

The HangOut (THO) Adult Safeguarding Policy

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Policy Statement

THO recognises our responsibility to safeguard and protect the welfare of all children, young people and vulnerable adults, and is committed to practice which protects them.

This policy has been produced with reference to the DSCB and the DSAB.

Contacts

THO’s designated Safeguarding Officer (SGO) is our CEO Pat Holt. For any safeguarding concerns the SGO can be contacted on 07946280593 or by emailing thehangoutwales@gmail.com .

If concerns need to be raised outside the organisation, there is a single point of contact in Carmarthenshire: Children’s Advice and Duty Service 01554 742322. And for adults, Delta Wellbeing on 03003332222 or make a referral through the website www.carmarthenshire.gov.uk

If you believe someone is in immediate danger, then please call 999.

Definitions, Safeguarding Training Levels and Supervision requirements

(duplicated in SR policy)

Staff and Volunteers

Staff: an adult who is employed to work for us in a paid capacity. All staff must go through our full safer recruitment process, including DBS checks and references and must complete level 3 safeguarding training before working unsupervised, updated every 3 years. Our designated Safeguarding Officer must in addition have safer recruitment training and update training every 2 years.

Volunteer: an adult who is donating their time to work for us in an unpaid capacity. We differentiate between types of volunteers as follows:

- **Independent Adult Volunteers:** These volunteers have been through the entire safer recruitment process including references and DBS checks and internal level 2 safeguarding training (updated annually), before they can work unsupervised. Any contact they have with young people or participants is supervised.
- **Trustees:** Members of the community or ex-participants who sit on our board, governing all aspects of the organisation. Those who will ONLY have supervised contact with *Participants* have Level 1 safeguarding training, updated annually; those who have unsupervised contact must undertake level 2 training, and the designated Safeguarding Trustee must have level 3 safeguarding training, updated every 3 years.
- **Visitors and Service Users (adults or children over 8yrs):** These help with yard, pasture or garden management as a way of improving their wellbeing or employment skills. These are supervised at all times by *Staff*. All adults and children will undertake internal level 2 safeguarding and safer culture training within 1 month of first attendance, updated annually. These may be:
 - Service users seeking to progress and give back;
 - Community members wanting to be useful whilst improving their own wellbeing;
 - Visiting groups (e.g. Corporate CSR) engaged in a self-contained project;
 - Those who have applied to be an independent volunteer but have not yet completed all the safer recruitment processes, and trainings.**NB.** Only adults can apply to progress from supervised to unsupervised volunteers.
- **Participants:** service users (adults or children over 8yrs) receiving intensive staff support. *Participants* are supervised at all times by a member of *Staff*.
- **Children:** any child or young person under the age of 18 years. We require children under 8yrs old to be supervised by a carer at all times. Children and young people from 8-18yrs old are supervised at all times by *Staff*.

Group sizes and supervision ratios: Children and young people are always supervised whilst in our care, as are our *Participants* and *supervised volunteers*. Our maximum number of participants to *Staff* is 8:1, or 6:1 if any are under 8yrs. Groups are dynamically risk assessed by *Staff* with managers on a continual basis taking account of individual needs and vulnerabilities, and groupings and/or support are altered accordingly. Individuals with specific vulnerabilities are provided with 1:1 support if a group setting is difficult for them.

Training delivery

Our staff undertake level 3 Safeguarding training delivered by a recommended provider. All other

volunteers and *Heros* receive level 2 which is delivered in-house by our level 3 *Staff*. Our level 2 training is based on our level 3 online training with additional safer culture guidance on appropriate friendships, lifts, social media, photographs/video, gossiping and centre-specific information to inform trainees of our policies and processes, who to go to with concerns, how to escalate, whistleblow or complain and the contact information for our local safeguarding organisations

SAFEGUARDING ADULTS

The key principles which inform the ways in which we work with adults are as follows:

- Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- Prevention: wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- Proportionate: response appropriate to the risk presented; least intrusive response where possible
- Protection: support and representation for those in greatest need.
- Partnership: local solutions through services working with the individuals communities. Ensure engagement with local communities to prevent, detect and report abuse.
- Accountability: transparency in delivering safeguarding and of a quality that is worthy of scrutiny, i.e. the Courts or Peer Reviews

'Wellbeing' principle

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. 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 to adults with care and support needs and their carers. "Wellbeing" is a broad concept, and relates to the following areas in particular:

- personal dignity (including treating people with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including care and support and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual's contribution to society

Promoting "wellbeing" means actively seeking improvements for the adult with care and support needs (regardless of whether they have eligible needs or not) and informal carers.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and the purpose of this document is to ensure we identify and respond appropriately when adults may be at risk of harm, abuse or self-neglect.

Definitions

Harm: For the purpose of these Procedures, harm is defined as:

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed.
- Self-neglect

This can mean:

- Ill treatment (including sexual harm and forms of ill treatment which are not physical).
- The impact of not providing care, providing inappropriate care or other actions which are detrimental to health, wellbeing, maintaining independence and choice
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.
- Allegations against people in positions of trust (see Appendix 1. Glossary)

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the person and the harm or risk of harm to that individual. Harm can take place anywhere. Harmful acts may also be crimes and informing the Police must be a key consideration.

Categories of Harm

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence and abuse: new definition The cross-government definition of domestic violence and abuse is; any incident or pattern of incidents of controlling, coercive, 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. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional
- Controlling behaviour: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- Coercive behaviour: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Forced Marriage: forcing someone into a marriage and/or luring someone overseas for the purpose of marriage.

Exploitation by radicalisation: encouraging extreme views including justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation. Contact will be made with local Police regarding any individuals identified who present concern regarding violent extremism.

Sexual exploitation: The term “sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes. People with learning disabilities may be led into harm because of perceptions they are being offered friendships.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements.

Modern Slavery includes; human trafficking, forced labour and debt bondage, sexual exploitation, criminal exploitation, domestic servitude, descent-based slavery, child labour, slavery in supply chains, and forced and early marriage.

Discriminatory abuse: including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Internet/cyberbullying: can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or virtual abuse during an online multiplayer game.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in a person’s own home. This may be a one off incident or on-going ill-treatment.

Neglect and acts of omission: includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect and hoarding: This includes a broad spectrum of behaviour. The Care Act 2014 statutory guidance defines self-neglect as: “a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding”. A decision on whether a response is required through safeguarding will depend on an adult’s ability to protect themselves by controlling their own behaviour.

Homelessness does not necessarily make people at risk and it is therefore not a defined category of harm. However circumstances such as homelessness may exacerbate other conditions and impact negatively upon individual’s ability to care for their health and to protect themselves.

Cuckooing – refers to the relatively recent identification of a new type of controlling and coercive criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.

When we will raise a concern

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self neglecting where there is a significant risk to their health or wellbeing. Urgent actions will be taken to safeguard anyone at risk of immediate harm if any of the following concerns are apparent:

- active abuse is witnessed, or
- an active disclosure is made by an adult or third party, or
- there is suspicion or fear that something is not right or there is evidence of possible abuse or neglect.

Any suspicion, allegation or incident should be recorded and discussed with the THO Safeguarding Officer as soon as possible. If the Safeguarding Officer is not available then the individual must seek guidance from the most senior staff member available or the THO Trustee responsible for Safeguarding.

It is the responsibility of the Safeguarding Officer or the individual to inform the Delta Wellbeing without delay if deemed appropriate.

Urgent Action

In circumstances where there are serious immediate risks a response from Safeguarding Adult services or the police will be provided the same day. Whilst reporting a concern to the local safeguarding team it is important that we also consider if the risk or experience of immediate serious harm is so severe that urgent action is required to prevent this.

Raising a Concern

A concern will be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. Self-neglect can be reported as a concern.

Actions to be taken when harm to an adult is directly observed or disclosed by the individual

When harm is directly observed, effort will be made by the observer to ensure the individual is safe and then urgent steps taken to report to the Local Authority, and the Police if a crime appears to have been committed. It is vital to listen carefully to what the person is saying, reassure them they will be involved in decisions about what will happen and get as clear a picture as possible but avoid asking too many questions at this stage. We must make sure that the individual is safe from harm or any further harm. This may mean contacting any/all of the emergency services.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can make a record.

- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person or others that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgemental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.

Careful consideration will need to be given regarding who else needs to know about the concern. The concern should not be discussed with the person alleged to have caused harm. Your first discussion will normally be with our SGO to analyse whether a referral should be made.

Making a Written Record

As soon as possible on the same day, the referrer of the safeguarding concern should make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

The written record will need to include:

- the date and time of the disclosure, or when you were told about or witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,
- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- Wherever possible and practicable seek the persons consent to raise the concern. Where the person raises objections and there are significant risks, or if other adults or children could be at risk, it may be necessary to override their expressed wish not to consent.
- include as much detail as possible,
- make sure the written record is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the record and that it is signed and dated,
- keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence.
- Information from another person should be clearly attributed to them.
- keep the record/s confidential, storing them in a safe & secure place until needed.

When a Crime is suspected

If a crime is suspected it is critical that the Police are informed.

Whistleblowing

Abuse can occur outside of the family and it is important that workers of THO are aware of this. No member of THO will:

- Fail to act upon and record allegations that an adult makes;
- Make any comments with sexual overtones, even in humour, or partake in any “horse play” with an adult;
- Allow a adult into their home;
- Engage in rough physical games;
- Engage in sexually provocative games;
- Allow or engage in inappropriate touching in any form;
- Allow adults to use inappropriate language unchallenged;
- Do things of a personal nature for a adult, that they can do themselves;
- Take photographs of an adult without their consent;
- Use their personal phone/camera/equipment to take/store images of at risk adults.

THO should be informed of all allegations that are made against a member of staff or volunteer. Allegations may be about poor practice rather than abuse. Advice can be sought from Delta Wellbeing.

THO would like to assure all parents/carers, staff and volunteers that it would fully support and protect anyone who, in good faith, reports his or her concerns that a member of staff or volunteer is or may be abusing a child or at risk adult. Staff and volunteers must take action quickly on their concerns so that problems do not escalate. This would include concerns that they have:

1. Behaved in a way that has harmed an adult, or may have harmed an adult;
2. Possibly committed a criminal offence against or related to an adult;
3. Behaved towards an adult or adults in a way that indicates he or she would pose a risk of harm if they work regularly or closely with adults

All allegations must be recorded and passed to our SGO.

Primary consideration will be given to supporting the adult and the person making the allegation.

Where there is a complaint of abuse against a member of staff there may be three types of investigation.

1. A criminal investigation
2. A child/at risk adult protection investigation
3. A disciplinary or misconduct investigation

There will be circumstances when these procedures may be used concurrently with other procedures such as Disciplinary and Complaints. In these circumstances the safeguarding process takes precedence over the others. Results of the police and social services investigation may well influence a disciplinary investigation, but not necessarily.

Every effort will be made to ensure confidentiality for everyone concerned.

If the Safeguarding Officer is the subject of the suspicion/allegation the report must be made to the Safeguarding Trustee. They are then responsible for taking the appropriate action.

Issues of misconduct will be dealt with by a panel appointed by the Board of Trustees. The Board has the right to suspend staff member/s during or following investigations. In instances of allegations of abuse THO will refer to the Carmarthenshire Safeguarding Policies and Procedures Manual.

Regular review of policies, procedures and actions

The THO Board of Trustees have a quarterly update from the SGO regarding safeguarding concerns and actions, and the Safeguarding Trustee must be promptly informed of:

- any allegations against staff or volunteers
- any formal referrals made to the Delta Wellbeing

THO's child, young person's and at risk adult's safeguarding policies and procedures are reviewed annually. Necessary changes that are identified in the interim period, as a result of amendment to legislation will be made as required.

Date updated	Updated by	Due for review
July 2021	PH & HC	July 2022
August 2022	HC	August 2023
August 2023	PH	August 2024
January 2024	PH	January 2025

Internal Safeguarding Concern Form

The HangOut Record of Safeguarding Concern			
Name of Reporter:	Position and Location:	Date of concern/disclosure:	Time of concern/disclosure:
Details of concern/disclosure:			
How was the concern/disclosure responded to?			
Persons/organisation the concern/disclosure was reported to?	Outcome:		

Where the person of concern was referred to THO by a social worker or other professional, they may be the most appropriate first point of contact