THE ASSOCIATION OF TEESDALE DAY CLUBS
Procedure Number 07
Issue 08

This procedure should be referred to and used when anyone within the Association has a worry or concern about the wellbeing of a member, or about the wellbeing of any other adult at risk who is involved with the Association (e.g., a volunteer).
It should be used to inform and guide all staff members when a volunteer or anyone else raises a concern about a member or another adult, and by the senior manager(s) or trustee(s) when taking any subsequent actions.
The first part of this procedure should also be referred to by volunteers who are worried about the wellbeing of one of the day club members, so that they feel confident about what to do.

This procedure is summarised in the flow-chart at Appendix 1 and is also supported by 2 further appendices which should be referred to, to support your understanding of this procedure: (Appendix 2 'Information on categories of abuse and neglect' and Appendix 3 'Examples of practice: when to raise a concern').

Designated Safeguarding Personnel

The Association appoints two key people to be the main contacts for all safeguarding (protecting people) concerns. At the current time, these two people are:
Andrea Hobbs, Strategic Manager: to act as the **Designated Adult Safeguarding Manager (referred to hereafter as the DSM)**; and
David Bailey, Lead Safeguarding Trustee**: to act as Named Safeguarding Lead (NSL)**

What is meant by the term Adult at Risk?

For the purpose of clarity in this procedure, an adult at risk is someone who is over 18 and takes part in any activities of the Association as a member, volunteer or employee AND

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

The need to raise a safeguarding concern does not depend on the person's eligibility for local authority social care services. An absence of formal services is not and should not prevent a concern being raised with the local authority.

Who might abuse or neglect an adult?

Abuse can occur in any relationship, especially where there is an expectation of trust, and the abuser is well known to the person being abused.

Abuse can occur in situations where there is an imbalance of power or control and the abuser misuses that power either intentionally or unintentionally, or for their own benefit or gain.

It is important to be aware that anyone can abuse or neglect another person and abusers can include:

- Spouses/partners
- Other family members
- Neighbours
- Friends
- Acquaintances
- Local residents
- People who deliberately exploit adults they perceive as vulnerable (scammers)
- Paid staff or care professionals and
- Volunteers and strangers

What to look out for - general signs of abuse

There are general indicators, or signs and symptoms that if present separately or in combination, may suggest the possibility of abuse or neglect. The categories of abuse and indicators usually identified with these types of abuse or neglect are outlined in detail in the information section at Appendix 2.

The appearance of these indicators does not mean that abuse has or is taking place but together with our knowledge and relationships with members, they can be a useful way of assessing risks or potential risks.

General signs that abuse may have taken place, or may still be on going include:

- difficulty experienced by our own staff or other professionals in gaining access to the adult at risk at home or on the telephone, or the adult at risk is not responding to attempts or opportunities to have contact with us or other professionals
- the adult at risk is not getting access to medical care or appointments with other agencies because someone else seems to be preventing this; or they seem over-anxious about making an appointment and make excuses not to

- the adult at risk is increasingly isolated from friends, neighbours and is withdrawn when at their day club, or stops attending their day club altogether
- the adult at risk seems to be 'jumping' from one agency to another, or seeks support from different agencies without ever seeing it through or getting a result
- an adult at risk has repeated visits to their General Practitioner (GP) or to the Accident & Emergency department for no obvious reason, or where there is no apparent change in health or medical circumstances the adult at risk, or their family members or carers, refuse or avoid seeking GP, medical help
- the adult at risk refuses to accept support from us or from a previously trusted carer/care worker or any other agency that we know they have been involved with successfully
- when we become aware that one or more support agency has become involved in an adult at risk's welfare or wellbeing (e.g., Police or social care) and we are also concerned about them

What to do when you have a concern

If you are a member of staff or a volunteer with the Association and you have any concern, however small, about a members' wellbeing or safety, or about any other adult who is involved with the Association, or if someone else (e.g., a volunteer) tells you something that gives you cause for concern about a member or another volunteer, you should always pass on your concerns.

This is called Stage 1 or 'raising an alert'.

Who do I raise an alert with?

Normally you would speak to the person that manages or supervises your day-to-day work.

- If you are a volunteer, you should always speak to the Club Leader at a club as soon as possible and if you can, do this on the same day that you have a concern. The main thing is not to sit at home and worry about someone; always share your concern with a member of Day Club staff.

- If you are a staff member or trustee, you MUST always speak to the DSM (or when more immediately practical, the Club and Community Services Manager (CCSM)) without delay or **at least within 24 hours** of being made aware of or having a concern.
- The CCSM will always pass on information and share all alerts with the DSM.

If for any reason, you cannot speak to the person who normally manages or supervises you, you should call the main office, or call an 'out of hours' senior staff mobile number.

Stage 1 – raising an alert – what you should do

1. If anyone within the Association has concerns about the welfare or safety of a member (or any other adult at risk involved with the Association) they must raise those concerns **without delay** with the most appropriate person (see above).
2. The priority should always be to protect the person who is at risk, and it is the responsibility of everyone within the Association to act immediately if someone is at immediate risk of harm – without putting themselves at risk – by calling for medical, police or other agency support (See 06 Incident Management Policy and Procedure).
3. If anyone within the Association takes any action to protect an adult at risk from any kind of harm or risk of harm, they must tell the most appropriate member of day club staff **without delay** (e.g., if you have dialled 999 or called for other medical assistance).
4. If an adult at risk discloses to you that they are being, or have been, abused this information must be taken seriously. Try not to ask too many questions but do listen carefully and if you can, make a quick note of exact words or phrases used by the person as soon as possible after they have made their disclosure, so that you retain a good recall of the facts.
5. If someone does make a disclosure to you, you should always make it as clear as possible that you will need to pass on the information disclosed to your supervisor (if you are a volunteer) or manager (if you are a member of staff), unless there is an immediate and obvious risk to the person in doing so.
6. **If you are a member of staff**, all information and details of all disclosures and actions taken MUST be passed on to the DSM **without delay** and in any event **within 24 hours**. If it is outside office hours, you should always contact the DSM by mobile phone. Failure to do so may lead to disciplinary action.
7. The DSM will consider the concern raised and in discussion with the member of staff bringing the concern, and where appropriate involving the CCSM, will consider the levels of risk using appropriate assessment tools, and decide on what action(s) are required (Stage 2)

It is the responsibility of the DSM or the NSL to ensure that all raised alerts are taken seriously, and actions taken in accordance with the guidance, policy, and procedure of the local authority.

Normal working operational practice will be for the DSM to take any actions necessary. If the DSM is unavailable for any reason, or if the DSM is implicated in the alert raised, the NSL trustee must be contacted instead, within 24 hours, and they must carry out the same responsibilities as the DSM.

This next stage is called **Stage 2 – or 'raising a concern',** and in normal operating procedures applies to DSM(s), and the NSL only. In the unlikely event of neither of these people being available, the CCSM would act under stage 2 with support from an appropriate Trustee.

Stage 2 – Raising a concern – procedure for DSM(s) or NSL.

1. The DSM will use the appropriate inter-agency checklist and form and use the risk threshold tool as guidance to assess the alert raised. They will also clarify any points with the person who raised the alert if this is necessary and keep them informed of actions taken.
   http://www.safeguardingdurhamadults.info/article/18051/Policies-procedures-and-forms
2. All information regarding the alert, concerns, details of disclosure and/or actions taken must be recorded and passed to Social Care Direct (SCD: local authority single point of contact) immediately if the adult is at immediate risk of harm or abuse, or as soon as possible if the adult is not at immediate risk of harm, but at least should raise their concern with the SCD **within 24 hours** of an alert being brought to their attention.
3. Where there is any doubt, or the nature of the alert raised is not clear-cut, the DSM should seek advice from SCD.
4. The DSM will always follow good practice and involve the adult at risk, possibly with the support and input from the Club Leader or the CCSM, or other appropriate member of staff. This is especially important when a decision is being made to pass on information about them. Their permission will be sought, and their wishes and views always considered.
5. However, where the DSM deems that there is significant risk to the adult at risk, they should still seek advice and pass on information to the SCD without the permission of the adult at risk.
6. The DSM must report all concerns raised, whether reported to the SCD or not, to the NSL **within 5 working days.**
7. Failure to report a concern to the SCD, may lead to suspension, pending investigation and disciplinary action
8. If a member of staff, volunteer or trustee is alleged to have put the welfare or safety of an adult at risk, the DSM will inform the local authority and cooperate fully with the authority in line with their

policy and procedure, including the immediate suspension of the person pending an investigation (see below).

Allegations against staff and volunteers

It is important that any concerns for the welfare of an adult at risk involved with the Association arising from abuse or harassment by a member of staff or volunteer should be reported immediately to the DSM or, if this manager is implicated in the concerns, to the NSL, and an incident form completed.
The 14 Whistle Blowing Policy should also be used to raise any concerns about the conduct of a member of staff or volunteer.

Where there are allegations of abuse or concerns about poor practice of staff or volunteers there may be three strands of investigation as follows.

1. Adult at risk protection investigation (externally led)
2. Criminal investigation (externally led by the Police Authority)
3. A disciplinary or other investigation (internally led by the Association)

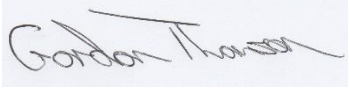
It may be that the employee will be suspended with pay during an investigation or a volunteer asked to cease volunteering pending the outcome of the investigation.

Retention of Records

A factual, dated and signed/initialled record of concerns about an adult at risk who is supported by the Association, will be kept in line with the Association's record keeping and confidentiality procedures.
Records kept by employees about adults at risk should only include contacts made, referrals made including date, time, and reason, and referral agency.

This procedure will be reviewed annually, or more frequently if legislation or staff structure changes.

Reviewed and approved by the Policy and HR task group



Date: 26th Jan 2023
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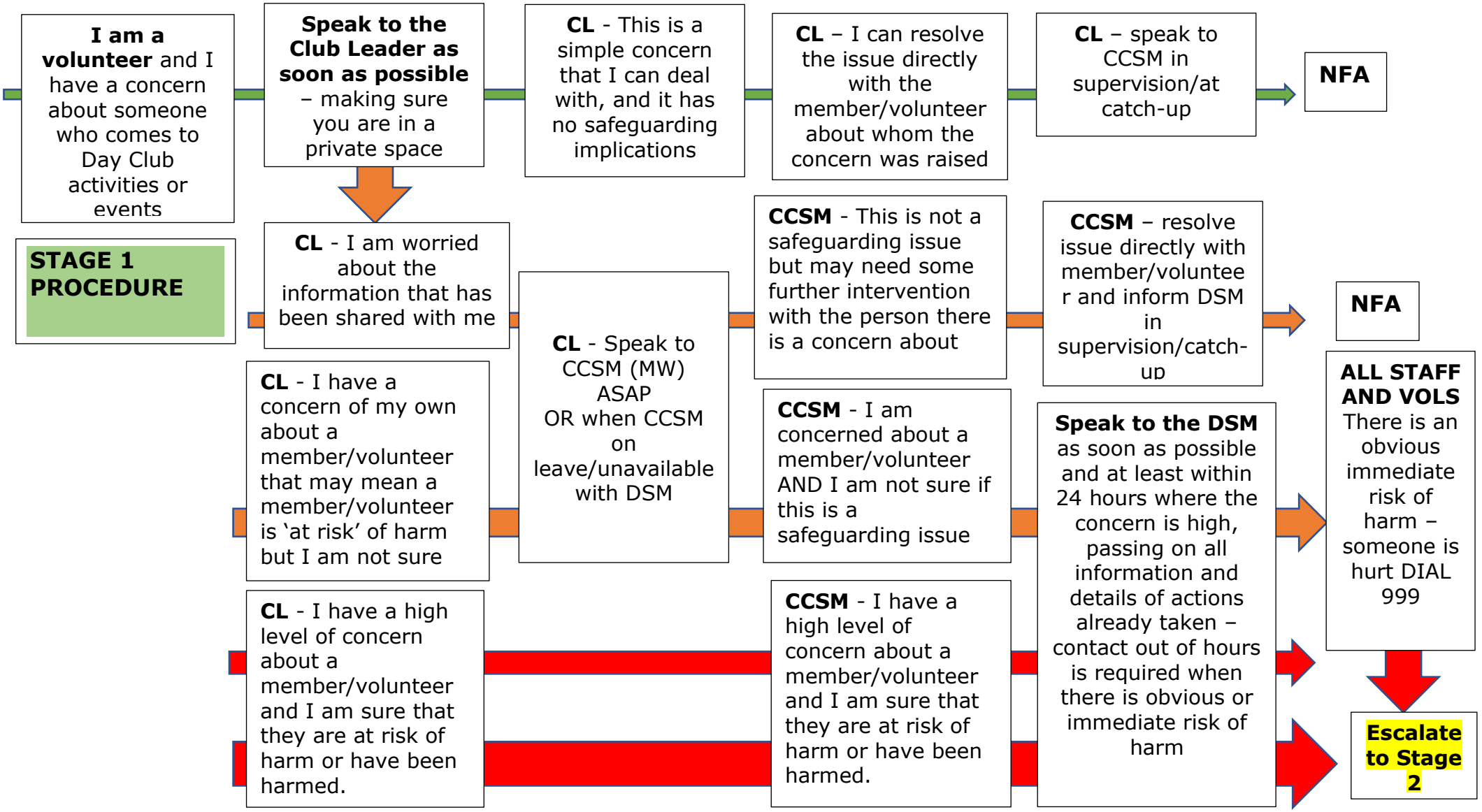
Appendix 1: Flow chart. KEY: **CL** = Club Leader; **CCSM** = Club and Community Services Manager (MW); **DSM** = Designated Safeguarding Manager (the Strategic Manager) (AH); NSL = Named Safeguarding Lead (trustee) (DB); NFA = no further action



STAGE 2 PROCEDURE
At Stage 2 of this procedure, where the DSM is absent or unavailable, the NSL will act instead

DSM – receives information or concern about a member/volunteer from a member of the team

DSM – after discussion and assessment of the information, and using the appropriate assessment tools, it is clear that there is no safeguarding risk to report, and the concern can be resolved through our own intervention

CCSM makes an appropriate intervention in liaison with the CL/family contact and resolves the issue

DSM – the CCSM confirms with me that the issue is resolved and there is no longer cause for concern. Actions and conclusions are recorded appropriately

NFA

DSM – after discussion and assessment of the information, we remain unsure if this is a safeguarding concern or not

DSM – contact Social Care Direct for advice and provide feedback to the CCSM/CL

DSM – contacts Social Care Direct and they advise that the concern does not meet safeguarding thresholds

DSM – provide feedback to the CCSM/CL and agree on any appropriate further actions to be taken to help the person concerned – actions and conclusions are recorded appropriately

NFA and the person's wellbeing will be monitored discreetly

DSM – after assessing the information, there is a safeguarding risk that needs to be shared and referred to Social Care Direct. Together with the CCSM/CL we arrange to speak with the person about the concern to seek their permission and/or take their views into account

DSM – contacts Social Care Direct and makes a safeguarding referral within 24 hours
Informs the NSL (DB)
ASAP OR AT LEAST WITHIN 5 WORKING DAYS

DSM – provides feedback to CCSM/CL as appropriate and available - actions and conclusions are recorded appropriately

DSM – report safeguarding concern to Board – subject to confidentiality

ALL STAFF follow advice and guidance given by Social Care Direct

Appendix 2: Information on categories of abuse and neglect

This list should be used as a reference point and in conjunction with your own knowledge of the person about whom you are concerned. Remember that it is the small pieces of the jigsaw that create a whole picture, and it is often lots of small pieces coming together, when shared, that helps to protect someone from harm or further risk.
Always share even the smallest concern with your line manager or supervisor and never feel that your concerns are unfounded.

If you see it – say it.

There are 10 categories of abuse relating to adults. Some of these may never appear within our membership (for example modern slavery) and we don't have to remember them. But we all have a duty to be aware of the indicators associated with these categories and be observant, especially when someone's behaviour changes.

- **Physical abuse** includes assault, hitting, slapping, misuse of medication, restraint or inappropriate physical sanctions
- **Domestic violence** includes psychological, physical, sexual, financial, emotional, "honour violence"
- **Sexual abuse** includes indecent exposure, sexual harassment, inappropriate touching, exposure to pornography or witnessing sexual acts, indecent exposure, and sexual assault or sexual acts to which the adults has not consented or was pressured into consenting
- **Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustifiable withdrawal services or supportive networks.
- **Financial or material abuse** includes fraud, theft, internet scamming, coercion in relation to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits
- **Modern slavery** includes human trafficking, forced labour, domestic servitude, gang-masters.
- **Discriminatory abuse** includes forms of harassment, slurs or similar treatment because of race, gender and gender identify, age, disability, sexual orientation or religion
- **Organisational abuse** includes neglect and poor practice with an institution or specific care setting such as a hospital or care home, for example care provided in one's own home. This may range from one off incidents to on-going ill treatment. It can be through neglect

or poor professional practice as a result of the structure, policies, processes and practices with an organisation.

- **Neglect and acts of omission** include ignoring medical, emotional, or physical needs, failure to provide access to appropriate health, care and support or educational services, withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Appendix 3: Examples of practice: when to raise a concern

Example 1
A member mentions to you that someone came to her doorstep and offered to do some work in her garden for her and she didn't know how to say no. She admits to feeling a bit frightened and worried because this person said they would come back next week, and the member isn't sure whether she should open the door to them or not. She says that she thinks this person knows her friend, but she isn't sure.
What would you do?
This is a 'disclosure' and although you are not sure about the details, there may be enough in the story to make you feel worried. It is not OK that the member felt frightened. If you are a volunteer, you would tell your club leader about this conversation before the end of the club meeting, discreetly and out of ear shot of anyone else. If you are a staff member, you would talk this over with the Club and Community Service Manager (CCSM) or with the Strategic Manager / Designated Safeguarding Manager (DSM). There could be a risk of financial abuse.

Example 2
A member who is normally bright and talkative increasingly appears to be withdrawn and unhappy. You notice that they are not taking as much care with their clothing and their hair is not brushed. You have noticed slight bruising on the side of their face or the inside of their arms, and the member flinched when you came close to them to ask them how they were.
What would you do?
If you are a volunteer, you would not ask the member any questions about what you have observed, but you would speak to the club leader as soon as possible. If you are a member of staff, you would talk to the CCSM as usual, who would possibly make a home visit to talk gently to the member about your worries. If the CCSM felt there was no obvious

explanation for this deterioration in mood and appearance (e.g. a health or household issue or anxiety), or if the member made a further disclosure about something that was happening to them, or if the CCSM simply felt uneasy, she would speak to the DSM and a decision would be made as to whether or not a concern needed to be raised with the local authority. This may involve a further visit to the member to get their permission. This could be self-neglect or there could be physical abuse, domestic violence and/or psychological abuse happening.

Example 3
A member who comes regularly to the club has shown a gradual deterioration in their appearance, becoming untalkative and not eating much. This particular day, the member is not walking well and appears to be limping. During the club meeting, the member falls over and you become aware that they have a nasty gash on their leg. They also appear confused, are not able to answer your questions and are unable to get up.
What would you do?
You call 999 for medical assistance. As soon as you are able, you inform the CCSM and also the DSM by telephone. This could be a straight-forward medical issue or the result of a fall, but you are not required to make this judgement or decision. The DSM may decide to make a referral if there are other concerns and will at least record this event. As a team, you will keep a close eye on the member on their return. If there are further concerns the DSM may decide that a referral is required.