







Your Emotional Support Service

Adult **Safeguarding Policy**

Your Emotional Support Service
www.yess.uk

Introduction

Your Emotional Support Service (YESS) has a moral and legal obligation to ensure a duty of care for our clients. All YESS workers, volunteers and clients can play an important role in promoting the safety and protection of young people and adults at risk with whom we have contact.

- Our Safeguarding Policy and associated procedures demonstrate our compliance with UK and Staffordshire legislation, research and good practice.

This Policy is in line with local and national Safeguarding Adults practices and suggestions: www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

Living a life that is free from harm and abuse is a fundamental right of every person. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent isolation, which can easily lead to abusive situations and put adults at risk of harm.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways which are proportionate to the issues and where the adult in need of protection stays as much in control of the decision-making as is possible. The right of the individual to be heard throughout this process is a critical element in the drive towards more personalised care and support.

All staff and volunteers, in whatever setting, have a key role in preventing harm or abuse occurring and in taking action where concerns arise. The policy and procedures set out here are designed to explain simply and clearly how we should work together to protect adults at risk.

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Adult Safeguarding Team
0345 604 2719 (Monday to Friday 9-5 not Bank Holidays)
Emergency Duty Service (outside of office hours)
Tel No. 0345 604 2886

Staffordshire Adult Referral Team
Adults Referral Team
0345 604 2719 (Staffordshire)
0800 561 0015 (Stoke on Trent)
0345 604 2886 (outside of office hours)

Police
Emergency – 999
Non-emergency – 101

The procedures outlined aim to make sure that:

- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with The Care Act 2014 and The Mental Capacity Act (MCA) 2005

The procedures also aim to ensure that each adult at risk maintains:

- choice and control
- safety
- health
- quality of life
- dignity and respect

The six principles of adult safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults:

- **Empowerment -** People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”
- **Prevention –** It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality –** The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- **Protection –** Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership –** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability –** Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

As an organisation, we are committed to working together with partner agencies to:

• Stop abuse or neglect wherever possible
• Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
• Safeguard adults in a way that supports them in making choices and having control about how they want to live
• Promote an approach that concentrates on improving life for the adult concerned
• Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
• Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and how to raise a concern about their own safety and wellbeing or that of another adult.

Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures. They take the following into consideration:

• The Care Act 2014

• The Protection of Freedoms Act 2012

• Domestic Violence, Crime and Victims (Amendment) Act 2012

• The Equality Act 2010

• The Safeguarding Vulnerable Groups Act 2006

• Mental Capacity Act 2005

• Sexual Offences Act 2003

• The Human Rights Act 1998

• The Data Protection Act 2018 (DPA 2018 and the UK General Data Protection Regulation (UK GDPR))

• Mental Capacity (Amendment) Act 2019

The Care Act 2014

Sets out a clear legal framework for how both local authorities and all other relevant agencies should protect adults at risk of abuse or neglect. This policy recognises that the best outcomes in safeguarding practice require us to develop strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect. The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of an adult, or their carer. This is sometimes referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support. The wellbeing principle applies in all cases where carrying out any care and support function, making a decision, or undertaking an adult safeguarding enquiry or plan.

The Duty of Care

Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. A duty of care to adults at risk is fulfilled when all the acts reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe but will also include respecting the person’s wishes and protecting and respecting their rights. The nature of an individual’s duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously, and owning the responsibility to safeguard adults at risk.

Adult(s) at risk and adult abuse

Definition -

An adult at risk is:

• an adult (aged 18 or over) that has needs for care and support (whether or not the local authority is meeting any of those needs) and;

• is experiencing, or 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

Care and support needs are defined within the Care Act as - the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.

Abuse and neglect

For the purpose of the Safeguarding Adults policy and procedures the term abuse is defined as:

"a violation of an individual's human and civil rights by any other person or persons which may result in significant harm".

Patterns of abuse may reflect very different dynamics, such as:

• Serial abuse in which someone seeks out and deliberately exploits an adult. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse

• Long term abuse – may occur in the context of an on-going relationship such as domestic abuse between partners or generations or persistent psychological abuse

• Opportunistic abuse - such as theft occurring because money or jewellery has been left lying around.

• Self-neglect – where a person declines support and assistance with their care and support needs impacting on their individual wellbeing. Abuse may be:

• a single act or repeated acts

• an act of neglect or a failure to act

• multiple acts (e.g. an adult at risk may be neglected and financially abused).

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place anywhere: a person's own home, day or residential centres, supported housing, educational establishments, nursing homes, clinics and hospitals.

A number of abusive acts are crimes and informing the police must be a key consideration.

Who might abuse?

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult at risk. Anyone might be responsible for abuse including:

- a member of staff, owner or manager at a residential or nursing home
- a professional worker such as a nurse, social worker or general practitioner (GP)
- a volunteer or member of a 'community group' such as a social club or place of worship
- another service user
- a spouse, partner, relative or friend
- a carer
- a neighbour, member of the public or a stranger
- a person who deliberately targets adults at risk in order to exploit them.

Assessing the risk of harm

The definition of harm used in adult safeguarding comes from a definition given by the Law Commission (Who Decides? 1997). Harm should be taken to include:

- ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- the impairment of, or an avoidable deterioration in, physical or mental health, and/or
- the impairment of physical, intellectual, emotional, social or behavioural development

The importance of this definition is that, in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer-term harm.

Seriousness of harm, or the extent of the abuse, is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults policy and procedure.

The following factors should be taken into account when making an assessment of the seriousness of risk to the person:

- vulnerability of the person
- nature and extent of the abuse or neglect
- length of time the abuse or neglect has been occurring
- impact of the alleged abuse on the adult at risk
- risk of repeated or increasingly serious acts of abuse or neglect
- risk that serious harm could result if no action is taken
- illegality of the act or acts
- risk to others

Categories of abuse identified by the Care Act 2014

We should not limit our view of what constitutes neglect or abuse as abuse can take many forms. The circumstances of the individual and their situation should always be considered along with undue influence or duress:

- Physical
- Sexual
- Domestic
- Financial or Material
- Neglect and Acts of Omission
- Discriminatory
- Psychological
- Modern Slavery
- Organisational
- Self-Neglect

Many abusive behaviours constitute a criminal offence. All suspected abuse must be investigated. Many situations may involve more than one type of abuse. Consider the definition of each category in turn, together with their indicators. Be aware that the lists given below are only an indication that abuse is happening and disclosure from an individual may also be offered. The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be considered.

Physical abuse

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators of Physical abuse -

• Unexplained or inappropriately explained injuries
• Person exhibiting untypical self-harm
• Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia
• Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body
• Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance
• Unexplained or inappropriately explained fractures at various stages of healing to any part of the body
• Medical problems that go unattended
• Sudden and unexplained urinary and/or faecal incontinence
• Evidence of over-/under-medication
• Person flinches at physical contact
• Person appears frightened or subdued in the presence of particular people
• Person asks not to be hurt
• Person may repeat what the alleged abuser has said (e.g. 'Shut up or I'll hit you')
• Reluctance to undress or uncover parts of the body
• Person wears clothes that cover all parts of their body or specific parts of their body
• A person without capacity not being allowed to go out of a care home when they ask to
• A person without capacity not being allowed to be discharged at the request of an unpaid carer/family member

Sexual abuse

Sexual abuse includes rape and sexual assault or sexual acts that the adult at risk has not consented to or could not consent to or was pressured into. It includes penetration of any sort, incest and situations where the alleged abuser touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power, or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Possible indicators of Sexual abuse -

• Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained
Person appears unusually subdued, withdrawn or has poor concentration.
• Person exhibits significant changes in sexual behaviour or outlook
• Person experiences pain, itching or bleeding in the genital/anal area
• Person's underclothing is torn, stained or bloody
• A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant

Sexual exploitation

The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Sexual exploitation can occur through the use of technology without the person's immediate recognition this can include, being persuaded to post sexual images on the internet/a mobile phone or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Psychological and Emotional abuse

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, stalking, bullying and hate crime, cyber bullying, verbal abuse (including shouting or swearing), and isolation or withdrawal from services or support networks. We will also list radicalisation under this section (Counter Terrorism and Security Act 2015).

Possible indicators of Psychological and emotional abuse

• Untypical ambivalence, deference, passivity, resignation
• Person appears anxious or withdrawn, especially in the presence of the alleged abuser
• Person exhibits low self-esteem
• Untypical changes in behaviour (e.g. continence problems, sleep disturbance)
• Person is not allowed visitors/phone calls
• Person is locked in a room/in their home
• Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.)
• Person's access to personal hygiene and toilet is restricted
• Person's movement is restricted by use of furniture or other equipment
• Bullying via social networking internet sites and persistent texting

Financial or Material abuse

This includes theft, fraud, exploitation, pressure in connection with wills or property and the misappropriation of property or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs. Staff borrowing money or objects from a service user is also considered financial abuse.

Possible indicators

• Lack of money, especially after benefit day
• Inadequately explained withdrawals from accounts
• Disparity between assets/income and living conditions
• Power of attorney obtained when the person lacks the capacity to make this decision
• Recent changes of deeds/title of house
• Recent acquaintances expressing sudden or disproportionate interest in the person and their money
• Service user not in control of their direct payment or individualised budget
• Mis-selling/selling by door-to-door traders/cold calling
• Illegal money-lending

Neglect and Acts of Omission

These include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.
Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators

• Person has inadequate heating and/or lighting
• Person's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing
• Person is malnourished, has sudden or continuous weight loss and/or is
• dehydrated
• Person cannot access appropriate medication or medical care
• Person is not afforded appropriate privacy or dignity
• Person and/or a carer has inconsistent or reluctant contact with health and social services
• Callers/visitors are refused access to the person
• Person is exposed to unacceptable risk

Self-Neglect

This covers a wide range of behaviours, neglecting to care for one's own personal hygiene, health or surroundings and includes behaviour such as hoarding that causes a risk of harm to self and or others. This also includes refusal of services that might alleviate these issues and a refusal/ reluctance to accept identified risks and offers of help.

Indicators of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Modern Slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Possible indicators

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Domestic abuse

This includes psychological, physical, sexual, financial, emotional abuse; Forced Marriage and ‘honour-based’ abuse.

Domestic violence and abuse includes 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 also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour.

Possible indicators of Domestic abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Discriminatory abuse

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible Indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

• A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
• A person making complaints about the service not meeting their needs

Organisational/ Institutional abuse

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in the person'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 within an organisation.

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

• receive little support from management
• are inadequately trained
• are poorly supervised and poorly supported in their work
• receive inadequate guidance

Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

Possible indicators

• Unnecessary or inappropriate rules and regulations
• Lack of stimulation or the development of individual interests
• Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership
• Restriction of external contacts or opportunities to socialise

Abuse by another adult at risk

Where the person causing the harm is also an adult at risk, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards the person causing the harm and certainly will have if they are both in a care setting or have contact because they attend the same place (e.g. a day centre). In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person allegedly causing harm.

It may be necessary to reassess the adult allegedly causing the harm. This will involve a meeting where the following could be addressed:

• the extent to which the person causing the harm is able to understand his or her actions
• the extent to which the abuse or neglect reflects the needs of the person causing the harm not being met (e.g. risk assessment recommendations not being met)
• the likelihood that the person causing the harm will further abuse the victim or others
• The principles and responsibilities of reporting a crime apply regardless of whether the person causing harm is deemed to be an adult at risk

Social Media

We are not a crisis service. People may use our social media/digital platforms to communicate with us. We make it clear that we can only respond to people on social media during our office hours. We cannot hold responsibility for answering messages from people needing crisis support out of office hours. This is putting both the person in distress and the member of staff at risk.

Please refer to our Social Media policy for more information.

Responsibilities for Staff & Volunteers

The first priority of all staff and volunteers must always be to ensure the safety and protection of the adult at risk. All staff and volunteers should be aware of the multi-agency and local safeguarding policy and procedures and have a responsibility to be aware of issues of abuse, neglect or exploitation. All staff and volunteers have a duty to act in a timely manner on any concern or suspicion that an adult who is at risk is being, or is at risk of being, abused, neglected or exploited and to ensure that the situation is assessed and investigated.

Consent from the adult at risk

Consent from the adult at risk should be sought where possible. Seek consent to share information if the person has the capacity and if this does not place you, them or others at an increased risk.

Remember you do not need consent if:

• The risk level is very high, it is in the adult's vital interests to prevent serious harm or distress or life- threatening situations
• There is risk to others, it is in the public interest, for example, there is a risk to other 'adults at risk', or children, or the concern is about organisational abuse, or the concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk, or the abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care
• The person does not have capacity to give consent, to make specific decisions to consent and a decision is made to raise a safeguarding concern in the person's 'best interests' (Mental Capacity Act 2005)
• The person is refusing to give consent as a result of being under duress, a person is subject to coercion or undue influence, to the extent that they are unable to give consent
• If the law has been broken, which it very often has

The Adult should be placed at the heart of all enquiries and decision making throughout the process. The adult at risk should experience the safeguarding process as empowering and supportive. Desired outcomes are those changes that the adult at risk wants to achieve from the support they receive, such as wanting the abuse to stop, maintaining family relationships or friendships, feeling safe at home, getting access to other services, restricted or no contact with certain individuals or pursuing the matter through the criminal justice system.

The Adult should always be involved from the beginning unless there are exceptional circumstances that would increase the risk of abuse. If the Adult has substantial difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them for the purpose of facilitating their involvement.

If you are not sure whether you should raise a safeguarding concern, you should seek advice. If you have become aware of concerns through the course of your work, seek advice from the Adult Safeguarding Team.

The Adult Safeguarding Team

- ***Adult Safeguarding Leads Samantha Miles (Charity Lead) and Tammy Lowe (Clinical & Safeguarding Lead)***
- ***Adult Deputy Safeguarding Lead Megan Morris***
- ***External Safeguarding Consultant - Julie Bird.***

Please refer to the Safeguarding Poster for rota days and contact details.

Information Sharing

Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation. In this context 'organisations' mean not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and Crown Prosecution Service, and organisations which provide advocacy and support. Information sharing must be consistent with the requirements of the Data Protection Act 2018 and GDPR legislation. Whether information is shared with or without the consent of the adult at risk, the information shared should be necessary for the purpose for which it is being shared, shared only with those who have a need to know in order to, protect the vital interests of the person/ or public or prevent or detect crime.
Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

Information must:
• be accurate and up to date
• be shared in a timely fashion
• be shared accurately
• be shared securely

Recording Information

We are committed to keeping clear, accurate and up-to-date records of all contacts and actions relating to cases of alleged neglect and abuse. The records may need to be used to hold professionals/agencies to account for decisions and actions. It is essential that the record includes the views and wishes of the Adult or their advocate and how these have been taken into account in decision making and planning.

Carers and safeguarding

Circumstances in which a carer such as a family member or friend with a carer role could be involved in a situation that may require a safeguarding response include:

• a carer may witness or speak up about abuse or neglect
• a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or
• a carer may unintentionally or intentionally neglect or abuse the adult they support on their own or with others

Assessments of both the carer and the adult they care for must include consideration of their respective wellbeing. Section 1 of the Care Act includes protection from neglect and abuse as part of the definition of wellbeing. As such, a needs or carer's assessment provides an opportunity to explore the individuals' circumstances and to consider whether it would be possible to provide information, or support that prevents neglect or abuse from occurring.

This can be achieved, for example, by providing training to the carer about the condition that the adult they care for has, or to support them to care more safely. Where that is necessary the local authority should consider making arrangements for providing it.

Concerns about suspected abuse

Alerters

Anybody could see abuse taking place, be told about abuse or suspect abuse is occurring. The Alerter's duty is to act on this.
• Alerters can be anybody – the adult themselves, health workers, domiciliary care staff, social care workers, emergency services staff, voluntary staff, college staff, housing workers, day centre staff, residential and nursing home staff (at any level of seniority), carers, families or any member of the public.
• If the Adult is in immediate danger the person identifying the abuse must take immediate protective action, for example by telephoning an ambulance or the police.
• The Alerter should make a written record of what they have been told or witnessed and any actions taken.

The Alerter should ensure they pass this information on appropriately.

Multi Agency Safeguarding Hub (MASH)

The Staffordshire and Stoke-on-Trent MASH is a partnership between seven key public sector organisations, covering the county of Staffordshire and the city of Stoke-on-Trent, who work together to improve safeguarding outcomes for 24 children, adults with care and support needs and those people involved in serious domestic abuse situations.

Staffordshire Families Integrated Front Door Service 0300 111 8033 (Monday-Friday)
EDS (out of hours) Tel No. 0345 604 2886 – Staffordshire Children
Adults Referral Teams 0345 604 2719 Staffordshire, 0800 561 0015 Stoke-on Trent

All concerns should be raised within 1 working day wherever possible.

Actions for managers

Managers may need to take action in relation to the person or organisation alleged to have caused harm, including:

• Ensuring that any staff (or volunteers) who have caused harm are not in contact with service users and others who may be at risk
• Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the adult at risk or other people makes this unavoidable
• If the person alleged to have caused harm is a member of staff and an immediate decision is required to suspend them, the person has a right to know in broad terms what allegations or concerns have been made about them. The names of the adult(s) raising concerns should not be given in order to prevent possible intimidation of that adult. Fuller details can be given to the person alleged to have caused harm later in the agency's internal processes or criminal investigations
• Care however should be undertaken not to jeopardise any resulting police investigation
• If the allegation involves agency staff, the agency should also be notified of the safeguarding concern having been raised
If another adult in the same service:
• Action taken may include removing them from contact with the adult at risk. In this situation arrangements must be put in place to ensure that the needs of the adult alleged to have caused harm are also met.

Do liaise with the police regarding actions that may impact upon a subsequent criminal investigation, such as where the protective arrangements may forewarn the person alleged to have caused harm of an impending criminal investigation and potentially prejudice the collection of evidence.

The Safeguarding Lead – Tammy Lowe & Samantha Miles

The organisation will designate an Adult Safeguarding Lead who is:
• available for consultation in the absence of a Manager
• responsible for the Safeguarding Adults Policy & Procedure
• responsible that the organisation is compliant with local and national Safeguarding Policy
• responsible to review safeguarding practice within the organisation
• responsible to coordinate completed safeguarding cases and relevant paperwork
The Trustee Committee is responsible for ensuring that this policy is implemented.
Roles and responsibilities of those within YESS

YESS is committed to having the following in place:

• An Adult Safeguarding Lead to produce and disseminate guidance and resources to support the policy and procedures.
• A clear line of accountability within the organisation for work on promoting the welfare of all adults.
• Procedures for dealing with allegations of abuse or poor practice against members of staff and volunteers.
• Arrangements for a Disciplinary Panel will be formed as required for a given incident, if appropriate and should a threshold be met.
• Arrangements to work effectively with other organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
• Appropriate whistle blowing procedures and an open and inclusive culture that enables safeguarding and equality and diversity issues to be addressed.
• Ensure that clear codes of conduct are in place for coaches, participants, officials, spectators and any other relevant individuals.
• All YESS staff and volunteers will be briefed on the policy and must agree to apply it in practice. The policy is deemed to be incorporated in the contract of employment and it is a condition of service with YESS that staff understand and operate the policy fully.
• All staff and volunteers of YESS will be given access to the Safeguarding Adults policy, procedures and code of behaviour and practice. Those responsible for projects, in which YESS is the lead organisation, are to have access to the procedures, with details of local contacts completed, at all times when working with clients.
• Mandatory Safeguarding Adults training is completed as part of the Induction training for all new staff and volunteers. The training is to be updated every year. Staff are offered regular supervision which is recorded. Volunteers are offered supervision either as part of a group or individually.

Good practice, poor practice and abuse

It can be difficult to distinguish poor practice from abuse, whether intentional or accidental.
It is not the responsibility of any individual involved in YESS to make judgements regarding whether or not abuse is taking place. However, all YESS personnel have the responsibility to recognise and identify poor practice and potential abuse, and act on this if they have concerns.

Further Information

Policies, procedures and supporting information are available from the following:
- Your Emotional Support Service website: www.yess.uk
- At the Uttoxeter office
- Via email: hello@yess.uk
- Safeguarding Leads: Samantha Miles and Tammy Lowe

Policy and procedure adopted annually
This policy will be reviewed annually or sooner in the event of legislative changes or revised policies and best practice.
Trustee board member Katie Stanley - Level 3 Adult Safeguarding Trained.

Adopted – October 2024
Reviewed - October 2025
Reviewed - May 2026
Reviewed - October 2026
Next Review - October 2027