

# Oughtrington Community Centre Adult Safeguarding Policy

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Company number 05626686

## 1. Document control and review history

Version	Date	Description	Editor
0.1	07/04/2024	Initial draft	AO
1.0	12/04/2024	Updated to released	AO

## 2. Terms and abbreviations

Term	Description
Facilities Manager	The volunteer with lead responsibilities for Buildings & site maintenance.
Lead Volunteer	The Lead Volunteer for a particular OCC activity. Typically this will be an OCC Trustee
OCC	Oughtrington Community Centre
“Users of the Centre”	All users of OCC, hirers, volunteers and visitors

### **3. Policy Statement**

Oughtrington Community Centre (OCC) has a duty of care to take the necessary steps to safeguard and take responsibility for any adults accessing our service. The charity will always act in the best interests of service users and ensure they take all reasonable steps to prevent any harm to them. OCC is committed to ensuring that all volunteers, trustees and service users are safeguarded while receiving services.

This Adult Safeguarding Policy for OCC is based on the principles that underpin the Care Act 2014 (section 9 of this document) - those of promoting wellbeing, and putting service users at the centre of all adult safeguarding by making it personal to each individual.

For the purpose of this policy, 'adult' means a person aged 18 years or over

### **4. AIMS**

The aims of this Policy are:

- 1) To ensure volunteers, trustees and partner organisations contracted by OCC are clear about their responsibilities in respect of adult safeguarding.
- 2) To provide volunteers and trustees with an overview of adult safeguarding
- 3) To provide a clear procedure that will be implemented where adult safeguarding issues arise.

### **5. THE ROLE OF OCC**

All Trustees and volunteers working on behalf of the organisation have a duty to promote the welfare and safety of adults. Volunteers and/or trustees may receive disclosures of abuse and observe adults who are at risk. This policy will enable people to make an informed and confident response to specific adult safeguarding issues.

### **6. ROLE OF DESIGNATED ADULT SAFEGUARDING LEAD**

The role of the designated lead is to deal with all instances involving adult protection that arise within the organisation. They will respond to all adult safeguarding concerns and enquiries. The designated Adult Safeguarding Lead for the organisation is the Facilities Manager.

### **7. WHAT IS SAFEGUARDING?**

The Care Act 2014 (Care and Support Statutory Guidance Chapter 14) defines safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect.' People and organisations should work together to:

- Prevent and stop both the risks and experience of abuse and neglect
- Ensure that the adult's wellbeing is promoted
- Have regard to the adult's beliefs, feelings, wishes and views in deciding any action.

- It must be recognised that adults sometimes have complex interpersonal relationships and may be unrealistic, ambivalent or unclear about their personal circumstances.

## **8. AIMS OF SAFEGUARDING**

The aims of Adult Safeguarding are to:

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

## **9. WHO DOES SAFEGUARDING APPLY TO?**

The Statutory Safeguarding adults at risk duties apply to any adult who:

- Has needs for care and support
- Is experiencing, or at risk of, abuse or neglect
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect
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Where young adults (aged 18 or over) are still receiving children's services and a safeguarding concern is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported until the age of 25. Close liaison with children and family service providers is critical to establishing who the best person is to lead or support young people through adult safeguarding processes.

## **10. PRINCIPLES OF THE CARE ACT 2014 AND CORRELATING "I" STATEMENTS**

All adult safeguarding work should reflect the following key Principles of the Care Act 2014. [Note: The Principles are not in order of priority; they are all of equal importance.]

**EMPOWERMENT** – People being supported and encouraged to make their own decisions and informed consent.

"I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens."

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

“I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.”

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

“I am confident that the responses to risk will take into account my preferred outcomes or best interests.”

**PROTECTION** – Support and representation for those in greatest need.

“I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.”

**PARTNERSHIP** – Local solutions through services working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.”

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

“I am clear about the roles and responsibilities of all those involved in the solution to the problem.”

## **11. MAKING SAFEGUARDING PERSONAL**


Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

## **12. 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 in all cases where carrying out any care and support function, or making a decision, or safeguarding. It applies equally to adults with care and support needs and their carers. “Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided 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.

### **13. TYPES OF ABUSE AND NEGLECT**

Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it. Incidents of abuse may be one-off or multiple, and affect one person or more. Volunteers and/or trustees should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems. In order to see these patterns, it is important that information is recorded and appropriately shared. Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect.

**PHYSICAL ABUSE** - Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate physical sanctions or force-feeding, inappropriate methods of restraint.

**SEXUAL ABUSE** - Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**SEXUAL EXPLOITATION** - Sexual exploitation involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women.

**PSYCHOLOGICAL ABUSE** - Psychological abuse includes 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** - Financial abuse includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**ORGANISATIONAL ABUSE** - Organisational abuse (previously known as Institutional abuse) includes, neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**NEGLECT AND ACTS OF OMISSION** - Neglect and acts of omission include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Self-neglect can also be considered within this category.

**DISCRIMINATORY ABUSE** - Discriminatory abuse includes forms of harassment, slurs or similar treatment because of race, faith or religion (or absence of), age, disability, gender, sexual orientation and political views. It also includes racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability. Excluding a person from activities on the basis that they are 'not liked' is also discriminatory abuse.

**DOMESTIC ABUSE** - The Home Office (March 2013) defines domestic abuse as: "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality."

**HONOUR- BASED VIOLENCE (HBV)** - HBV is a crime or incident which has or may have been committed to protect or defend what is perceived to be the 'honour' of the family or community. HBV is a violation of human rights and may be a form of domestic and/or sexual violence. It can be used to control behaviour within families or other social groups to protect perceived cultural or religious beliefs.

**FORCED MARRIAGE** - A forced marriage is a marriage in which one or both of the parties are married without their consent or against their will. It is recognised as a form of violence against women, men or children and is a serious abuse of human rights.

**FEMALE GENITAL MUTILATION (FGM)** - FGM involves procedures that intentionally alter or injure female genital organs for nonmedical reasons. The procedure has no health benefits for girls and women.

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

**HUMAN TRAFFICKING** - Trafficking is the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion. It can include abduction, fraud, deception, the abuse of power or of a position of trust or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

**HATE CRIME** - A hate crime is any incident or criminal offence that is motivated by hostility or prejudice based upon the victim's: Disability, Race, Religion or beliefs (or absence of),

Sexual orientation, Transgender identity. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents that do not constitute a criminal offence.

**MATE CRIME** - The Safety Net Project defines mate crime as the following: 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.'

## **14. CHILDREN**

It is essential that the needs of any children within an abusive or volatile situation where there is an adult safeguarding issue involved are considered and acted upon. Please contact the Lead for Safeguarding or Senior Manager and/or the local social services Safeguarding Children's team.

## **15. RESPONDING TO AN ALLEGATION**

The person responsible for dealing with allegations of abuse against an adult is the Lead Volunteer, else Facilities Manager or in their absence of the Chair of Trustees.

It is important that adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously. This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that an adult has been abused.

You might have reason to believe that an adult is subject to abuse. If an allegation of abuse is made by an adult or a third party:

- 1) Make a note of the time and date that the allegation was made, who made the allegation, and the nature of the allegation.
- 2) Record only the facts, preferably in the language/words used by the person making the allegation, and will not ask any questions which may seem to be 'leading'.
- 3) Report the allegation to the Lead Volunteer immediately - and the person making the allegation will be made aware that this will happen. The person making the allegation will also be made aware that whilst the Lead Volunteer will not automatically report the allegation to the authorities, this may be a possibility.

In the majority of cases OCC will offer to support the person making the allegation and make them aware of the options that are available to them i.e. contacting the local social services



or police. In some cases, the adviser may offer to help them make initial contact with these agencies.

If, however, there is a clear and immediate danger to an individual then confidentiality will be broken, and priority given to the safety of that individual.

Equally if a client or third party makes an allegation of abuse, and it becomes clear to OCC that no further action has been taken since the interview, then it may be that the organisation decides to take steps to report the allegation.

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies.

### **3 CONFIDENTIALITY**

Adult safeguarding raises issues of confidentiality which must be clearly understood by all.

- OCC Trustees and volunteers have a professional responsibility to share relevant information about the protection of adults with other professionals, particularly investigative agencies and adult social services.
- Clear boundaries of confidentiality will be communicated to all.
- All personal information regarding an adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.
- If an adult confides in a trustee or volunteer and requests that the information is kept secret, it is important that they are informed that they have OCC has a responsibility to refer cases of alleged abuse to the appropriate agencies.
- Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult is the priority.

- Where a disclosure has been made, OCC must let the adult know the position regarding their role and what action they will have to take as a result.

- OCC must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

This policy needs to be read in conjunction with other policies for the organisation including:

- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Safeguarding children and young people
- Whistleblowing

#### **4 THE ROLE OF KEY INDIVIDUAL AGENCIES**

##### **ADULT SOCIAL SERVICES**

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding adults. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

##### **THE POLICE**

The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

#### **5 TRAINING**

Appropriate training will be provided for OCC Trustees if requested.