



PLYMOUTH HIGHBURY TRUST



Safeguarding Vulnerable People Policy and Procedure



Incorporating:
Vulnerable Adults and Child Protection
Policy and Procedure
May 2023
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Lead Officer – General Manager

Contents

Policy

Introduction	2
Policy Principles	2
Definition of Vulnerable Adults	2
Safeguarding Children	2
Definition of Abuse	3
Indicators of Possible Abuse	3
Staff Support	3
Responsibilities	3
Whistleblowing	4
Abuse Prevention	4
Recruitment	4
Training	4
Risk Assessment	4
Policy Revisions	4
Additional Information	4

Procedure

To do nothing is not an option	5
Disclosure of Abuse	5
Criminal Offences	6
Recording Statements	6
Mental Capacity	7
How to make an Adult or Child Protection Referral	7
Allegations of Abuse against Staff	8

Appendices

Appendix 1 Examples of Types of Abuse	9
Appendix 2 Possible Abuse Indicators	10
Appendix 3 Measures to reduce the risk of abuse	13
Appendix 4 The Mental Capacity Act 2005	14
Appendix 5 How to Report Abuse	15
Appendix 6 Who to contact to make a Referral & Further Reading	16

Introduction

This policy is formulated in recognition that abuse of vulnerable adults and children is widespread, but frequently unrecognised in our society. Abuse can take place in many situations, including at home. Perpetration of abuse may be by someone in a position of trust, power or authority that uses his/her position to the detriment of the health, safety, or welfare and general wellbeing of another person. The perpetrator may be a relative, friend or family member, someone in a voluntary or professional care (or other) role, another service user or a stranger.

In line with our Equal Opportunities Policy Plymouth Highbury Trust is committed to ensuring that all individuals – regardless of their ethnic origin, religion, age, sexual orientation, gender or disability – have an equal right to be free from abuse.

6 Principles of Safeguarding

Plymouth Highbury Trust adopts the following policy principles as defined in the Care Act 2014:

- ✓ **Empowerment**
Service Users must be supported and encouraged to make their own decisions and informed consent.
- ✓ **Prevention**
Action should be taken before harm occurs. Service Users should receive clear and simple information, in a format that is accessible to the individual, to help them recognise abuse and how they can get help.
- ✓ **Proportionality**
The response should be the least intrusive in relation to the risk to the individual.
- ✓ **Protection**
Support should be given to those with the greatest need to report issues and be involved in the process as much as they are able.
- ✓ **Partnership**
Work alongside local agencies and with local networks and the community in preventing and reporting potential abuse. Only sharing information which is necessary.
- ✓ **Accountability**
Full transparency and accountability in the safeguarding process.

Abuse is a violation of an individual's human and civil rights by any other person(s). The risk of being abused depends upon the situation, the environment and the perpetrators, not on the behaviour of victims. Many incidents of abuse are criminal offences.

The Safeguarding duties apply to any adult who:

- ✓ Has needs for care and support, even if the local authority is not meeting those needs.
- ✓ Is experiencing or is at risk of abuse or neglect.
- ✓ As a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Safeguarding Children

All children (those under 18 years of age) without exception have the right to protection from abuse.

Definition of Abuse

“Any act or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general wellbeing, whether intended or inadvertent, including sexual relationships or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative”.

Types of abuse include physical, psychological, financial (or material), sexual, neglect (or acts of omission), institutional and discrimination. Examples of these types of abuse can be found at Appendix 1.

Information Sharing

Information sharing Robust information-sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally the General Data Protection Act 2018 (GDPR) and the Data Protection Act 2018. The GDPR and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children, young people and adults safe.

Indicators of Possible Abuse

Indicators of abuse should be seen as suggestive of (not proof of) abuse as they rarely prove abuse has occurred. Any one or group of indicators could arise from other causes other than abuse. However, recognition of a number of factors or symptoms in any one individual should give rise to concern and lead to further assessment or investigation. It is important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance. A list of possible abuse indicators can be found at Appendix 2.

Staff/Volunteer Support

The Company recognises that identifying and reporting possible abuse has the potential to be very stressful for any member of staff involved and is therefore committed to providing support throughout this process. We also recognise that there are instances where staff may want to speak in confidence or seek a second opinion if signs of abuse are noted; in circumstances such as these.

your line manager will be available. All discussions will take place in accordance with the Company's Confidentiality Policy.

Staff can request a debriefing session after any report of abuse of a vulnerable adult or child has been made, and in some situations confidential counselling may also be offered.

Responsibilities

Prevention of abuse of vulnerable adults and children is a collective responsibility of all sections of society. However, those in contact with vulnerable people and children have a particular responsibility to be alert to the signs and early detection of abuse from whatever quarter, thus ensuring that appropriate action can be taken.

The safeguarding Lead for the Organisation is the General Manager.

Members of staff & Volunteers have a duty to report allegations or suspicions of abuse, therefore Plymouth Highbury Trust as the employer, has a responsibility to provide these staff & volunteers with the necessary training in adult and child protection, as well as measures which are aimed at preventing abuse. This training will be provided for staff & volunteers in contact with vulnerable adults and children, upon induction and at regular intervals, at least every 3 years. Staff will be made aware of the importance of following policies in the interests of their service users and for the protection of themselves. The training will set out clear expectations of behaviour, manners and attitude.

The Care Act 2014 states that the responsibility for coordinating an investigation into the abuse of vulnerable people lies with the Local Authority. Plymouth Highbury Trust does not have any powers to investigate any form of abuse, however staff & Volunteers have a responsibility to take action to protect a vulnerable adult or child from abuse if concerns are raised, and we will encourage opportunities to access services and information designed to protect people from abuse.

The Company is committed to working with our commissioners and other agencies to flag up possible abuse of vulnerable adults and children and assist in investigations wherever possible.

Female Genital Mutilation

(FGM) Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015) stipulates the mandatory reporting of FGM. The legislation requires regulated social care professionals and teachers and health care workers 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.

Whistleblowing

Plymouth Highbury Trust promotes an open organisational culture which we anticipate would encourage staff, volunteers and service users to speak out and report concerns about abuse. The Company's Whistle-blowing Policy and Procedures are available to all. This policy should be consulted if anyone suspects that a colleague or their line manager is abusing, colluding with an abuser or not taking an abuse matter seriously.

Abuse Prevention

In acknowledging that abuse of vulnerable adults and children takes place we must also aim to reduce the risks of abuse by being aware of preventative measures, some examples of which can be found at Appendix 3.

Recruitment

In line with our Recruitment of Ex-offenders Policy, the Company must exercise vigilance and rigour in the recruitment of staff that will be working with vulnerable groups and there are legal obligations for the organisation to check the conviction status of those who will be working closely with children under the age of eighteen and Vulnerable Adults. The Company will obtain and scrutinise a relevant disclosure from the Disclosure & Barring Service (DBS) and two professional references for all employees & Volunteers who roles fall within the categories that are known as the Exceptions to the Rehabilitation of Offenders Act 1974. The Company adheres to the DBS Code of Practice as published under section 122 of the Police Act 1997. The Trust will routinely require all staff & volunteers to undertake an enhanced DBS check every 3 years.

Training

Plymouth Highbury Trust places great importance in training it's staff & volunteers.

All staff & Volunteers will attend Plymouth City Councils Alerters Training on induction and a refresher every 3 years.

All staff & Volunteers will also receive child protection training on induction and a refresher every 3 years.

Managers and senior staff will also attend Plymouth City Councils training for Registered/Provider Managers.

Risk assessment

All staff that intend to, or may be put in the position of, working with children, young people or vulnerable adults should ensure that they understand the implications of this policy before commencing any work, visit or other activity. A designated individual should complete a risk assessment before any new or changed event, visit or any other activity involving children, young people or vulnerable adults. All those involved in the risk assessment process should understand that risk assessment is not only a way to mitigate or remove any potential risks but may also be a prompt to consider alternative working practices.

This policy will be communicated to Staff and Volunteers through induction, Managers and Team meetings, supervision and is available on the Company intranet.

Policy Revisions

This policy will be reviewed every three years and amended as necessary, or earlier in accordance with any forthcoming legislation. All employees should pass suggestions or recommendations for the revision of any aspect of this policy to the Registered Manager

Additional Information

- ✓ Equal Opportunities Policy
- ✓ Recruitment of Ex-offenders Policy
- ✓ Confidentiality Policy
- ✓ Whistle Blowing Policy

Safeguarding Vulnerable People Procedure

To do nothing is not an option.

Anyone who works with or has contact with vulnerable adults and/or children must be aware of the potential for abuse and has a duty to report any actual or suspected abuse.

If a member of staff or volunteer is concerned about a vulnerable adult or child, and/or indicator(s) of abuse have been noted, and he/she would like to seek a second opinion before taking action to report this, your line manager (or another senior manager) will be available to speak with you. Any discussions will take place in accordance with the Trusts' Confidentiality Policy.

Disclosure of Abuse

Although staff & volunteers are encouraged to know about the signs and signals which make them suspect that someone might be being abused, many incidents will only come to light because the person discloses this themselves. A disclosure may take place many years after a traumatic event or when someone has just left a place where they were afraid. All disclosures should be taken seriously.

What to do if a vulnerable adult or child makes a disclosure regarding abuse:

DO

- ✓ Ensure the immediate safety of the person.
- ✓ Stay calm and do not show shock or disbelief.
- ✓ Listen carefully to what you are being told.
- ✓ Be careful not to ask leading questions only state facts and don't give your own opinion.
- ✓ Tell the person:
 - They did the right thing in telling you.
 - It was not their fault.
- ✓ Preserve evidence e.g., paperwork, clothing, blood, semen, etc.
- ✓ Explain that you are required to share this information with the regulating authority (as appropriate)
- ✓ Explain that further investigations will be conducted sensitively and with their involvement as much as possible.
- ✓ Write down what the person has said remembering that this information may be used as evidence.

DO NOT

- Be judgmental (for example, "why didn't you stop them...")
- Promise to keep secrets or make promises that you will be unable to keep.
- Press the person for more details.
- Show them photos of possible abusers or ask closed or leading questions.
- Contact the alleged abuser or alleged victim (depending on who is making the disclosure)
- Pass on the information to anyone other than people that 'need to know'.
- 'Sit' on the information over the weekend or until you are on duty next, make sure you report the information as soon as possible.

Criminal Offences

If you witness abuse which is a criminal offence or someone makes a disclosure to you about being a victim of a recent criminal offence, in addition to the above you must:

DO

- ✓ Call the emergency services by dialling 999.
- ✓ Allow the police to conduct all questioning.
- ✓ Take action to make sure that no-one else questions the victim, abuser or witnesses about what happened.
 - Ask the police for advice about whether the victims and witnesses should be kept apart before they have an opportunity to discuss the events they have witnessed.
- ✓ Work with the police at the scene and co-operate with the Investigating Officer during any investigation.

Failure to comply with this process might result in any defence asking for evidence to be withdrawn on the grounds that the information has been unfairly obtained 'due to leading the victim or a witness'.

NOTE: In all cases staff should attempt to obtain the consent of an individual before calling the police. This is not always appropriate and the requirement to obtain consent may be overridden or dispensed with depending on the seriousness of the incident, the risk to other people and/or the capacity of the individual to make the decision (see Mental Capacity).

DO NOT

- Move anything, clean anything or wash anything up.
- Bathe the person or change their clothes.
- Remove or alter any documentation.
- Where sexual abuse is concerned, do not assume that it is too late to collect forensic evidence, even days after the alleged abuse – let the police decide.

If you are not sure if a criminal offence has taken place or not, see Appendix 6 for whom to ask.

Recording Statements

It is important to write a report of the incident as soon as possible, make sure your writing is legible and you must also date, sign and print your name on it.

- ✓ Write down any injuries, describing the colour, size, depth and shape.
- ✓ Note in writing the state of the clothing of the person and the alleged abuser.
- ✓ Note what was said, using the exact words and phrases spoken wherever possible, including dates and times.
- ✓ Describe the circumstances in which the disclosure came about.
- ✓ Note the setting and anyone else that was there at the time.
- ✓ Write down exactly what happened – not your opinion.
- ✓ Use a pen or biro with black ink so that it can be photocopied.

Be aware that your report may be required in the future as part of a legal action or disciplinary procedure.

You must remember that if you witness, discover or suspect abuse, or someone makes a disclosure to you, you have a duty to report it. Even if an allegation concerns a member of staff (who may also be a colleague) it is still the clear duty of those concerned to report the matter.

Mental Capacity

In law, every adult has the right to make their own decisions and is assumed to have capacity to do so unless it is proved that they do not. Exceptions to this are:

- ✓ Vulnerable adults with severe learning disabilities who are not deemed to be able to give consent to sexual acts.

- ✓ Vulnerable adults who have already been assessed as incapable of managing their own finances. For example, their finances are subject to the Court of Protection
- ✓ Vulnerable adults who are subject to certain Orders under current mental health legislation.

Difficulties arise when it is not clear whether the vulnerable adult is capable of making a decision or whether the decision is being made under duress.

When a vulnerable adult with capacity has made a decision that they do not want action taken to address any abuse they are being subjected to, this will be respected unless failure to act will leave other vulnerable adults or children at risk, the incident is of a serious nature, or the capacity of the individual to make a decision is called into question.

When vulnerable adult declines contact with the police, staff should then contact the relevant Social Work team for an assessment as to what would be in the best interest of that person or other vulnerable adults or children. This decision must be discussed with the local Team Manager or Emergency Duty Team if out of office hours.

NOTE: As an Agency it is imperative that disclosures or suspicions of abuse are passed on to the relevant authority (meaning Social Work Team) even if the vulnerable person does not want to take action against the abuse, obviously the wish of the vulnerable person must also be reported. A summary of principles from The Mental Capacity Act 2005 can be found at Appendix 4.

How to make an Adult or Child Protection Referral

Plymouth Highbury Trust does not have any powers to investigate any form of abuse but are duty bound to report all suspected abuse and concerns to the appropriate authorities.

In circumstances where abuse amounts to a criminal offence and injuries are apparent an urgent safeguarding referral must be made and emergency services contacted to ensure the vulnerable adult or child's safety, however this needs to be done with care as to not put the vulnerable individual at increased risk of further harm or retribution. If you have a vulnerable adult who is known to your service with apparent injuries or concerns of abuse call the appropriate authorities and inform relevant social work teams.

If you have an under 18 year old who discloses abuse or where abuse is suspected you need to make an immediate referral by calling the Multi-Agency Hub on 01752 668000 or 01752 346984 or email gateway@plymouth.gov.uk, you will be asked to follow up your call by submitting an inter-agency referral form which you can download from the Plymouth Safeguarding Children's Board website.

In the interests of confidentiality, when making the referral it is imperative not to disclose any details about the case (this could be personal details about the victim or the alleged abuser) until you are speaking to a person that 'needs to know'.

If the vulnerable adult/child lives in a care home, is receiving care from a domiciliary care agency or any registered service, you must also report the incident to the Care Quality Commission (CQC) or the relevant regulatory authority.

If abuse is witnessed or suspected in services provided by a hospital trust, you should report your concerns to a senior manager in the trust. You may also report your concerns to the Patient Advocacy Liaison Service (PALS).

You will be advised as to which forms to complete to make the referral by whichever authority you have reported the incident/suspicion/allegation to.

The Police or regulatory authority will then become responsible for investigating the alleged abuse. As the referrer you will undoubtedly be asked to assist in the investigation. In line with the Company's Safeguarding Vulnerable People Policy, you will contribute to the investigation as appropriate, however it is the role of the Police or other authority to ensure that the vulnerable adult or child is supported from this point forward.

See Appendix 5 for flow diagram on how to report abuse. See Appendix 6 for information on who to contact to make an adult or child protection referral.

Allegations of Abuse against Staff

If a member of staff or volunteer is alleged to be involved in an incidence of abuse, the General Manager must be informed as soon as possible, it would not be acceptable to wait until he/she returns from leave unless he/she is entirely un-contactable. If it is not possible to contact the General Manager, the next most senior member of staff should be contacted immediately; this would be the Operations Manager.

The General Manager (or the next most senior member of staff) must contact the member of staff against which the allegation has been made, to suspend them indefinitely pending further enquiries, making it clear that they are prohibited from contacting any service users especially the alleged victim, any member of the alleged victims' family or employees. In accordance with The Company's contracts with Plymouth City Council, the Contracts Officer for Plymouth City Council must be notified. From this point forward Plymouth City Council will dictate the necessary procedure.

Staff & Volunteers who are removed from their role either permanently or temporarily because they are suspected to have, or has been proved to have abused a vulnerable person must be referred to DBS. The DBS barred list is a list of people barred from working in regulated activities with Vulnerable Adults or Children. The General Manager or Operations Manager **MUST** contact DBS immediately upon removal of a member of Staff or a Volunteer under the above circumstances. The DBS will discuss the circumstances and inform of further actions required. Contact details in Appendix 6 and further guidance is available in the Duty Managers file.

Appendix 1

Examples of Types of Abuse

This list is not exhaustive and should be used as a tool in the assessment of vulnerability and risk. Some of the indicators may relate to more than one type of abuse and may also be an indicator of offending behaviour.

- **Discriminatory Abuse** includes that based on an individual's ethnic origin, religion, language, age, sexual orientation, gender, disability, and other forms of harassment, slurs or similar treatment.
- **Sexual Abuse** includes rape and sexual assault, contact or non-contact sexual acts to which the individual has not consented, or could not consent or was pressurised/enticed into consenting.
- Non-contact activities such as involving children looking at pornographic material, watching sexual activities or encouraging children to behave in sexually inappropriate ways also constitutes sexual abuse, this includes all acts of enticement or grooming online, whether or not the child is aware of what is happening. Adults with severe learning disabilities who have been deemed to not have capacity cannot by law consent to sexual contact or relationships.
- **Psychological Abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks; this includes all forms of internet bullying and promotion of suicidal idealisation.
- **Financial or Material Abuse** includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation or property, possessions or benefits.
- **Neglect or Acts of Omission** includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, failure to meet emotional and social needs of individual who is reliant on care from others, failure to report abuse or risk of abuse.

- **Physical Abuse** includes hitting, slapping, shaking, throwing, pushing, kicking, burning or scalding, suffocating, poisoning or misuse of medication, inappropriate restraint, or inappropriate sanctions.
Induced illness (factitious illness) may also constitute physical abuse, whereby the parent/guardian feigns symptoms or deliberately causes ill health in a child.
- **Institutional Abuse** indicated by repeated instances of unsatisfactory professional practice, inadequate care, under trained staff, pervasive ill treatment or gross misconduct indicating an abusive climate.

Appendix 2

Possible Abuse Indicators

Indicators of abuse should be seen as suggestive of – not proof of – abuse. However, it is also important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance.

Indicators of Discriminatory Abuse

- Failure to respect dietary, cultural and/or religious needs.
- Signs of a substandard service offered to an individual.
- Exclusion from rights/services e.g., health, education, employment, criminal justice and civic status

Indicators of Sexual Abuse

- Significant change in sexual behaviour, language or outlook
- Pregnancy in a woman who is unable to consent to sexual intercourse.
- Wetting or soiling
- Unexplained responses to personal/medical care tasks
- Signs of withdrawal, depression or stress
- Overly sexualised language
- Unusual difficulty in walking and sitting.
- Pain or itching, bruises or bleeding in genital area
- Sexually transmitted disease, urinary tract/vaginal infections
- Psychosomatic disorders – stomach pains, excessive period pains

Indicators of Psychological Abuse

- Change in appetite.
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sudden change in behaviour
- Person managing care uses bullying, intimidation or threats to induce desired behaviour.
- Person managing care has punitive approach to bodily functions or incontinence.

Indicators of Financial Abuse

- Unexplained sudden inability to pay for bills or maintain lifestyle.
- Person lacks belongings or services they can clearly afford.
- Recent acquaintances expressing sudden or disproportionate affection for a person with money or property.
- Lack of records and accounting of where money has been spent.
- Unusual or inappropriate bank account activity
- Withholding money
- Recent change of deeds or title of property

- Unusual interest shown by family or others in the person or their assets.
- Person managing financial affairs is evasive or uncooperative.
- Selling or offering to sell possessions of a vulnerable adult who does not have the capacity to consent or know the full value of those possessions.

Indicators of Neglect

- Inadequate heating and/or lighting
- Inappropriate, old or shabby clothing, or being kept in night clothes during the day or clothing in poor condition e.g., unclean, wet, ragged.
- Sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living.
- Physical condition is poor e.g., bed sores, unwashed ulcers.
- Inadequate physical environment
- Inadequate diet and/or malnutrition
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction.
- Failure to give/offer prescribed medication.
- Poor personal hygiene

Indicators of Physical Abuse

- Any injury not fully explained by the history given.
- Injuries inconsistent with the lifestyle of the vulnerable adult
- Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Cluster of injuries forming regular patterns or reflecting shape of article
- Burns, especially on soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks.
- Injuries at different stages of healing
- Of course, all children sustain injuries at times, ranging from minor cuts and bruises to broken limbs. Such injuries are a part of normal development and are usually the result of genuine accidents. Most falls and accidents produce one or more bruises on a single surface, usually on a bony protuberance. There may be abrasions on the child's hands as he/she tried to break the fall. However, it is always important to be alert to the possibility of abuse.

Indicators of Institutional Abuse

- Inappropriate or poor care
- Misuse of medication
- Inappropriate restraint
- Sensory deprivation e.g., denial of use of spectacles, hearing aid etc
- Lack of recording on client files
- Lack of respect shown to person
- Denial of visitors or phone calls
- Restricted access to toilet or bathing facilities
- Restricted access to appropriate medical or social care
- Lack of privacy or failure to ensure appropriate privacy or personal dignity.
- Lack of flexibility and choice e.g., mealtimes, bedtimes, choice of food
- Lack of personal clothing and possessions
- Lack of adequate procedures e.g., for medication, financial management

- Controlling relationships between staff and service users
- Poor professional practice
- Lack of response to complaints

Other Indicators

Other forms of abuse (for example domestic violence and cruelty to animals) may highlight that other abuse may be taking place.

Appendix 3

Measures to reduce the risk of abuse occurring.

Advocacy and Communication

- ✓ Make sure people know about advocacy services that are available to speak up or take action for vulnerable adults when necessary.
- ✓ Support user groups so that vulnerable adults can talk about issues that they are worried about
- ✓ Make sure information is available in different formats and is accessible and easy to understand.
- ✓ Families, carers, colleges and care providers should make sure that vulnerable adults are made aware of abuse and are told about this in a way that they can understand.
- ✓ Where possible vulnerable adults should share in any decisions that affect their lives.

Staff can minimise risk by

- ✓ Developing a clear understanding of what abuse is
- ✓ Acknowledging that 'it could happen here'.
- ✓ Being able to have open and honest discussions about any issues or concerns.
- ✓ Learning from experience – own and others'
- ✓ Being prepared to question care practices that could be abusive.
- ✓ Encouraging good communication between service users, families and other employees.

Plymouth Highbury Trust aims to minimise risk by

- ✓ Having a Safeguarding Adults/Children Policy that takes account of our commissioners' Safeguarding Adults & Children Policies
- ✓ Having a Whistle-Blowing Policy
- ✓ Having policies to ensure new employees are properly checked and safe to work with vulnerable adults.
- ✓ Giving potential service users 'the full picture' of services we provide and what their responsibilities and commitments would be before they to decide if this would suit their needs.
- ✓ Encouraging good communication between staff and managers
- ✓ Making sure that staff receive training to understand abuse.
- ✓ Making sure staff know who to tell and how if they have concerns.
- ✓ Having clear and easy to understand policies which promote good practice.
- ✓ Making sure that staff receive regular and effective recorded supervision and that notes are taken of things that were talked about and agreed.
- ✓ Being prepared to listen and to respond to staff, users and families when care practices are questioned.

Appendix 4

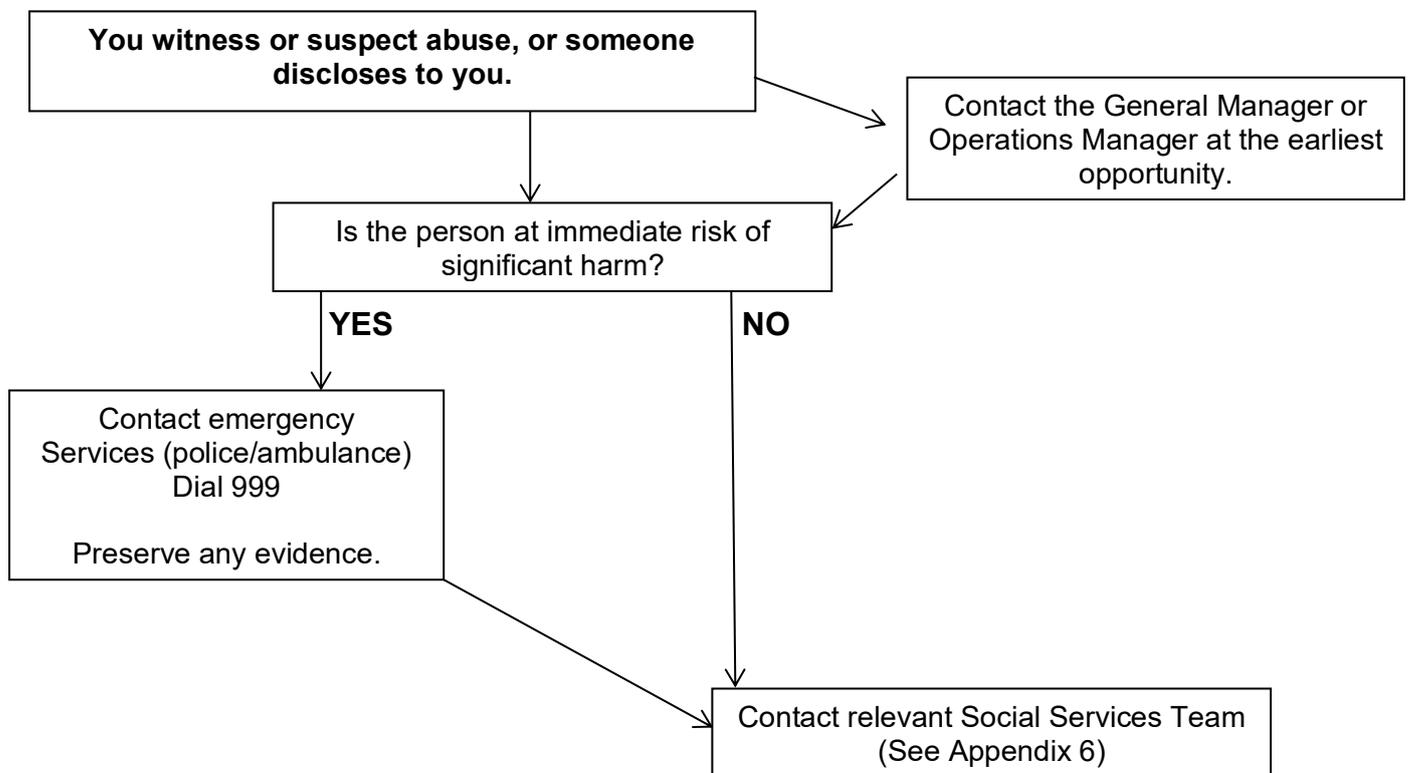
The Mental Capacity Act 2005 – Principles underlying good practice.

The principles on which decisions about capacity are made, should be based on common law principles and are set out in Section 1 of The Mental Capacity Act 2005:

- ✓ A person must be assumed to have capacity unless it is established that he/she lacks capacity.
- ✓ A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success.
- ✓ A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- ✓ An act done or decision made for or on behalf of a person who lacks capacity must be in his/her best interests.
- ✓ Before the act is done or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action. This is the "minimum intervention principle" supporting practices that interfere least with the individual's freedom of action and follows the spirit of Article 8 of the European Convention of Human Rights.

Appendix 5

How to Report Abuse of a Vulnerable Adult or Child



The General Manager/Operations Manager will inform other organisations as per policy guidelines i.e., CQC, DBS.

Appendix 6

Who to Contact to make an Adult or Child Protection Referral

Ask to speak to the relevant Social Worker or Duty Manager to make a report about a disclosure/suspicion/allegation of abuse against a vulnerable adult or a child.

NOTE: Remember; DO NOT disclose personal details (name or address of the victim or alleged abuser) about the case until you are speaking to a 'need to know' person to remain in accordance with our Confidentiality Policy.

Adults

Plymouth City Council Adult Social Care 01752 306900

Out of hours Emergency Duty Team 01752 346984

Children

Plymouth City Council Children & Family Services 01752 308600

Out of hours Emergency Duty Team 01752 346984

NSPCC:

<https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/nspcc-helpline/>

CHILDLINE:

Helpline 0800 1111

<https://www.childline.org.uk>

If you are not sure about whether or not a criminal offence has taken place:

Devon & Cornwall Police – Non-Emergency number

(24 hours a day, 7 days a week) 101

Care Quality Commission 03000 616161 - enquiries@cqc.org.uk

Disclosure & Barring Service helpline 03000 200 190 - customerservices@dbs.gov.uk

Further Reading

Additional information about Safeguarding Vulnerable Adults:

- ✓ Plymouth City Council Multi-agency adult safeguarding Contents

<https://www.plymouth.gov.uk/contents>

Additional Information about Child Protection:

- ✓ Plymouth Safeguarding Children Board

<https://www.proceduresonline.com/swcpp/plymouth/index.html>

Safeguarding Vulnerable Groups Act 2006:

<http://www.legislation.gov.uk/ukpga/2006/47/contents>

Care Act 2014:

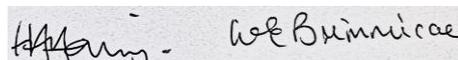
<https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

Signed by:



Stuart Domoney
General Manager
Dated: May 2025

Signed by:



Hilary Harris and Wendy Brimmicombe
Trustees, Dated: May 2025