

## Safeguarding Adults Policy

### 1. Purpose of the Policy

1.1. To enable Hourglass to establish its commitment and dedication to supporting older adults at risk. It also aims to provide guidance for volunteers and staff members as well as service users in order to prevent abuse and to be aware of what measures/steps to take in a situation where abuse could occur.

1.2 The policy covers all 4 nations, considering the legislative and policy differences in each country.

### 2. Definitions and Terminology

2.1 'Service user' refers to any person using Hourglass services, including our Helpline, Community Response and any other Projects, social media/online services, and any other services. Any communication with the service user may be in person, or via the phone, email, social media or other online contact.

2.2. The abuse of older people is defined by Hourglass as:

*“A single or repeated act or lack of appropriate action – occurring within any relationship where there is an expectation of trust – which causes harm or distress to an older person.”*

2.3. Abuse can take many forms and each individual case should be considered independently. Under The Care Act 2014, the following can constitute abuse and neglect:

- Physical
- Psychological
- Emotional
- Financial
- Sexual
- Neglect and Acts of Omission
- Discriminatory
- Organisational (was previously classified as institutional)

### 3. Related Policy Guidance and Procedures

- 3.1. The Care Act 2014 Guidance Final October 2014
- 3.2 The Adult Support and Protection (Scotland) Act 2007
- 3.3 The Social Services and Wellbeing (Wales) Act 2014
- 3.4 Adult Safeguarding: Prevention to Protection in Partnership Policy (2015)
- 3.5 Protecting Adults at Risk – Good Practice Resource, SCIE 2012
- 3.6 Domestic Abuse Act 2021

### 4. Recognising the Signs and Symptoms of Abuse

4.1. Abuse may be carried out both deliberately and unknowingly, it could be a single act or repeated, and can include:

<b>Form of Abuse</b>	<b>Examples</b>	<b>Possible Signs of Abuse</b>
<b>Physical Abuse</b>	<ul style="list-style-type: none"> <li>• Hitting</li> <li>• Slapping</li> <li>• Pushing</li> <li>• Kicking</li> <li>• Misuse of medication</li> <li>• Restraint</li> <li>• Inappropriate sanctions</li> </ul>	<ul style="list-style-type: none"> <li>• A history of unexplained falls or minor injuries</li> <li>• Slap, kick and finger marks, and bruising, particularly if the bruising is in well-protected areas, bilaterally on soft parts of the body or clustered, as if from repeated striking.</li> <li>• Burns in unusual places of an unusual nature.</li> <li>• Cuts/lacerations/injuries, especially to the head, face and/or scalp.</li> <li>• Injury shape similar to an object.</li> <li>• Fractures</li> <li>• Drowsiness due to a misuse of medication.</li> </ul>
<b>Sexual Abuse</b>	<ul style="list-style-type: none"> <li>• Rape</li> <li>• Sexual assault</li> <li>• Sexual acts to which the</li> </ul>	<ul style="list-style-type: none"> <li>• Emotional distress</li> <li>• Mood changes</li> <li>• Shame or guilt</li> <li>• Withdrawn</li> </ul>

	vulnerable person had/could not consent or was pressurised to consent	<ul style="list-style-type: none"> <li>• Change in usual behaviour</li> <li>• Body language</li> <li>• Inappropriate physical contact</li> <li>• Difficult walking</li> <li>• Genital bleeding</li> <li>• Discharge</li> <li>• Venereal diseases</li> </ul>
<b>Psychological Abuse</b>	<ul style="list-style-type: none"> <li>• Emotional abuse</li> <li>• Threats of harm or abandonment</li> <li>• Deprivation of contact</li> <li>• Humiliation</li> <li>• Blaming</li> <li>• Controlling</li> <li>• Intimidation</li> <li>• Coercion</li> <li>• Harassment</li> <li>• Verbal abuse</li> <li>• Isolation or withdrawal from services or supportive networks</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive fear</li> <li>• Untypical behaviour – mood swings</li> <li>• Aggression</li> <li>• Passivity</li> <li>• Withdrawal</li> <li>• Anxiety</li> <li>• Paranoia</li> <li>• Implausible stories</li> <li>• Depression</li> <li>• Change in appetite</li> <li>• Weight</li> <li>• Sleep Pattern</li> </ul>
<b>Financial Abuse</b>	<ul style="list-style-type: none"> <li>• Theft</li> <li>• Fraud</li> <li>• Exploitation</li> <li>• Pressure in connecting with wills, property or inheritance or financial transactions</li> <li>• Misuse or inappropriate use of property, possessions or benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Unexplained and/or inappropriate bank withdrawals.</li> <li>• ‘Disappearing’ pension/cheques/art/jewellery/silverware.</li> <li>• Inability to pay for necessities e.g. bills/rent/shopping/food.</li> <li>• Legal documents for creating/changing the Power of Attorney, Will etc</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>• Ignoring medical,</li> </ul>	<ul style="list-style-type: none"> <li>• See physical and psychological signs of abuse.</li> </ul>

	<p>hygiene or personal care</p> <ul style="list-style-type: none"> <li>• Failure to provide access to appropriate health, social care needs, education services</li> <li>• Withholding of necessities of like adequate heating, nutrition etc</li> </ul>	
<b>Discriminatory Abuse</b>	<ul style="list-style-type: none"> <li>• Racist</li> <li>• Sexist</li> <li>• Disability</li> <li>• Other forms of harassment</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of receptivity by person or carer/relative to any necessary assistance requiring expenditure, when finances are believed not to be an issue (do not confuse with natural thrift).</li> <li>• Extraordinary interest in family members and other people in the vulnerable person's assets.</li> </ul>
<b>Organisational Abuse</b>	<ul style="list-style-type: none"> <li>• Lack of respect for service users</li> <li>• Ignoring service users' comments and requests</li> <li>• Failure to consult</li> <li>• Failure to act on reasonable requests from service users</li> <li>• Lack of privacy</li> </ul>	<ul style="list-style-type: none"> <li>• Aggression</li> <li>• Withdrawal</li> <li>• Lack of motivation</li> <li>• Emotional distress</li> <li>• Isolation</li> <li>• Lack of confidence</li> </ul>

4.2. There are a number of factors that can lead to abuse. Some of these are: -

- Social isolation
- Poor quality long-term relationships
- Patterns of family violence
- Dependency
- Alcohol, drug and/or mental health problems
- Minority status

- Targeting and grooming

4.3. Some factors are specific to institutional settings, including: -

- Poor staffing levels and working conditions
- Lack of training, supervision and support
- No procedures or policies on abuse
- Poor communication

## 5. Responding to disclosures/suspicions of abuse

5.1. Hourglass acknowledges that it has a duty to respond to reports or suspicions of abuse or neglect. In all cases, the safety and care of the older adult must remain paramount. An assumption that the service user is aware that they are at risk should never be made. It is important to respond accordingly and explain what this means what, as an organisation will be done in response to the allegation/disclosure.

5.2. Under mental capacity legislation<sup>1</sup>, it must be assumed that people have capacity to make their own decisions and to be given practical help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf must be made in their best interests.

5.3. **Allegations/disclosures of abuse:** Volunteers/staff who may come into contact with service users who receive an allegation of abuse should:

- Reassure the person concerned that they have done the right thing in disclosing to you and allow them to speak without interruption
- Listen carefully to what the person is saying even if it sounds 'fanciful', do not dismiss, trivialise or exaggerate the issue
- Record what they have been told/witnessed as soon as soon as possible
- Not make suggestions, coach or lead to the person in any way (putting words in their mouth for example)
- Remain calm and do not show shock or disbelief
- Inform the individual that the information shared will be taken seriously
- Do not interrogate or ask either detailed or probing questions
- Ask the service user if they consent to Hourglass sharing information about them/what has happened with social services and/or the emergency services.
- Do not make any promises to the service user that you will be able to keep the disclosure a secret, and explain that you may have to pass on the information to a line manager and why.

5.4 **Suspicions of abuse:** If a volunteer/staff member suspects any abuse of an older adult, even if there is no firm evidence, they should try to gather as much

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<sup>1</sup> Mental Capacity Act (2005) (England & Wales); Adults with Incapacity (Scotland) Act 2000; Mental Capacity Act (Northern Ireland) 2016

information as possible from the service user to find out more. Volunteers/staff should then immediately inform their Coordinator/Manager, who will make a decision as to whether or not to make a safeguarding referral. If unavailable, they should contact the Director of Programmes or Director of Operations.

**5.5: Abuse in a care/nursing home:** If you recognise signs of abuse in a care/nursing home or a hospital:

- Discuss this with your local Coordinator/Manager who will then be able to decide if it is appropriate to report the abuse to the establishment manager.
- If there are any concerns about the establishment manager being involved, or if there is a risk of retribution on the resident/patient from the suspected abuser; do not report it to the establishment manager.

## **6. When to take action and how to do so: Helpline**

**6.1 Adult safeguarding referrals:** Hourglass may need to make an adult safeguarding referral (to the local adult safeguarding/protection team) when:

- the caller has called Hourglass to report a safeguarding need which they suspect or have witnessed themselves and is either unable or unwilling to report the matter to the relevant local authority themselves but wishes Hourglass to do so
- the caller is the victim of the abuse themselves and is unable or unwilling to make the report but wishes Hourglass to do so
- the caller has previously already reported a legitimate safeguarding need to the appropriate adult safeguarding department but has not received an appropriate response.

**6.2** If the Helpline Information Officer or another staff member believes that the service user is at risk of/experiencing harm, abuse or exploitation, and the **service user's consent for sharing information has been gained** to refer to adult safeguarding, he/she should:

- record details of the service user's consent to share information with the adult safeguarding team (we may still be able to make the referral without the service user's consent in certain circumstances). Consent will normally be recorded in writing (for example, by letter or email) but if a caller in crisis, a verbal agreement will be enough to allow you to pass on basic contact details
- gather and record as much relevant information from the caller as possible
- store this data on company drive at G:\Helpline\Safeguarding referrals
- tell the caller what you will use the information for and what you will do next
- contact the relevant adult safeguarding department, providing all relevant information from the service user. Some local authorities routinely require an email confirmation or to complete and return their own.

6.3 If the service user's **consent to make a referral has not been gained**, we cannot make the referral in most circumstances. However, we can make a referral if:

- the Helpline Information Officer suspects the caller (or someone else) is at risk of serious abuse – in these circumstances, the Helpline Information Officer should contact the emergency services immediately
- the caller appears unable to give informed consent (e.g. if they have dementia, learning disability or mental health problem) – such cases should be discussed with your line manager who will decide whether or not to make a referral to adult safeguarding.
- there appears to be a risk to others (e.g. abusive staff in a care home, hospital, etc) - such cases should be discussed with your line manager who will decide whether or not to make a referral to adult safeguarding
- a crime has occurred - such cases should be discussed with your line manager who will decide whether or not to make a referral to the police.

6.4 If a Helpline volunteer/staff member is unsure if a referral should/could be made, or feels unable to make the referral themselves, this should be raised with the line manager immediately. If the line manager is unavailable, the case should be raised with either the Director of Operations or Head of Support Services and Safeguarding.

6.5 **Referrals to the police:** Serious immediate threats to personal safety should always be reported to the police immediately. Discussion with a line manager first is not necessary.

6.6 Less time-critical/serious referrals may be reported to the local police force on 101. Where a referral needs to be made to another force in the UK, a full list of their geographic numbers may be found in the resource folder. As with 6.2 and 6.3 above, consent must be gained for Hourglass to make a referral on the caller's behalf. However, we may be able to make a referral without the caller's consent in certain circumstances.

6.7 **Referrals to other organisations:** If a referral needs to be made to another organisation, it is essential to get the caller's permission to give their details to the organisation. Before you make the referral to another organisation, it is essential to have confirmed that the service can help the caller.

## 7. When to take action and how to do so:

7.1 If a volunteer/staff member suspects or knows of any abuse of an older adult they should immediately inform their Coordinator/Manager. If unavailable, they should contact Director of Operations/Head of Support Services and Safeguarding. A written report using the **Safeguarding Older Adult Notification** must be completed within 24 hours of any concerns or disclosures being made/raised. It should remain factual throughout and it should not contain any personal opinions from either the staff member or volunteer.

7.2 Under no circumstance should volunteers look into the matter themselves; all concerns must be passed to the Hourglass Coordinator/Manager.

7.3 Once passed to the relevant Coordinator/Manager, he/she will then make a decision as to whether or not to act on the information provided. This may include making a referral to the local adult safeguarding team, the police and/or any other relevant agency. Contact details for relevant local Coordinators/Managers will be provided to all staff and volunteers.

7.4. The Coordinator/Manager will log this report; and then follow up with the individual staff member or volunteer on the outcome of the agreed actions.

7.5. If abuse has been witnessed or abuse has just taken place:

- Call an ambulance if the service user or any other person is in need of urgent medical care
- Call the police if the service user, or another person, is at risk of serious abuse
- Speak to the local Manager/Coordinator if a crime has occurred
- To inform the local Manager/Coordinator with a written record of what happened within 24 hours of the incident. If unavailable, the report should be sent to Hourglass' Director of Programmes or Director of Operations, and send a record of the details within 12-24 hours.

## **8. Safeguarding our service users, staff and volunteers**

8.1 In order to safeguard Hourglass service users, staff and volunteers, a number of safeguards have been put in place.

### ***Helpline/Community Response and Projects***

8.2 All staff and volunteers involved with the service will be subjected to an enhanced DBS/PVG check and 2 suitable references will be required and they must be known to individual for a minimum of 2 years. Volunteers will not be matched with a service user until these documents have been acquired.

- 8.3 All volunteers will be expected to wear identification badges during their first meeting with the service user.
- 8.4 If the volunteer wishes to call their local Coordinator during a visit if the perpetrator is nearby, they must use the following phrase: *'Check the blue file'* – this will be a code phrase, which lets the Coordinator know that they need help immediately. In this instance, the Hourglass staff member will ask a series of questions that require yes or no responses. The Hourglass staff member will then make a decision as to whether or not to dial 999 immediately, or to put in place another course of action.
- 8.5 All staff and volunteers will receive training on adult safeguarding and other relevant topics to ensure they know what to do and what is expected of them if a service user, or any other adult, is experiencing or at risk of abuse.
- 8.6 All volunteers will receive regular support sessions from their local Coordinator/Manager to enable them to discuss best practice and to identify any issues they have encountered during their time supporting a service user.
- 8.7 Volunteer Coordinators will receive supervision (6-8 weeks) from their local Manager to enable them to discuss best practice and identify any issues that may have arisen since the last supervision.

### ***Helpline***

- 8.8 All new staff and volunteers involved with the Helpline will be subjected to a basic DBS/PVG and 2 suitable references will be required and they must be known to individual for a minimum of 2 years. Volunteers will not be able to take calls until these documents have been acquired.
- 8.9 All staff and volunteers will receive training on adult safeguarding and other relevant topics to ensure they know what to do and what is expected of them if a service user, or any other adult, is experiencing or at risk of abuse.
- 8.10 All staff and volunteers will receive regular support sessions with their local Coordinator/Manager to enable them to discuss best practice, to identify any issues they have encountered, and discuss opportunities for further support or training.
- 8.11 Managers may occasionally record calls for quality assurance purposes and to ensure all staff and volunteers are adhering to all safeguarding requirements.

## **9. Allegations against Staff, Volunteers or Service users**

9.1. Hourglass will ensure that any allegations and cases of suspected abuse made against a member of staff or volunteer will be dealt with swiftly and professionally. Our primary concern is the safety of our service users.

9.2. In a situation where a member of staff or volunteer suspects any other member of staff or volunteer of abusing a service user, they will have a duty to raise such concerns with their line manager (unless the allegation is against their line manager and in this instance, it should be reported to a senior manager).

9.3. Where a member of staff or a volunteer is thought to have committed a criminal offence the police will be informed. If a crime has been witnessed the police should be contacted immediately.

9.4. If this situation arises, a new risk assessment will be required immediately to determine what level of risk service users may now be exposed to. This is the responsibility of either the local manager or a senior manager.

9.5. The allegation of abuse will be investigated internally as per Hourglass' policies and procedures. This may include suspension of roles/duties whilst the matter is fully investigated.

9.6. The volunteer/staff member raising the concern will be advised to:

- Contact their local Coordinator/Manager
- Keep records of all conversations, meetings, letters and phone calls relating to the allegation that has been made

## **10. Recording and Managing Confidential Information**

10.1. Hourglass will maintain confidentiality wherever possible and information around safeguarding issues should be shared only with those who need to know. The older person who is deemed at risk must be informed why and with whom the information collected will be shared. For further information on this, please refer to Hourglass' policy on Confidentiality.

10.2. All allegations or concerns should be recorded as **Safeguarding Older Adults Notification**. The information should be factual and not based on opinions, record what the person tells you and what has been witnessed if appropriate.

10.3. The information that is recorded will be kept secure and will comply with data protection. A copy of the report must be kept electronically within the service user's case file. A copy must be kept by the local Coordinator/Manager. An electronic copy should also be kept by the Director of Operations and access will be restricted to senior management only.

10.4. All organisations have a duty to report any Adult Safeguarding concerns to the local authority that it occurred in. Consent of the individual is important but not required (due to the public interest duties i.e. other people may be at risk of harm because of the situation). However, the local authority should always ask the person what they want to see happen as part of the conversation that is had at the time of disclosure.

10.5. Hourglass will also have an Information Sharing Agreement in place for certain projects.

## **11. Reviewing the Policy and Procedures**

11.1. A copy of the policy will be communicated to all staff and volunteers alike. It will be introduced to volunteers following their initial induction and safeguarding training.

11.2. The policy will initially be reviewed every 18 months in accordance with changing legislation. Any changes that made, will be communicated accordingly.

11.3. A copy of the Safeguarding Policy will be provided to volunteers for them to read and sign to confirm that they understand and agree with the terms of the policy.

**To be reviewed: April 2022**