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**Gene People Safeguarding Adults Policy**

Date policy last reviewed and approved: Nov 2021

Next review due: Nov 2022

Review frequency: Annually

Approving body: Board of Trustees

Responsible staff member: CEO/Genetic Counsellor

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1. POLICY STATEMENT/INTRODUCTION

Gene People believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.   
  
Gene People is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.  
  
Gene People acknowledges that safeguarding is everybody’s responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved. This necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns. This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person’s own home and in any care setting.

Gene People recognises that there is a legal framework within which the organisation needs to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken by Gene People will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

2. PURPOSE

The purpose of this policy is to demonstrate the commitment of Gene People to safeguarding adults and to ensure that everyone involved in Gene People is aware of:

• The legislation, policy and procedures for safeguarding adults.

• Their role and responsibility for safeguarding adults.

• What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

3. SCOPE

This safeguarding adult policy and associated procedures apply to all individuals involved in Gene People including Board members, Staff and Volunteers and to all concerns about the safety of adults whilst taking part in our organisation, its activities and in the wider community.

4. COMMITMENTS

In order to implement this policy Gene People will ensure that:

• Everyone involved with Gene People is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.

• Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with Gene People’s Safeguarding Adults Policy and Procedures.

• The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to (see Safeguarding Adults Procedures).

• Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.

• Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with Gene People’s Data Protection Policy and Procedures.

• Gene People acts in accordance with best practice advice, for example, from The Charity Commission, Helplines Partnership and Ann Craft Trust.

• Gene People will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an adult.

• All Board members, staff and volunteers understand their role and responsibility for safeguarding adults and are up to date with learning opportunities appropriate for their role.

• Gene People uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals in the organisation.

• Gene People shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Services, Police, Local Authority/Social Services.

• When planning activities and events Gene People includes an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.

• Actions taken under this policy are reviewed by the Board and senior management team on an annual basis.

• This policy, related policies and the Safeguarding Adults Procedures are reviewed no less than on a two-yearly basis and whenever there are changes in relevant legislation and/or government guidance, or as a result of any other significant change or event.

5. IMPLEMENTATION

Gene People is committed to developing and maintaining its capability to implement this policy and procedures. In order to do so the following will be in place:

• A clear line of accountability within the organisation for the safety and welfare of all adults.

• Access to relevant legal and professional advice.

• Regular management reports to the Board detailing how risks to adult safeguarding are being addressed and how any reports have been addressed.

• Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice.

• A Safeguarding Lead.

• A designated Safeguarding Lead on the Board.

• A delegated Safeguarding Lead available for cover and any events.

• A process for forming a Case Management Group on a case-by-case basis within clear terms of reference.

• Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.

• Codes of conduct for Board members, Staff, Volunteers and other relevant individuals that specify zero tolerance of abuse in any form.

• Risk assessments that specifically include safeguarding of adults.

• Policies and procedures that address the following areas and which are consistent with this Safeguarding Adults policy.

 Safeguarding Children

 Bullying and harassment

 Social Media

 Equality, diversity and inclusion

 Safe activities risk assessments

 Code of Conducts and a process for breach of these – Board members, staff, Volunteers, Participants, Carers/Personal Assistants

 Discipline and grievance

 Concerns, Complaints and Compliments

 Whistleblowing

 Safe recruitment and selection (staff and volunteers)

 Contract compliance

 Information policy, data protection and information sharing

SUPPORTING INFORMATION

6. DEFINITIONS

**Adult at risk** (previously termed ‘vulnerable adult’)

For the purposes of this policy, an adult at risk is an adult who:

• is aged 18 years or more, and

• has needs for care and support (whether or not these are currently being met),

• is experiencing, or is at risk of, abuse or neglect, and

• as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Such a definition includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury.

Also included are people with a mental illness, dementia or other memory impairments, people who misuse substances or alcohol.

The definition includes unpaid carers (family and friends who provide personal assistance and care to adults on an unpaid basis). The definition may include victims of Domestic Abuse, hate crime, anti-social behaviour, self-neglect and mandatory reporting of Female Genital Mutilation.

The presence of a particular condition or disability does not automatically mean that an adult is an adult at risk. A person can have a disability but be perfectly able to look after their own well-being etc. Their circumstances as a whole should be considered, and all three elements of the definition must be met in order for them to be classed as an adult at risk.

Abuse

Abuse pertains to the violation of an individual’s human and civil rights by another person or persons. It may consist of a single or repeated act. It may be an act of neglect (abuse by omission), or it may occur when a vulnerable adult is persuaded to enter into a financial transaction or sexual act to which he/she has not consented or whose consent was deemed diminished due to a lack of understanding.

Abuse results in significant harm, or exploitation of, the vulnerable adult. It may be perpetrated by anyone who has power over the person whether as a carer, relative, paid member of staff, volunteer or spouse, or as a result of persistently poor care or a rigid and oppressive regime. When occurring in a family, this can be termed as

‘domestic abuse’, the most common being between spouses, or parents and children.

**The main forms of abuse include:**

* Self-neglect
* Physical Abuse
* Misuse of Medication
* Sexual Abuse
* Psychological/Emotional/Mental Abuse
* Financial or Material Abuse
* Female Genital Mutilation
* Modern Slavery
* Exploitation
* Discriminatory
* Domestic violence
* Neglect and Acts of Omission
* Discriminatory Abuse
* Institutional Abuse

Adult safeguarding

This refers to protecting an adult’s right to live in safety free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect while at the same time making sure that the adults wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

7. SIGNS AND INDICATORS OF ABUSE AND NEGLECT

An adult may confide to a member of staff, volunteer or Board member that they are experiencing abuse inside or outside of the organisation’s setting. Similarly, others may suspect that this is the case.

There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms can include but are not limited to:

• Unexplained bruises or injuries – or lack of medical attention when an injury is present.

• Person has belongings or money going missing.

• Person is having a lot of time off work.

• Someone losing or gaining weight / an unkempt appearance.

• A change in the behaviour or confidence of a person.

• Self-harm.

• A fear of a particular group of people or individual.

• A parent/carer always speaks for the person and doesn’t allow them to make their own choices

• They may tell you / another person they are being abused – i.e. a disclosure.

8. PRINCIPLES OF ADULT SAFEGUARDING

● **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

● **Prevention** – It is better to take action before harm occurs.

● **Proportionality** – The least intrusive response appropriate to the risk presented.

● **Protection** – Support and representation for those in greatest need.

● **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

● **Accountability** – Accountability and transparency in delivering safeguarding.

9. KEY POINTS

• There is a **legal duty on Local Authorities** to provide support to ‘adults at risk’.

• The safeguarding legislation applies **to all forms of abuse** that harm a person’s well-being.

• The law provides a framework for good practice in safeguarding that makes the overall **well-being** of the adult at risk a priority of any intervention.

• The law in all four home nations emphasises the importance of **person-centred safeguarding**, (referred to as ‘**Making Safeguarding** **Personal**’ in England).

• The law provides a framework for making decisions on behalf of adults who can’t make decisions for themselves (**Mental Capacity**).

• The law provides a framework for organisations to **share concerns** they have about adults at risk with the local authority.

• The law provides a framework for all organisations to **share information and cooperate** to protect adults at risk.

10. LEGISLATION

Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

• The Human Rights Act 1998

• The Data Protection Act 2018

• General Data Protection Regulations 2018

The practices and procedures within this policy are based on the relevant legislation and government guidance.

• England - The Care Act 2014

Care and Support Statutory Guidance (especially chapter 14) 2014

• Wales - Social Services and Well Being Act 2014

Wales Safeguarding Procedures 2019

• Scotland - Adult Support and Protection Act 2007

Adult Support and Protection (Scotland) Act 2007 Code of Practice 2014

• Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015

Many other pieces of UK and home nation legislation also affect adult safeguarding.

These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

• Murder/attempted murder

• Physical Assault

• Sexual Offences

• Domestic Abuse/Coercive control

• Forced Marriage

• Female Genital Mutilation

• Theft and Fraud

• Modern slavery and Human exploitation

• Hate crime

• Harassment

• Listing and Barring of those unsuitable to work with adults with care and support needs

Each home nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

• England and Wales - Mental Capacity Act 2005

• Scotland - Adults with Incapacity Act 2000

• Mental Capacity (Northern Ireland) 2016

• There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where mistreatment is carried out by a person who is employed as a carer: e.g. wilful neglect and wilful mistreatment.

11. PERSON CENTRED SAFEGUARDING /MAKING SAFEGUARDING PERSONAL

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety we need to understand ‘What matters’ to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.

The concept of ‘Person Centred Safeguarding’/’Making Safeguarding Personal’ means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Organisations work to support adults to achieve the outcomes they want for themselves. The adult’s views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

12. MENTAL CAPACITY AND DECISION MAKING

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions unless it has been proved that they can’t. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

 Understand information

 Remember it for long enough

 Think about the information

 Communicate our decision

A person’s ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called “lacking mental capacity”.

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person’s mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.

For example:

• A person with epilepsy may not be able to make a decision following a seizure.

• Someone who is anxious may not be able to make a decision at that point.

• A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Mental Capacity is important for safeguarding for several reasons.

Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won’t allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make ‘free and informed decisions’.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an ‘adult at risk’ has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Each home nation has legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same.

• We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.

• If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.

• If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.

• If the action we are taking to keep people safe will restrict them then we must think of the way to do that which restricts to their freedom and rights as little as possible.

Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst taking part in a sports organisation will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.

It is good practice to get as much information about the person as possible. Some people with care and support needs will have a ‘One page profile’ or a ‘This is me’ document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don’t like doing. It’s also important to have an agreement with the person who has enrolled the adult in the sports activity about how different types of decisions will be made on a day-to-day basis.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.

There may be times when a sporting organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

• Sharing information about safeguarding concerns with people that can help protect them.

• Stopping them being in contact with the person causing harm.

13. RECORDING AND INFORMATION SHARING

Gene People complies with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a ‘need to know’.

This does **NOT** automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

• Anyone who has a concern about harm can make a report to an appropriate person within the same organisation

• Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult’s consent include those where:

• it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.

• you believe they or someone else is at risk, including children.

• you believe the adult is being coerced or is under duress.

• it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.

• the adult does not have mental capacity to consent to information being shared about them.

• the person causing harm has care and support needs.

• the concerns are about an adult at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

14. Multi-Agency Working

Safeguarding adults’ legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of organisations.

Gene People may need to cooperate with the Local Authority and the Police including to:

• Provide more information about the concern you have raised.

• Provide a safe venue for the adult to meet with other professionals e.g. Police/Social Workers/Advocates.

• Attend safeguarding meetings.

• Coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the police or other agencies.

• Share information about the outcomes of internal investigations.

• Provide a safe environment for the adult to continue their sporting activity/ their role in the organisation.