



#### **PAMT Designated Safeguarding Officers**

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### **PAMT Safeguarding Policy**

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#### **TRUSTEE SAFEGUARDING LEAD**

**Name:** Joseph Jeffers

**Title:** Trustee responsible for Safeguarding **E-mail:** Sharon Gardner

**Tel:**

#### **1. Introduction**

Place At My Table is committed to safeguarding all adults (18+) supported by or taking part in our services. We acknowledge and uphold our duty to protect our service users from all forms of harm, abuse and neglect. We are committed to the empowerment of service users to know their rights and will protect their welfare.

PAMT believes that every person, regardless of age, has at all times and in all situations, a right to feel safe and protected from any situation or practice that may result in them being physically or psychologically harmed, abused or neglected.

PAMT recognises that an adult safeguarding issue can also involve children. In line with the Children's Act 1989 and 2004 and Children and Social Care Act 2017, PAMT will ensure that the safety and welfare of children and young people is paramount.

PAMT extends its duty to protect children, young people and adults, regardless of age, race, religion, nationality, language, culture, religious beliefs, social class, disability, gender and/or sexual identity have a right to protection from abuse.

PAMT uphold the Care Act 2014 key practice, Making Safeguarding Personal. This will ensure that the workforce are guided by choices made by the adult and our service users are included in any decision making.

## 2. Legal and procedural Framework

**Human Rights Act 1998**, everyone has the right to live free from abuse and neglect

<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

**The Care Act 2014 – and the Care and Support Statutory Guidance**

**London Multi-Agency Adult Safeguarding Policy and Procedures**

**Local Multi Agency Adult Safeguarding Procedures**

**The United Nations Convention on the Rights of the Child 1989**

**The Children's Act 1989 and 2004**

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**Every Child Matters 2003**

**Children and Social Care Act 2017 Local Child Protection Procedures Mental Capacity Act 2005**

## 3. What is Safeguarding Adults?

*'Safeguarding means 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 adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'*

*Care and Support Statutory Guidance, Department of Health, updated February 2017*

#### 4. What is abuse?

Forms of abuse include:

- Physical
- Sexual
- Emotional
- Psychological
- Neglect
- Self-neglect
- Financial
- Degrading treatment
- Unnecessary or disproportionate restraint
- Inappropriate limits on their freedom
- On line abuse/bullying
- Modern day slavery
- Organisational abuse

An adult may be unable to protect themselves from harm or exploitation due to many reasons, including their:

- Mental Health
- Physical Incapacity
- Sensory Loss
- Physical Disability
- Learning Disabilities

PAMT adheres to the following the six key principles that underpin safeguarding work (Care Act 2014 guidance)

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

PAMT will not tolerate the abuse of adults and staff and volunteers must ensure that their work reflects the principles above. Staff and volunteers must also ensure the adult is involved in their decisions and that informed consent is obtained.

PAMT must ensure that the safeguarding action agreed is the least intrusive response to the risk. When working with consortium/partner organisations, they should be involved in any safeguarding work in preventing, detecting and reporting abuse and neglect. PAMT should be transparent and accountable in delivering safeguarding actions.

## 5. Making Safeguarding Personal (MSP)

MSP means a case should be person-led and outcome focused. The individual should be involved in identifying how best to respond to their safeguarding situation by giving them more choice and control as well as improving quality of life, wellbeing and safety.

PAMT will ensure that adults are involved in their safeguarding arrangements and that each individual is dealt with on a case to case basis. As adults may have different preferences, histories and life styles, the same process may not work for all.

### Procedures

## 6. PAMT Designated Safeguarding Managers

The Designated Safeguarding Lead (DSL) is PAMT CEO PAMT Service Managers will act as Designated Safeguarding Managers (DSM). The role of the DSL is to act as the main point of contact for PAMT staff, volunteers, and Board of Trustees on matters of safeguarding. Other named managers can also act as Designated Safeguarding Managers (DSMs) who are authorised to respond to, act on and support staff and volunteers around child protection concerns and safeguarding issues

The DSL will also be the primary contact for relatives, children and outside organisations with safeguarding concerns. The DSL will be responsible for keeping up-to-date with legislation and developments in the field of safeguarding.

Safeguarding is everyone's business and **all staff; volunteers and Trustees** are responsible for responding appropriately to any issues they become aware of. The overall responsibility for safeguarding and responding to concerns lies with the Trustees of PAMT.

The DSL/DSMs will give advice if an enquiry concerns any matter relating to the adult that participate in or use PAMT services. There may be circumstances where the concerns are about poor practice rather than abuse (defined in appendix A); in these cases, it is still important to take advice as this may be just one of a series of other instances which, taken together, give cause for concern.

It is the responsibility of the DSL to ensure the implementation of this policy, reporting to the Board of Trustees, who will review the policy and update if necessary at least once every year. The Board of Trustees will nominate a member to have lead responsibility for safeguarding who will ensure that oversight of safeguarding matters is brought to the Board and who will also act as a first point of contact and consultation for the DSL.

## 7. Role of the DSL in relation to specific safeguarding/child protection concerns

- Consultative role for all staff, including de-briefing for staff following referral, as necessary.
- Ensuring written referral completed and any other written accounts collated, completed and sent to Safeguarding and Social Care within 48 hours of telephone referral being made.
- Referral and liaison role with Safeguarding and Social Care.

- Dissemination of policy and good practice to all staff.
- To follow procedures in cases where there are allegations made against a member of staff.

### **How to recognise abuse.**

There are several circumstances under which you might have concerns that a adult/child or young person has been or is being abused:

- **Disclosure from an adult** – An adult may tell you about abuse they have experienced either currently or historically.
- **Disclosure from a third party** – A parent, relative, carer, other worker or another child or young person may share their concerns with you.
- **Observation** – You may be concerned through observing one or more signs of abuse, including an injury for which there is no adequate explanation, or behavioural changes.
- **Colleague conduct** – There may be concern about the conduct of a colleague(s) when working with adults/children or young people.

**For a full list of indicators of abuse see Appendix A.** The presence of an indicator is not proof that abuse has occurred, and, conversely, the absence of such an indicator does not mean that abuse has not taken place.

## **8. Responding to Abuse**

**What to do if an allegation of abuse is made** You should respond in the following way:

Stay calm.

Listen/carefully take on board what is being said.

Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others on a need to know basis. Do not promise to keep secrets. The welfare of the client is paramount.

Allow the person/child to continue at their own pace.

Ask questions for clarification only, and at all times avoid PAMTng leading questions that suggest a particular answer.

Reassure the person that they have done the right thing in telling you.

Record in writing what was said using the persons own words and note the date, time, any names mentioned, to whom the information was given and ensure the record is signed and dated.

You should **not**:

- Promise to keep secrets.
- Ask in detail about the abuse – this is for Safeguarding and Social Care and/or the

Police to investigate.

- Try to eliminate other alternative explanations prior to referral, for example of a suspicious injury. This is a matter for Safeguarding and Social Care and/or the Police.
- Put pressure on the adult/child if they are reluctant to speak.

### **If you are worried about a service user/child's immediate safety**

- In an emergency situation dial 999.
- If the adult/child requires treatment for an injury, arrange for them to attend Accident and

Emergency as soon as possible. Safeguarding and Social care and the hospital's social care need to be informed. In the case of a child the duty consultant paediatrician must be informed. You must not transport the adult/child in your own car.

### **Reporting Allegations or Suspicions of Abuse**

- Members of staff and volunteers must report any allegations or suspicions of abuse or concerns about their clients' welfare to their line manager.
- Anyone raising/reporting a concern should complete a written report as soon as possible and no later than 24 hours after the event and submit this to their line manager.
- It is the line manager's responsibility to notify the DSM (unless they are the DSM) of the issue immediately.
- The DSM will discuss the situation fully and if it is felt that there is sufficient cause for concern will discuss with the person at risk.
- Their wishes and preferred outcome
- Whether the person has mental capacity to make an informed decision about their own and others' safety.
- Whether there is a person in a position of trust involved
- Whether a crime has been committed

The above will inform the decision of the DSL of whether to notify the concern to the Local Authority Safeguarding Team, Duty Officer if out of hours and/or the police.

The DSM should keep records of reasons for referring the concern or reasons for not referring and update Charity Log, using Risk tab and the Risk and Safeguarding Register.

Staff and volunteers should ensure that the adult is involved at all stages of their safeguarding enquiry ensuring a person-centred approach is adopted.

### **9. Allegations against members of staff.**

These procedures should be applied when there is an allegation or concern that a PAMT staff member or volunteer who works with adults/children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed an adult/child.
- Possibly committed a criminal offence against or related to an adult/ child.
- Behaved towards an adult/child or children in a way that indicates they are unsuitable to work them.

These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and an adult/children or young people.

If you receive an allegation about any adult, or about yourself:

**You should not:**

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality but give assurance that the information will only be shared on a 'need to know' basis.

**You should:**

- Inform the DSL and CEO. If the allegation concerns the DSL then the CEO should be informed. If the allegation concerns the CEO then the Chair shall be informed. If it concerns a trustee, then the CEO should be informed.
- Make a written record of the information using the PAMT Safeguarding Incident Report form (Appendix B) where possible in the child / adult's own words, including the time, date and place of incident/s, persons present and what was said.
- Sign and date the written record.
- The key point is that you must refer any suspicion or allegation of abuse by a member of staff to others. You must not investigate.

**Initial action by the PAMT DSL, CEO or nominated Trustee**

When informed of a concern or allegation, the designated senior manager should not investigate the matter or interview the member of staff, adult/child concerned or potential witnesses. They should:

- Obtain written details of the concern / allegation, signed and dated by the person receiving (not the child / adult making the allegation);
- Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses;
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

If the allegation meets the criteria detailed above regarding inappropriate behaviour by a staff member above, the DSL or Lead Trustee should report it to the Local Authority Safeguarding Team or in the case of a child the Local Authority Designated Officer (LADO) within one working day. If the LADO is not available, the relevant Duty and Assessment Team should be contacted and consulted. Referral must not be delayed in order to gather information. Failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

If an allegation requires immediate attention, but is received outside normal office hours, the DSL should consult the Local Authority Emergency Duty team or local police and in the case of a child, inform the Local Authority Designated Officer as soon as possible.

The Emergency Team/LADO and designated senior manager should consider first whether further details are needed and whether there is evidence or information that establishes that the allegation is false or unfounded. Care should be taken to ensure that the adult/child is not confused as to dates, times, locations or identity of the member of staff.

If the allegation is not demonstrably false and there is cause to suspect that an adult/ child is suffering or is likely to suffer significant harm, the Social Care Team/LADO will refer to Safeguarding and Social Care and ask them to convene an immediate strategy meeting / discussion.

The accused member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
- If suspended, be kept up to date about events in the workplace.

### **Confidentiality**

Every effort will be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the adult/child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information should be restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes.

### **Suspension**

Suspension is a neutral act and will not be automatic. It will be considered in any case where:

- There is cause to suspect an adult/child is at risk of significant harm; or
- The allegation warrants investigation by the police; or
- The allegation is so serious that it might be grounds for dismissal.

PAMT Chief Executive Officer and Trustees will work with Safeguarding and Social Care so that the possible risk of harm to adult/children will be evaluated and managed in respect of the adult/child/ren involved and any other adult/children in the accused member of staff's home, work or community life.

## **Support**

PAMT together with Safeguarding and Social Care/or the Police, where they are involved, will consider the impact on the persons concerned and provide support as appropriate. Liaison between the agencies will take place in order to ensure that the child's/service users' needs are addressed.

As soon as possible after an allegation has been received, the accused member of staff should be advised to contact their union (if a member). In order that appropriate support can be provided

PAMT Chief Executive Officer and Trustees will consult with Safeguarding and Social Care on any decision on whether a member of staff is to be suspended and if they have been suspended and are to return to work following investigation how this should be managed.

## **10. Recruitment and selection**

PAMT is committed to safe employment. Safe recruitment practices, such as Disclosure and Barring checks reduce the risk of exposing vulnerable adults to people unsuitable to work with them.

### **Training, awareness raising and supervision?**

PAMT ensures that all staff and volunteers receive basic awareness training on safeguarding adults as they may come across adults who may be at risk of abuse. Those adults may report things of concern to staff or volunteers who should be equipped with the basic knowledge around safeguarding adults and be confident to identify that abuse is taking place and action is required. All staff and volunteers should be clear about the core values of PAMT and commitment to safeguarding adults.

Managers will discuss training with staff who have attended training sessions to ensure they are embedding this in practice.

Voluntary organisations (including volunteers) who support adults can access the basic awareness safeguarding adults training provided by the Local authority. Free on-line training is also available.

Similarly, staff and volunteers may encounter concerns about the safety and wellbeing of children.

## **11. Prevent**

Radicalisation and extremism of adults with care and support needs is a form of emotional/psychological exploitation. Radicalisation can take place through direct personal contact, or indirectly through social media.

If staff are concerned that an adult with care and support needs is at risk of being radicalised and drawn into terrorism, they should treat it in the same way as any other safeguarding concern.

For more information about Prevent see:

<https://www.gov.uk/government/publications/prevent-duty-guidance>

## **Appendix A - Definitions and indicators of Abuse Physical Abuse**

### **Definition:**

A victim's body or bodily functions suffer from some level of pain; it also includes the administration of excessive, or too little medication, medication being withheld, access to medical care denied, being given access to drugs or drink.

### **Indicators:**

- A history of minor injuries or unexplained falls.
- Bruising - for example on the inside of the upper arms or the inside of the thighs. Or on

soft parts of the body, not over bony prominence. Clustered bruising which may occur from repeated striking.

- Finger marks.
- Burns of an unusual type.
- Injury shapes, similar to an object.
- Any bruising detected at the various stages of the healing process, making it difficult to ascertain the accidental causation.
- Malnutrition especially when not living alone.
- Being withdrawn, quiet in the presence of others.
- The presence of bed sores, ulcers and being left in wet garments.
- Increased requests for repeat prescriptions, or the under use of prescribed medication.
- A history of changing GP's, or a reluctance to seek help from a GP or other services.

**For children:** this includes hitting, squeezing, biting, twisting limbs- resulting in bruises, grazes, cuts, and broken bones; burning or scalding; shaking. Poisoning a child by giving them alcohol or drugs is also physical abuse. Girls and young women being subjected to Female Genital Mutilation.

### **Sexual Abuse/Child Sexual Exploitation Definition:**

Sexual harassment

- The involvement of a person in sexual activity against his/ her will and to which implicates consent has not been given, although some people are unable to indicate their consent.
- Any action which violates; sexual 'contacts' between close relatives is against the law.

- Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status.
- Children or young people may be tricked into believing they are in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

**Indicators:**

- Change in an individual's behaviour.
- Being withdrawn or wishing to spend considerable periods of time alone.
- Becoming isolated from family or friends.
- Overt sexual behaviour / language by the vulnerable person.
- Self-inflicted injuries.
- A disturbed sleeping pattern.
- Difficulty in sitting or walking.
- Stained, torn, blood stained underclothes.
- Love bites.
- Infection or bleeding from the rectal or vaginal areas.

**For children:** this includes any situation when someone engages a child in sexual activity to which a child is not able to give informed consent and is under the legal age of 16 years  
<http://www.fpa.org.uk/factsheets/law-on-sex>.

Other signs indicators of sexual abuse for a child:

- Exhibits sexually explicit behaviour.
- Has inappropriate sexual knowledge for his or her age.
- Attempts suicide or self-inflicted injuries.
- Repeatedly runs away from home.

**Psychological Abuse - includes online bullying/ trolling/ grooming/ radicalisation. Definition:**

- Violation of the human or civil rights of a person.
- Taking the blame for attacks, actions or events that are beyond his/her control.
- Intimidating a person, making them feel ashamed of his/ her involuntary behaviour.
- Making an individual's physical appearance, attainment or behaviour a target of ridicule.
- Intimidation by name calling, shouting, threats or the use of abusive language and actual or online public humiliation (trolling)
- Posting embarrassing or belittling messages or photos via online media.
- Making racist comments or harassment. To deprive a person of normal social contact and identity. To restrict or involuntarily withdraw a valued society. Religious harassment.
- The withdrawal from social institutions or the exposure to excessive or inappropriate stimuli.

### **Indicators:**

Change in an individual's behaviour.

- Being withdrawn or wishing to spend considerable periods of time alone.
- Loss of appetite, lack of self-care, loss of confidence.
- Increased or decreased use of online media- anxious phone checking.

For children: this includes bullying, rejecting, frightening, criticising or scapegoating a child. Also, extremes of possessive or overprotective behaviour may amount to emotional abuse. A child living with domestic violence is also suffering emotional harm.

### **Emotional abuse Definition:**

Any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth.

### **Indicators:**

- A child or an adult who:
- Is continually depressed and withdrawn.
- Runs away or is frightened to go home.
- Is persistently blamed for things that go wrong.
- Is made to carry out tasks inappropriate to their age.
- Is not allowed to do normal childhood activities.
- Displays excessive fear of their parents or carers.
- Is excessively clingy and tearful.

### **Neglect**

#### **Definition:**

Neglect can include failure to provide for the physical or emotional needs of the individual, or to provide adequate medical care.

**Physical neglect:** Failure to provide adequate food, shelter, clothing, protection, supervision and medical and dental care, or to place persons at undue risk through unsafe environments or practices.

**Passive neglect:** A failure to provide or wilful withholding of the necessities of life including food, clothing, shelter or medical care.

**Wilful deprivation:** Wilfully denying a person who, because of age, health or disability, requires medication or medical care, shelter, food, therapeutic devices or other physical assistance - thereby exposing that person to risk of physical, mental or emotional harm.

**Emotional neglect:** The failure to provide the nurturance or stimulation needed for the social, intellectual and emotional growth or wellbeing of an adult or child.

### Some indicators of neglect include:

- begging, stealing or hoarding food.
- poor hygiene, matted hair, dirty skin or body odour.
- unattended physical or medical problems.
- comments from a child/a cared for adult that no one is home to provide care.
- being constantly tired.
- frequent lateness or absence from school/or possible placements (such as day opportunities) if an adult.

### Financial/Material abuse

#### Definition:

Deprivation of money or other resources that are rightfully at an individual's disposal. This form of abuse may occur more commonly among adults who depend on others to manage their affairs.

#### Indicators:

- Family or carers may be unwilling to disclose financial circumstances if help is offered.
- Individuals may confide that they are "lending" money to people they know.
- Cash sums may be withdrawn from bank without clear explanation.
- The person may be ill dressed,
- Attends events with no money to spend,
- Lacks access to use of facilities such as washing machine, impacting on personal appearance, self-care and self-esteem;
- Does not know where their bank card or statements are, while seeming otherwise quite able.

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## Appendix B – Local Safeguarding Contacts Croydon

### Croydon

Within London Borough of Croydon Council, you can express concerns of abuse or neglect via the online form.

Or via email: All concerns go to [Referral.team2@croydon.gov.uk](mailto:Referral.team2@croydon.gov.uk)

Croydon Council's office hour's number is 020 8726 6500 between 8.30 and 5pm Monday to Friday.

Croydon Council's out of hours number is [020 8726 6500](tel:02087266500) and ask for the on duty social worker.

Urgent child protection matters needing immediate attention: Tel: [0208 255 2888](tel:02082552888)

Professionals' consultation line: Tel: [0208 726 6464](tel:02087266464)

Emergency social work service for urgent child protection matters that cannot wait until the next working day Tel: 0208 726 6400

On line referral form:

<https://my.croydon.gov.uk/MashReferrals?qWname=New&qServiceRef=ChildReferral>

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## PAMT

**Safeguarding Incident Report Form** This form is for:

- Notifying your line manager of any safeguarding issues
- To refer, if necessary, any safeguarding concerns to the relevant social care teams covering the area where the person lives

This form must be completed as soon as possible and reported to your line manager (at least within 24 hours)

**Name and position**

**Date concerns raised Persons name and address**

Nature of the incident/concerns	
Action taken	

Date Name \_\_\_\_\_

Signature \_\_\_\_\_

**Safeguarding Reporting Procedure**

Does this concern an allegation against a member of staff?

YES

Inform DSL/CEO

NO

You have concerns about a vulnerable person's welfare

On same day

Is the person in immediate danger/or in need of medical treatment?

YES

NO

Dial 999 and take measures to ensure that the vulnerable person is safe and evidence (if a crime) is preserved

Are there still concerns?

Is the person at risk of any form of abuse/radicalisation

Discuss concerns with Designated Safeguarding Managers (DSM)

Within 24 hours

Yes

No

Discuss with vulnerable person what outcome they would like (Person Centred) Complete Safeguarding Record Form

PAMT Designated Safeguarding Manager or Designated Safeguarding Lead ensures that all details are correctly recorded, and actions/decisions signed by appropriate person

Contact relevant Social Care Team, Children's Safeguarding Team

Implement the actions arising - including charity log Risk tab updated, Risk Safeguarding Register updated

Within 48 hours

Take no further action but ensure that best practice is being followed and concerns and outcomes logged

Follow up investigation process with relevant team if you have not heard within 5 working days