



*St. Dymphna Befriending Group*

*(Nuncaton and District)*

*"Reaching out to provide care, comfort and friendship to help people achieve mental peace."*

Statement of practice.

Safeguarding Adults and Children.

## **Introduction.**

The protection of children and vulnerable adults is everyone's responsibility and it is something that the Church takes very seriously. To this end the Bishops of England and Wales have agreed policies which can be viewed in full at [www.csasprocedures.uk.net](http://www.csasprocedures.uk.net)

St. Dymphna's Befriending Group relates for safeguarding purposes to the Safeguarding Team of the Archdiocese of Birmingham. They can be contacted on 0121 230 6240 and will provide advice and support if issues arise. In an emergency the Police should be contacted

All volunteers working with children or vulnerable adults in the name of the Church must go through recruitment checks including a Criminal Records Bureau Disclosure. This process is organised locally through Parish Safeguarding Representatives and administered by the Safeguarding Team.

- This document sets out the ways in which the St. Dymphna Befriending Group supports and promotes the safeguarding / protection of Adults and children in practice and identifies the responsibilities for all its volunteers including the processes they need to consider and adhere to at a local and national level.

## **Purpose Safeguarding Adults.**

- In recent history, there have been several serious incidents nationally which have demonstrated the need for immediate action to ensure that adults, who are at risk of abuse, receive protection and support. The Government gives a high priority to the protection of vulnerable adults and children. The publication of 'No Secrets', aim was to ensure that local statutory agencies and other relevant agencies work collaboratively to ensure the protection and support for vulnerable adults. The Department of Health (DoH) "NO Secrets" (2000) states that:

*"All vulnerable adults are to be protected from abuse and supported in seeking treatment and redress in the event that they have been abused. Agencies and organisations will work cooperatively on the identification, investigation, treatment and prevention of abuse of vulnerable adults".*

Furthermore the DoH also requires, Agencies and Organisations to record, monitor and report incidences of abuse to appropriate authorities in accordance with the multi-agency strategy, local procedures and service agreements or contracts.

## **Purpose: Safeguarding Children**

The Children Acts 1989 & 2004 places specific duties on agencies to cooperate in the interest of vulnerable children and the fundamental principle is, the welfare of the child is paramount.

## **Definitions**

### **Child?**

Anyone who has not yet reached their 18th birthday.

### **What is child abuse?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger for example, via the internet. They may be abused by an adult or adults, or another child or children.

### **Adult**

An adult is any person who has attained their eighteenth birthday and thereafter.

### **Abuse of a vulnerable adult.**

Is 'a violation of an individual's human and civil rights by any other person or persons' and is often a crime.

### **Who is an Adult at risk?**

A vulnerable adult is a person who may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation by reason of mental or other disability, age or illness and may be in need of community care services. An adult at risk could also be someone who does not receive community care services but because they have been abused or are at risk of being abused, they could become vulnerable. (No Secrets: DoH, 2000)

### **Physical Abuse**

Physical abuse is when someone actually harms or hurts another person or causes them discomfort. May include shaking, pinching, slapping, force-feeding, biting, burning or scalding. It may also involve misuse of medication and restraint or when a person is deprived of their liberty. The Mental Capacity Act 2005 Deprivation of Liberty Safeguards in England came into force on 1st April 2009 and will protect people who can't make decisions about care and treatment, who need to be cared for in a restrictive way.

### **Indicators**

- History of unexplained falls or minor injuries
- Bruising on soft parts of the body Clustered as if from repeated
- striking in well protected areas – thigh, inside upper arm
- Finger marks
- Burns of an unusual kind or in unusual places

- Injuries, bruises, fractures at different stages of healing or where it is difficult to identify an accidental cause
- Injuries shaped like an object
- Injuries to head and face
- Reluctant to seek GP /services help or assistance
- Frequent attendance at hospital A and E Department
- Malnutrition or dehydration when not living alone
- Quiet and subdued when in presence of carers
- Making flinching movements when approached
- Ulcers, pressure sores and left in wet clothing
- Reluctance to undress or uncover parts of body
- Person asks not to be hurt or repeats what abuser has said e.g. “Shut up or I’ll hit you”.

### **Sexual Abuse**

Any form of sexual activity including rape, sexual assault and sexual contact that the adult does not want, to which they have not consented, could not consent, or were pressured into consenting to. This includes being encouraged or enticed to touch the abuser, or coercing the victim into watching or participating in pornographic videos, photographs, or Internet images. 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. a social worker, care worker, health worker etc. will be regarded as

### **Indicators**

- Withdrawal, choosing to be alone
- Explicit or untypical sexual language and behaviour
- Self-inflicted injuries
- Poor sleep pattern
- Self-neglect
- Torn, bloody, stained or missing under clothes
- Difficulty in sitting or walking
- ‘Love’ bites
- Bleeding, sore, torn rectal or genital area
- Presence of urinary tract infection, vaginal infections or sexually transmitted diseases that are not explained
- Women who do not have capacity to consent to sexual intercourse becoming pregnant.

### **Psychological / Emotional Abuse**

Psychological abuse is also referred to as emotional abuse. It includes the use of intimidation, rejection, threats, shouting, humiliation, coercion and controlling behaviour. This will include oppressive language, the denial of choice, deprivation of dignity, privacy or contact. It could include withdrawal from services or supportive networks, harassment, being threatened or intimidated or being made to fear for their wellbeing.

## **Indicators**

- Change in appetite / unusual weight loss or gain
- Inability to sleep
- Low self esteem
- Confusion, fearfulness or agitation
- Unexplained uneasiness particularly in presence of alleged perpetrator
- Person not allowed visitors or telephone calls
- Person locked in their room

## **Financial or Material Abuse**

Financial abuse is the inappropriate use, exploitation, or misappropriation of property, possessions or financial resources. This would include theft, deception, false accounting, fraud, exploitation or pressure in connection with wills, property, inheritance or financial transactions.

## **Indicators**

- Lack or inadequacy of basic requirements – food, clothes, shelter, hygiene
- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawals from accounts
- Large withdrawals from accounts
- Inconsistency between standard of living and income
- Unwillingness or reluctance to take up assistance which is needed
- Unusual interest by family and other people in the person's assets
- Recent changes in deeds/ ownership of property
- Power of Attorney obtained when person lacks capacity to make the decision

## **Neglect or Acts of Omission**

Neglect is the withholding either deliberately or unintentionally of help or support necessary to carry out daily living tasks. This would include ignoring medical and physical care needs or a failure to provide access to health, social or educational support. This could also include the withholding of medication, nutrition and heating. This could include keeping the person in isolation. Neglect could include a failure to intervene in situations that are dangerous to the person or to others especially in cases when the person lacks the mental capacity to assess risks.

Neglect is an insidious process and it is often hard to determine the point at which a person starts to become neglected. For this reason it is all the more important that any aspects of poor care and treatment are challenged at the earliest opportunity rather than allowing the person concerned to suffer harm through their continuation.

## **Indicators**

- Inadequate physical care both of the person and the environment
- Inattention to the person's basic needs – food, clothing and shelter
- Unmet medical needs, including failing to seek medical attention

- Frequently using emergency or out of hours services in preference to mainstream medical services
- Failure to provide essential social stimulation
- Repeated failure to prevent accidental injuries.
- Callers refused access to the person
- Person malnourished or dehydrated
- Grade 3 and 4 pressure sores

### **Discriminatory Abuse**

Discriminatory abuse is motivated by prejudice and oppressive attitudes towards race, gender, age, cultural background, religion, disability or sexual orientation. This may also be the motivating factor behind other types of abuse. Such instances may be a denial to follow one's religion, lack of appropriate food, denial of opportunity to develop relationships, denial of health care.

### **Indicators**

- Being treated unequally from other users in terms of the provision of care, treatment or services
- Being isolated
- Derogatory language and attitude by carers
- Dismissive language by staff

### **Institutional Abuse**

Institutional abuse is the "rigorous" implementation of a Care Provider's care regime, practices, policies and procedures or processes that may negatively impact on a person's rights to Independence, Respect, Dignity or Choice. Institutional abuse is the mistreatment of people brought about by poor or inadequate care or support or systematic poor practice that affects the whole care setting.

It occurs when the individual's wishes and need are sacrificed for the smooth running of a group, service or organisation.

It is more likely to occur where staff are inadequately trained, poorly supervised, not supported by management and have poor communication skills. The institution operates a 'closed' culture, for example a care setting where new ideas, visitors, care management or other professional involvement is discouraged. Institutional abuse can involve more than one abuser and there might also be a number of people experiencing the same abuse e.g. hate crime against particular groups or several family members mistreating a dependent other.

Where institutional abuse is taking place there will be a failure to respect or support a person or group's right to independence, dignity or choice, a lack of person centred care planning or a ritualised care routine. No flexibility in bed times or getting up or deliberately waking someone up and inappropriate confinement, restraint or restriction. There may be lack of personal clothing or possessions, stark living areas, deprived environment

or lack of stimulation, lack of choice in food or menus or menu planning. There may also be unnecessary staff or management involvement in personal finances, inappropriate use of nursing or medical procedures, e.g. using un-prescribed medication enemas or catheterization and inappropriate use of power or control.

### **Indicators**

- Treating adults like children
- Arbitrary decision making by staff group, service or organisation Strict, regimented or inflexible routines or schedules for daily activities such as meal times, bed / awakening times, bathing / washing, going to the toilet
- Lack of choice or options for such as food and drink, dress, possessions, daily activities and social activities
- Lack of privacy, dignity, choice or respect for people as individuals for example one commode used by many people and people left on commode/ toilet for long periods
- Unsafe or unhygienic environment
- Lack of provision for dress, diet or religious observance in accordance with an individual's belief or cultural background
- Withdrawing people from individually valued community or family contact
- Unwelcoming, stark surroundings, lack of stimulation
- Dirty clothing and bed linen
- Inappropriate use of nursing and medical procedures
- Lack of individualised care plans and failure to comply with care plans
- Ritualised or rigid care practices
- Inappropriate use of power, control, restriction or confinement
- Failure to access health care, dentistry services etc.
- Inappropriate use of medication
- Misuse of residents' finances
- Dangerous moving and handling practices
- Failure to record incidents or concerns

### **Self-Neglect in Adults**

Although self-neglect is not included in the “No Secrets” definition of abuse, in such cases this document will apply where there is deemed to be significant risk to life.

### **Domestic Violence**

The government paper ‘Safety and Justice 2004’ set out a new definition which was agreed by all government departments. This definition defines domestic violence as being: ‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.’

An adult is anyone over the age of 18. Family members are mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily.

This definition has been widened to ensure that issues of chief concern to black and minority ethnic communities, such as so called 'honour crimes' are properly reflected and recognised.

Domestic abuse knows no boundaries and can affect anyone regardless of race, ethnic or religious group, class, sexuality, disability, age or lifestyle. It is just as likely to be an issue in a same sex relationship as a heterosexual relationship. It is also recognised that women may abuse men, although we must remember this is still a minority of recorded incidents.

Forced marriages should be seen in the context of domestic abuse.

### **Forced Marriages**

A marriage must be entered into with the full and free consent of **both** people. Everyone involved should feel that they have a choice. However, in some cases, one or both people are '**forced**' into a marriage that their families want. An arranged marriage is not the same as a forced marriage. In an arranged marriage, the families take a leading role in choosing the marriage partner. The marriage is entered into freely by both people. A forced marriage is a marriage conducted without the valid consent of both people, where pressure or abuse is used. Individuals might be put under both physical pressure (when someone threatens to or actually does hurt you), or emotional pressure (for example, when someone makes you feel like you're bringing shame on your family) to get married. In some cases people may be taken abroad without knowing that they are to be married. When they arrive in the country their passports may be taken by their family to try and stop them from returning home. Forced marriage is an abuse of human rights, and a form of domestic violence and child/adult abuse.

### **Hate Crime**

The Home Office's definition of a hate crime is: -

- Any incident, which constitutes a criminal offence, which is perceived by the victim or any other person as being motivated by prejudice or hate.
- Hate Crime is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of their: -
  - race, colour, ethnic origin, nationality or national origins
  - religion
  - gender or gender identity
  - sexual orientation
  - disability
- Hate crime can take many forms including: -
  - physical attacks – such as physical assault, damage to property, offensive graffiti, neighbour disputes and arson, threat of attack – including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints verbal abuse or insults - offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace.

### **Capacity**

The ability of an individual to understand, retain and weigh in the balance

information relating to a specific decision at a specific time. Full definition is as detailed in the Mental Capacity Act 2005.

### **Significant Harm**

'ill treatment (including sexual abuse and forms of ill treatment that are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health: and the impairment of physical, intellectual, emotional, social or behavioural development.' Law Commission (1995)

### **Human Rights**

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include: -

- Article 2: 'The Right to life';
- Article 3: 'Freedom from torture' (including humiliating & degrading treatment); and
- Article 8: 'Right to family life' (one that sustains the individual).

### **Suspecting or receiving a disclosure of abuse**

The individual who suspects abuse/hears a disclosure or allegation will need to:

- Be aware of possible patterns of mistreatment. Repeated minor incidents are of as much concern as a single major incident.
  - Record their concerns and any information given to or witnessed by them.
  - Record what is said and what is observed, recording accurately and in detail the nature of allegations as well as their own actions/response, who was present and the times and dates. This needs to be carried out as soon as possible after the event.
  - Remember that it is not necessary or advisable to seek evidence or proof. This is for a formal safeguarding investigation to carry out.
- By supporting the vulnerable adult and carefully gathering any readily available information and recording it at this stage, they will lay the foundations for an effective formal investigation
- Understand the need not to contaminate (and indeed to preserve) evidence if a crime may have been committed
  - Understand that the Police must be contacted if a crime may have been committed.
  - Remember to have regard to their own safety and leave the situation if it is not safe.
  - Listen to the vulnerable adult, offer necessary support and reassurance.
  - Issues of confidentiality must be clarified early on. Volunteers must make it clear that they will at least have to discuss the information/concerns with the Archdiocese of Birmingham Safeguarding Team
  - Be sensitive to the cultural, religious and language needs of the vulnerable adult.
  - In situations of immediate danger take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)

All those making a complaint or allegation or expressing concern, whether they be staff, service users, carers or members of the general public, should be

reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk

### **Reporting a disclosure within the St. Dymphna Befriending Group**

- Volunteers must report all concerns and information to the Chairperson of the group as soon as possible. If the suspicions or disclosure directly implicate chairperson, they must be reported to the Archdiocese of Birmingham Safeguarding Team. If a crime has been committed it must be immediately reported to the police.

### **Decision making re making a referral to the Police or Social Care Services**

All abuse is serious but it is important to discriminate between different levels of abuse. The areas for consideration below are not definitive but they focus on different aspects of the abuse and help clarify the level of the abuse:

- The vulnerability of the vulnerable adult or child (the degree of vulnerability and its impact on the level of risk)
- The wishes of the vulnerable adult
- The mental capacity of the vulnerable adult
- The extent of the abusive act (suggesting that for each type of abuse a judgement is made as to how serious that particular abuse is/was for the individual)
- The pattern of abuse (is it a one-off situation or part of a long term pattern?)
- The impact of the abuse on the individual vulnerable adult or child (are they resilient/badly affected?)
- The impact of the abuse on others (Is anyone else affected? How far are they affected?)
- The illegality of the perpetrator's action(s) (Is this a criminal act?)
- The risk of the abuse being repeated against this victim
- The risk of the abuse being repeated against other vulnerable adults
- Where the alleged/suspected perpetrator is themselves a vulnerable adult, the impact of the abuse on the perpetrator and their vulnerability.

### **Referring to the Police or Social Care Services**

There are some circumstances that require immediate reporting (i.e. situations where a vulnerable adult or child is in immediate danger or when urgent action is required).

If there are any children believed to be living where the abuse is alleged to have taken place or with the suspected abuser, if known, a referral must be made to the relevant Children's Services Team as soon as this information comes to light. The Archdiocese of Birmingham Safeguarding Team should also be informed as soon as possible.

Consider issues of mental capacity and consent as follows:

The consent of the vulnerable adult to refer on must be obtained except where

- The vulnerable adult lacks the mental capacity to make a decision regarding informing others and a risk assessment indicates that referral would be in their best interests
- There are public interest considerations (others may be at risk)
- A crime has been committed

In the above circumstances you will have to refer your concerns on to the Archdiocese of Birmingham Safeguarding Team, the police (if a crime has been committed) and Social Care Services (Children's Social Care Services in the case of children) and inform the vulnerable adult that you are doing so and your reasons for doing so.

Information which will be required when you make a referral:

- Details of alleged victim (*name, address, telephone no, date of birth/age, gender, ethnic background (including principle language spoken), details of any disability (including any communication needs)*)
  - Whether the individual is aware of and has consented to the referral being made
  - The mental capacity of the individual (are there any concerns/doubts about this?)
  - Reasons for concerns and therefore this referral
  - Details of how these concerns came to light
  - Details of alleged abuse including information about suspicions, specific information
  - Details of the alleged perpetrator(s) if known and whether they too are a vulnerable adult
  - Details of any other background information or context of concerns
- The following information would also be of assistance:
    - Details of GP
    - Details of any other professional involved
    - Details of carers and any significant family members, neighbours, friends
    - Details of any arrangements which have already been made for the protection of the vulnerable adult/any immediate action taken
    - Details about the vulnerable adult's home/accommodation, including who else lives there

### **Safeguarding of Volunteers with the St. Dymphna Befriending Group.**

Whether people with mental illness are likely to commit violent acts in the community is an enduring central issue in mental health law and community support.

For the past 25 years it has been generally accepted that individuals who suffer from mental illness are no more likely than the general public to commit violent acts in the community. The absolute risk of violence among those with a mental illness is very small and only a small proportion of the violence in our society can be attributed to people who experience mental illness. (Mulvey, 1997)

However, in order to reduce the possible risk of violence or harassment of St. Dymphna Befriending Group Volunteers it has been agreed that;

- Volunteers will not give out their personal details (address, phone number, email address) to members.
- Volunteers will only visit group members at home in pairs (can be seen 1-1 in public places) (This will be reviewed and assessed as the group grows – to consider lone person visits if risk assessments implemented and a protocol developed to clarify “ringing in safe” following lone visits.)
- If a member behaves in a way that is intimidating or verbally aggressive, the volunteer/s will remove themselves from the situation as quickly as possible.
- If a member is physically aggressive to the volunteer/s, the volunteer/s will remove themselves from the situation as quickly as possible and contact the police. They shall also notify the Archdiocese safeguarding team and the St. Dymphna Befriending Group Chairperson as soon as possible.

### **In the event of a crisis situation occurring.**

If a member discloses suicidal ideation and plans or thoughts and plans of harming others the volunteer should;

- Encourage the member to talk to their GP / Community worker from traditional mental health services /Crisis Resolution and Home Treatment Team/ Mental Health Helpline.
- If the member refuses to do so, the volunteer should refer the member to specialist services by contact the Crisis Resolution Team and inform them of the situation and concerns surrounding risk. The volunteer should explain to the member that they will do this and the reasons why this course of action will be taken.
- If a member attempts to harm themselves while in the presence of the volunteer, the volunteer should immediately contact the police and request urgent assistance.
- If any of the above occurs, the volunteer should contact the chairperson as soon as possible to report the crisis who will ensure that appropriate actions have been taken and advise and further action required if necessary.

### **CRB Requirements.**

The St. Dymphna Befriending Group are likely to work with adults and children who are vulnerable due to the difficulties they experience with mental health / mental distress. It is therefore a requirement that all volunteers have a Criminal Records Bureau (CRB) check. Details of volunteers will be submitted to the Archdiocese safeguarding team for this to be carried out. Volunteers will not be able to have member contact until this process has been completed.

If through this process it is highlighted that someone is prohibited from working with vulnerable adults or children, then the individual will not be permitted to volunteer for the group any further.