropriate this may include:

- Safeguarding policies and procedures.
- Safer recruitment processes.
- DBS checks.
- Safeguarding training.
- Reporting arrangements.
- Risk assessments.

Evidence of safeguarding compliance may be requested before services commence

Date Adopted: 24.08.2022

Date Reviewed: 07.09.2026

Appendix 1

Indicators of Abuse

Physical abuse	Physical abuse is the deliberate infliction of pain, physical harm or injury and includes withholding or misuse of medication. Indicators include: • Injuries not consistent with falls or offered explanations • Unexplained loss of hair in clumps • Cuts that are not likely to be explained by self-injury • Finger-marks • Flinching or evidence of pain/ discomfort during normal activity
Psychological abuse	Psychological abuse is any pattern of behaviour by another that results in harm and may include insults, humiliation, ridicule, bullying, threats, enforced isolation, interference in relationships and contact between consenting adults, coercion, lack of privacy or choice, denial of dignity Indicators include: • Signs of strain within a relationship and/ or tension when a particular person is present • Indicators that an individual act differently when a third person is present than at other times • Suggestions of refusal to allow a choice e.g. to eat or not eat more or less of particular foods, to dress according to preference • Signs of withdrawal or fear or other changes to emotional state • Signs of unexplained sleep or weight loss
Sexual abuse	Sexual Abuse is any sexual activity involving but carried out without the informed consent of an adult at risk. Sexual abuse may include sexual intercourse, inappropriate touching, offensive or suggestive language, 'voyeuristic' behaviour and exposure to the suggestive or sexually explicit activities of others, including films, photographs, images etc. Indicators include: • Unexplained bruising around or bleeding from the genital area; • Stained or bloody underclothing • Unexplained difficulties in walking • Reluctance of the person to be alone with an individual known to them • Unusual and inappropriate sexualised language
Financial or Material	Financial abuse is the misappropriation of funds (savings or income) or property of an adult at risk. This may include exploitation, theft or fraudulent use of money, misuse of property or possessions and incurring financial liabilities on behalf of an adult at risk without their informed consent.

	Indicators include: • Unexplained shortage of money despite a seemingly adequate disposable income • Unexplained withdrawals from savings accounts • Unexplained disappearance of financial documents for example bank statements, receipts for non-routine expenditure • Loss of personal possessions
Neglect and acts of omission	Neglect may be deliberate or by default where the abuser is not able to provide the care and support needed or may not recognise the need for the care and support to be given. The abuser may also be neglecting themselves. Indicators include: • Persistent hunger and / or weight loss • Poor hygiene • Dress inappropriate to weather or activities • Denial of religious or cultural needs • Physical problems and medical needs that are not attended to
Discriminatory abuse	When the adult at risk is harassed or discriminated against because of their age, race, gender, sexuality, religion, disability, culture etc Indicators include: • Signs of strain within a relationship and/ or tension when a particular person is present • Signs of withdrawal or fear or other changes to emotional state • Unexplained outbursts • Out of character discriminatory language, behaviour
Organisational abuse	Where neglect and poor professional practice impact on care. It can occur when poor communication, systems, practice and norms mean the care received is below that what should be expected. Indicators include: • Medication errors • Poor record keeping • Complaints from service users and their family • Loss of personal possessions / clothing • Controlling relationships between staff and service users
Self-Neglect	Where the adult at risk is neglecting to care for their own personal hygiene, health or surroundings Indicators include: • Hoarding • Poor personal hygiene • Unexplained weight loss • Wearing the same clothes for a number of days • Physical problems and medical needs that are not attended to

Modern Slavery	Modern slavery includes human trafficking, forced labour, debt bondage, sexual exploitation, criminal exploitation, domestic servitude and forced criminality Indicators include: • Not being allowed to travel alone or make decisions • Lack of personal possessions • Reluctance to seek help • Poor levels of nourishment, dress and energy • Being accompanied by a controlling individual • Fear of authority figures • Limited freedom of movement • Lack of access to finances • Signs of physical neglect. • Living in unsuitable accommodation.
Criminal Exploitation and County Lines	Criminal exploitation occurs when an individual is manipulated, coerced or controlled into criminal activity for the benefit of another person or group. This may include: County Lines activity. Drug transportation. Cuckooing. Theft. Fraud. Financial crime. Violence or intimidation. Indicators Unexplained gifts or money. Frequent missing episodes. Fearfulness. Association with gangs or organised crime. Unexplained injuries. Unusual behaviour changes.
Domestic violence	Includes controlling, coercive or threatening behaviour and / or violence between people who are or have been intimate partners or family members Indicators include: • 'Honour' based violence • Female genital mutilation (FGM) • Forced marriage • Signs of strain within a relationship and/ or tension when a particular person is present • Signs of withdrawal or fear or other changes to emotional state
Online and Digital Abuse	Definition Online and digital abuse occurs when technology is used to exploit, control, coerce, harass or financially abuse an adult. Examples: Cyberbullying. Online scams.

	Romance fraud. Financial exploitation through online banking. Harassment via social media. Sharing images without consent. Coercive control using technology. Identity theft. Indicators include: Sudden financial losses. Fear of checking phones or devices. Excessive contact from unknown individuals. Secretive online behaviour. Unexplained banking activity. Requests for money from online contacts.
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Appendix 2

Safeguarding Adults at Risk – Guidance for Alerters and Referrers

The following guidance is intended for staff receiving information from a service user and for designated officers who may need to make a referral about specific allegations or expressions of concern that an adult at risk is or may be at risk of serious harm or exploitation.

Respond to the individual by:

- Remaining calm and not showing shock or disbelief
- Listening carefully to what is being said
- Not asking detailed or probing questions
- Demonstrating a sympathetic approach by acknowledging regret and concern that what has been reported has happened
- Confirming that the information will be treated seriously
- Giving information about the steps that will be taken
- Advising who you will be reporting to and that information will only be shared with others on a need-to-know basis
- Informing them that they will receive feedback as to the result of the concerns they have raised and from whom
- Giving the person contact details so that they can report any further issues or ask any questions that may arise

Do Not:

- Clean up, touch the victim or any object (where applicable)
- Interfere with anything that could be evidence
- Ignore the issue
- Contact the abuser
- Remain in any situation that is unsafe
- Question the person further, investigate or probe
- Stop anyone who is telling you freely about significant events
- Be judgmental (i.e. “why did you not run away)
- Promise not to tell anyone else about the problem
- Pass on information or discuss with anyone except those who need to know
- Make any promise you cannot keep

Act:

- Ask the individuals consent to inform the Police or to seek medical attention if needed
- Write down what is said. You need to do that as soon as possible on the same day
- Report the incident as soon as possible to the designated officer. If you are the designated officer and a referral is required do this as soon as possible and certainly no more than 24 hours later
- In an emergency call the police if a crime is suspected (regardless of whether consent is given) or an ambulance if medical attention is urgently required
- Ensure that the senior designated officer is notified

Record:

- All conversations and discussions must be noted as follows:
- Note the date, time, location and who is present
- Note the discussion
- Note decisions
- Note the rationale for each decision
- Note actions to be taken and for each one, by whom and by when.

Appendix 3

Protocol When There Are Allegations - Suspicions of Abuse

Referrals

An adult at risk, a colleague, relative or member of the public may disclose to a member of staff or volunteer, information about an incident or incidents that could be construed as abuse. Where relevant the Handling Disclosure of Sexual Abuse Guidelines should be followed. The staff member or volunteer must listen to and record exactly what is said, encouraging them to speak, without asking questions directly as far as possible, about the incident itself, other than clarifying basic factual details. S/he may ask if the person is injured in case immediate medical treatment is required. Every allegation must be recorded and reported, whether or not the staff member/volunteer hearing the allegation believes it is well founded. (Please see Appendix 2 for more information).

If a member of staff or volunteer suspects abuse, it is their responsibility to report (alert) their concerns to their line manager or a designated officer (see above). They should give as much detail as possible about the nature of the concerns and the time, place, content and nature of any discussions with anyone else involved. Grounds for suspecting that abuse is occurring may be based on personal knowledge of the adult at risk and observations of changes in their mood, behaviour or personal presentation, as well as evidence of injury or disclosure. These indicators should be reported and recorded in detail. If the report is made to the line manager then the line manager must inform one of the designated officers as a matter of urgency.

The designated officer (the referrer) will document the full details of the situation and make further enquiries if necessary to ensure that the adult at risk is protected from any further harm while the appropriate authorities are informed.

Where risk of harm is suspected, the designated officer will take further steps to protect that person from further harm. If the suspected abuser is a family member, other service user or visitor, they should not be left alone with the person until the local authority has been informed and given the opportunity to initiate their own procedures. If staff are concerned that the abuse has occurred in another service used by the adult at risk (for example a training centre or workplace) they should similarly be protected from further unaccompanied exposure to the source of abuse, until the matter has been investigated.

If there is not an immediate explanation, the suspicion of abuse must be referred to Staffordshire and Stoke on Trent Adult Safeguarding Partnership or Derby City Council or Derbyshire County Council's Safeguarding Adults teams within 24 hours of receiving the alert. Copies of the referral pro forma can be downloaded from the websites stated above.

If the designated officer decides, after investigation, that a referral is not required the incident must still be fully documented and the senior designated officer must be informed.

If staff or a volunteer believe that an adult at risk has injuries or requires medical attention they should be supported in gaining access to emergency treatment. The clinical staff should be informed of the nature of the suspicions about the source of the injury so that they can take steps to ensure that potential evidence is not destroyed or compromised.

Concerns regarding employees or volunteers

All relevant staff will follow the Professional Boundaries Policy and the Online Working Safeguarding Protocol.

If any concerns or allegations relate to an employee or volunteer, the senior designated officer must be informed immediately and they will consult the designated contact at Staffordshire, Derby or Derbyshire Council's prior to any action and before the employee / volunteer is informed. This is to ensure that any external safeguarding processes and any criminal investigations are not compromised. In the absence of the Senior Designated Officer, this contact should be made by the appropriate designated officer and, in either case, must be done within one working day of being advised of the concern.

If an allegation is received out of office hours that requires immediate attention then the senior designated officer or designated officer should consult the Emergency Duty Team at either Staffordshire

Council on **0300 111 8000** or Derby and Derbyshire Safeguarding adults' team on **01332 640777** or out of hours Careline **01332 786968**

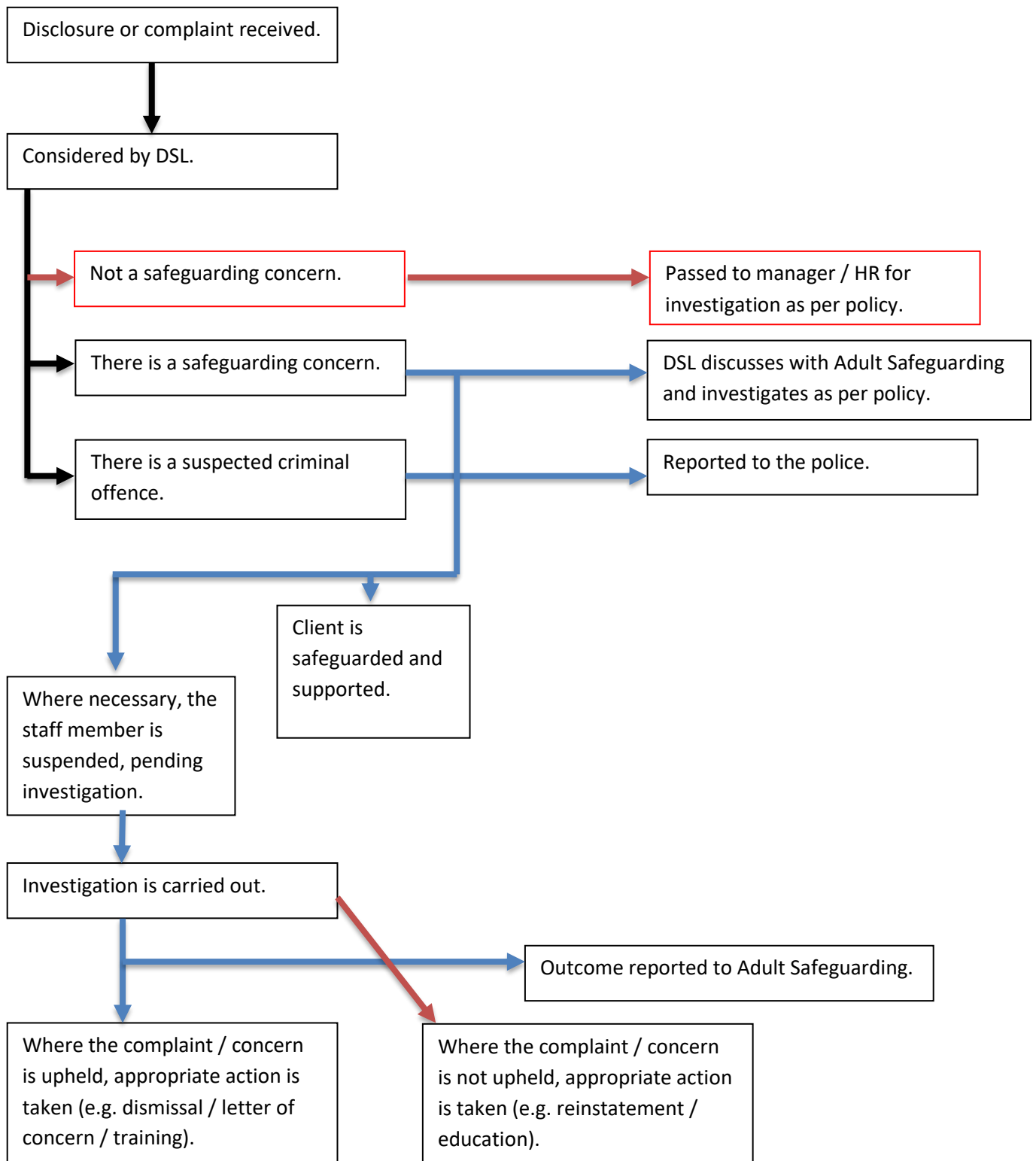
An allegation against an employee or volunteer could come from a number of sources including a report from a resident or service user, a concern from a colleague or a complaint by an external body. It may also arise from the volunteer's or employee's life outside work.

When informed of a concern or allegation the senior designated officer must not investigate the matter or speak to the resident, service user, volunteer, employee etc. They must obtain written details of the concern or allegation, signed and dated by the person receiving or making the allegation; approve and date the written details and record any additional information. The designated contact at the City or County Council must then be contacted and the allegations discussed with them. They and the senior designated officer will consider how much information can be shared with the employee, whether a police investigation may be required, whether the adult at risk needs additional support, if anyone else needs to be informed and what the next steps will be.

We want to encourage staff and volunteers to feel confident about raising concerns about the actions and attitudes of colleagues and want to create an atmosphere of transparency, openness, shared good practice and professionalism. If a concern is raised but the individual does not believe it is being dealt with appropriately then the individual should speak to the senior designated officer and, if still not satisfied, could use our Whistleblowing Procedure or contact **Adult Social Care at the City or County Council directly.**

SAFEGUARDING INVESTIGATIONS

In the event of a disclosure or complaint about a member of staff, the following process will be implemented.



Appendix 4

Use of Cameras Recording Equipment and Mobile Phones

Please remember that only designated staff are authorised to publish photos, images or moving images on behalf of the Association.

When taking still or moving images the following key principles should be remembered:

- Individuals have a right to decide whether images are to be taken, and how those images may be used.
- Individuals must provide written consent, using the standard YMCA consent form, to take and use their image, which will be stored confidentially by the Association, for images to be taken and used. This consent must state how long the image(s) will be stored for as well as for what purpose(s).
- Care must be taken to ensure that images are not sexual or exploitative in nature, nor open to obvious misinterpretation and misuse.
- All images of individuals will be securely stored and in the case of images used on web - sites, particular care will be taken to ensure that no identifying details facilitate contact with an adult at risk by a potential abuser.
- If we use external photographers they will be advised of our safeguarding and other pertinent policies and will sign to acknowledge that they have read, understand and will abide by them.

If spectators or visitors are intending to photograph or video at an event or activity, they must be

told of our expectations and wherever possible written notices to this effect will be displayed. Any concerns regarding inappropriate or intrusive photography or filming should be reported to the event or activity manager co-ordinator immediately and dealt with in the same manner as any other safeguarding concern.

Mobile Phones

We believe our staff and volunteers should be completely attentive during their hours of work to ensure all our residents and service users are properly looked after. For those working directly with adults at risk, personal mobile phones should not be used during working hours and must be kept on silent or switched off. They should be placed with staff belongings and should only be used on a designated break and only in a resident or service user free area.

Staff should not allow residents or service users to use Association owned phones without supervision. Staff must never allow service users or residents use of the staff members personal phone. Staff must never use their own devices to photograph or record anyone whilst at work. Images for social media use for the YMCA may only be taken on YMCA equipment.

Any concerns will be taken seriously, logged and investigated appropriately and thoroughly. A manager reserves the right to check the image contents and call or text records of a member of staff's personal mobile phone should there be any cause for concern over its use.

Should inappropriate material be found on any device then the senior designated officer will be contacted immediately and will contact the relevant Local Authority for advice.

Digital Communication

Staff and volunteers must not:

- Communicate with service users through personal social media accounts.
- Add service users to private social networking platforms.
- Share personal email addresses.
- Use personal devices to store safeguarding information.

Any online safeguarding concern must be reported and managed using normal safeguarding procedures

Appendix 5

Behaviour Management (Children) Guidelines

YMCA Burton recognises the importance of positive and effective behaviour management strategies in promoting young people's welfare, learning and enjoyment.

YMCA Burton, managers and the staff team will manage behaviour according to clear, consistent and positive strategies. Parents or Carers are encouraged to contribute to these strategies, raising any concerns or suggestions. In the following guidelines "staff" includes volunteers and anyone else working with children and young people.

Positive behaviour will be reinforced with praise and encouragement.

Negative behaviour will be challenged in a calm but assertive manner. In the first instance, staff will try to re-direct children's energies by offering them alternative and positive options. Staff will be open in stating and explaining non-negotiable issues.

When dealing with negative behaviour, staff will always communicate in a clear, calm and positive manner.

Staff will make every effort to set a positive example to children by behaving in a friendly and tolerant manner themselves, promoting an atmosphere where children and adults respect and value one another.

Staff will avoid shouting when children or young people are present.

Staff will work as a team by discussing incidents and resolving to act collectively and consistently.

Staff will try to discuss concerns with parents or carer's at the earliest possible opportunity in an attempt to help identify the causes of negative behaviour and share strategies for dealing with it.

Staff will encourage and facilitate mediation between children to try to resolve conflicts by discussion and negotiation.

Staff will work on each child's positives: and will not compare them with each other but encourage them individually.

Staff will ensure that quieter and well-behaved children get attention too and don't allow some children to take all their time and energy.

Staff will aim to be consistent in what they say and ensure that other team members know what has been said – this avoids manipulation.

Staff will **NEVER** smack or hit a child and will try not to shout but will change their voice tone where necessary. Breaches of this are likely to result in disciplinary action.

Staff will consider individual motivation and needs when deciding why a child is behaving in a certain way.

Staff will take a child aside to talk to them about their behaviour, encourage them to change and encourage them on their strengths.

Staff will help children to develop a range of social skills and help them learn what constitutes acceptable behaviour.

Dealing with Negative Behaviour

When confronted with negative behaviour, staff will be clear to distinguish between 'disengaged', 'disruptive' and 'unacceptable' behaviour.

- 'Disengaged' behaviour may indicate that a child is bored, unsettled or unhappy. With sensitive interventions, staff will often be able to re-engage a child in purposeful activity
- 'Disruptive' behaviour describes a child whose behaviour prevents other children from enjoying themselves. Staff will collectively discuss incidents and agree on the best way to deal with them
- 'Unacceptable' behaviour refers to non-negotiable actions and may include discriminatory remarks, violence, bullying or destruction of equipment. Staff will be clear that consequences will follow from such behaviour, e.g. temporarily removing a child from the activity if appropriate

When an incidence of negative behaviour occurs, staff will listen to the child or children concerned and hear their reasons for their actions. Staff will then explain to the child or children what was negative about their behaviour and that such actions have consequences for both themselves and for other people.

Staff will make every attempt to ensure that children understand what is being said to them. Children will always be given the opportunity to make amends for their behaviour and, unless it is judged inappropriate, be able to re-join the activity.

In the event that unacceptable behaviour persists, more serious actions may have to be taken including suspension or exclusion. At all times, children will have explained to them the potential consequences of their actions.

The Use of Physical Interventions

Staff will use physical restraint interventions only as a very last resort and only then if they have reasonable grounds for believing that immediate action is necessary to prevent a child from significantly injuring themselves or others or to prevent serious damage to property.

Before reaching this stage, staff must have used all possible non-physical actions, such as dialogue, de-escalation and diversion, to deal with the behaviour. The child or children concerned will be warned verbally that physical intervention will have to be used if they do not stop.

A dialogue will be maintained with the child or children at all times, so that the member of staff can explain what they are doing and why they are doing it. Staff will make every effort to avoid the use of physical interventions.

Only the minimum force necessary to prevent injury or damage should be applied. For example, by diverting a child or children by leading them away by a hand or by an arm around their shoulders.

Staff will use physical intervention as an act of care and control and never punishment. Physical interventions will not be used purely to force a child to do what they have been told and when there is no immediate risk to people or property.

As soon as it is safe, the physical intervention should be gradually relaxed to allow the child or children to regain self-control. The force of the physical intervention will be always appropriate to the age, size and strength of the child or children involved.

If staff are not confident about their ability to contain a particular situation or type of behaviour, they should call for the help of a colleague or manager immediately or, in extreme cases, the police.

Where a member of staff has had to intervene physically to restrain a child or young person, the manager must be notified, the incident recorded via the Incident Report form and the senior designated officer informed. In the case of Children's Services or Youth Services, the incident will be discussed with the parent or carers at the earliest possible opportunity and the parent or carer will sign to acknowledge the incident and that they have been informed.

If a staff member commits any act of violence, inappropriate restraint or abuse towards a child, serious disciplinary action will be implemented, according to the provisions of the Disciplinary Procedure following consultation with the LADO by the senior designated officer, Director of Operations and Programmers or Head of HR.

Appendix 6

Other Legislation Underpinning Our Policies and Procedures

The Domestic Abuse Act 2021 defines domestic abuse as 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It can encompass but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Behaviours of a person **A** towards another person **B** is domestic abuse if **A** and **B** are each aged 16 or over and are personally connected to each other, and the behaviour is abusive. Any reference to victims of domestic abuse includes a child who;

- a) sees or hears, or experiences the effects of, the abuse and
- b) is related to **A** or **B**

The Sexual Offences Act 2003 makes it an offence for those engaged in providing care, assistance or services to someone with a learning disability or mental disorder to engage in sexual activity with that person whether or not that person has the capacity to consent, although this does not apply if the sexual relationship pre-dates the relationship of care, which would often be the case with dementia.

Female Genital Mutilation (FGM) Act 2003 is a criminal offence. It is a form of violence against women and girls, and in the latter case it is child abuse.

Section 5B of the FGM Act 2003 introduced a legally mandatory duty to report known cases of FGM in girls under the age of 18. The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

For the purposes of the duty, the relevant age is the girl's age at the time of the disclosure/identification of FGM (i.e. it does not apply where a woman aged 18 or over discloses she had FGM when she was under 18).

The Modern Slavery Act 2015 provides legal protection and support to victims and covers two offences – i) human trafficking and ii) forced labour and servitude.

Although many people think of modern slavery and human trafficking as only affecting adults, it affects children as well. Both adults and children can be recruited, moved or transported and then exploited, forced to work or sold. Victims are often subject to multiple forms of exploitation.

- [Modern Slavery Act 2015](#)
- [Home Office: A Typology of Modern Slavery Offences in the UK – Oct 2017](#)
- [Local Safeguarding Children Boards Modern Slavery Resources – August 2018](#)

The Equality Act 2010 ensures there is consistency in what an organisation does to provide services in a fair environment and comply with the law. This includes all the people who use its services, their family and friends and other members of the public, staff, volunteers and partner agency staff.

The Equality Act references ‘protected characteristics: all of which must be considered when implementing safeguarding procedures. These are:

- Age
- Disability
- Gender reassignment
- Race
- Religion or belief;
- Sex
- Sexual orientation;
- Marriage and civil partnership
- Pregnancy and maternity

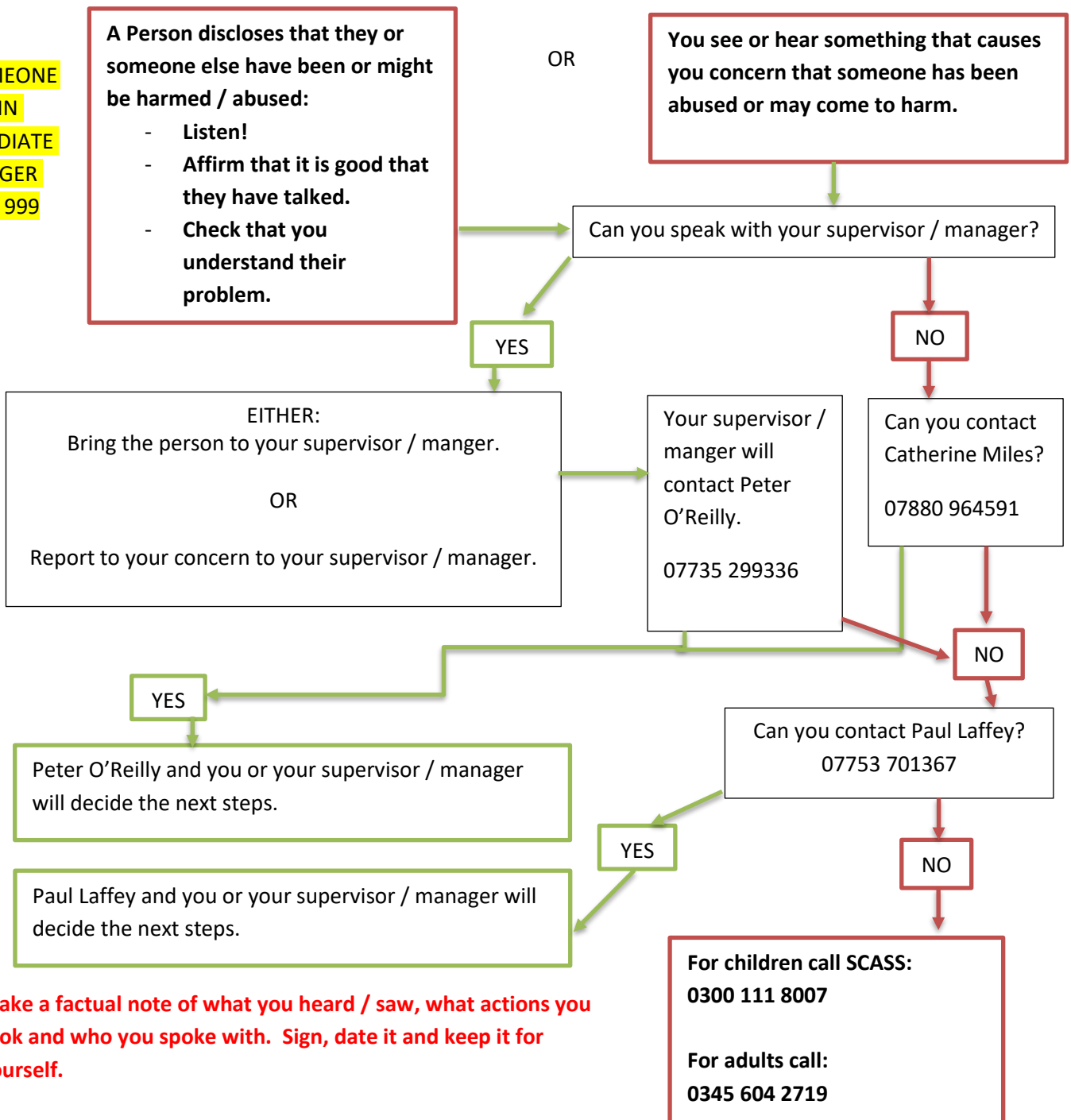
An organisation’s commitment to equality and diversity means that every person supported by it has their individual needs comprehensively addressed. They will be treated equally and without discrimination. This is regardless of any protected characteristics or another aspect that could result in them being discriminated against.

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. This is also known as the Prevent duty.

Appendix 7

DEALING WITH A SAFEGUARDING CONCERN

**IF SOMEONE
IS IN
IMMEDIATE
DANGER
CALL 999**



Appendix 7
TRAINING LEVELS FOR SAFEGUARDING

STAFF:

	<u>ADULT</u>	<u>CHILDREN</u>
DSLs	3	3
Senior Mangers	2	2
<u>Central Office, Fundraising & Media</u>		
Line Manager	1	1
Staff	1	1
<u>Housing</u>		
Line managers	2	2
Day Support	2	2
Reception	2	2
Project Assistants	2	2
Night Support	2	2
Facilities	2	2
Finance	1	1
<u>Food Bank</u>		
Food Bank	1	1
<u>Retail</u>		
Senior Managers	2	2
Supervisors	1	1
Supervisors	Training for Trainers	Training for Trainers
Shop Front	1	1
Vans	1	1
<u>Counselling, Mediation & Chaplaincy</u>		
Lead Counsellor	2	2
Mediation Officer	2	2

Lead Chaplain	2	2
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VOLUNTEERS:

	<u>ADULT</u>	<u>CHILDREN</u>
<u>Board of Trustees</u>		
Board Members	1	1
Designated Trustee	2	2
<u>Fundraising & Media</u>		
Placements	1	1
Volunteers	Awareness	Awareness
<u>Housing</u>		
Placements	1	1
<u>Food Bank</u>		
Store	1	Awareness
<u>Retail</u>		
Shop Front	Awareness	Awareness
Vans	Awareness	Awareness
<u>Counselling, Mediation & Chaplaincy</u>		
Counsellor	2	2
Mediator	2	2
Chaplain	2	2