

# SAFEGUARDING POLICY

## INCORPORATING CHILD PROTECTION AND VULNERABLE ADULT PROTECTION THE PROTECTION OF CHILDREN

**SAFEGUARDING LEAD:** Alla Mykhailenko

info@streetlight.uk.com

**DEPUTY SAFEGUARDING LEAD:** Nikolle Hellis McIntyre

Hellis-mcintyre@streetlight.uk.com

**TRUSTEE SAFEGUARDING LEAD:** Jugbir Ware

battcy@hotmail.com

### 1. STATEMENT OF INTENT

- 1.1 StreetlightUK has a responsibility to protect and safeguard the welfare of children. The need for written guidelines is important in ensuring that this is done with understanding and clarity.
- 1.2 In its work with children StreetlightUK is committed to:
  - a) Listening, relating effectively to and valuing children whilst ensuring their protection within its activities
  - b) Encouraging and supporting parents/carers.
- 1.3 It is recognised that many children today are the victims of neglect and physical, sexual, and emotional abuse. The policy sets out agreed guidelines relating to the following areas:
  - Recognising and responding to abuse.
  - What to do if suspected abuse occurs.

### 2. PRACTICAL ISSUES

- 2.1 StreetlightUK recognises the need to build constructive links with childcare agencies. Accordingly, we liaise with Social Services, and they are familiar with our work.

### 3. RECOGNISING ABUSE

The following may be indications of child abuse, but they should not be taken in isolation.

#### 3.1 PHYSICAL SIGNS

- Any injuries not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which have not received medical attention.
- Bruises, bites, burns, fractures, etc., which do not have an accidental explanation.
- Cutting, slashing, drug abuse.

#### 3.2 INDICATORS OF POSSIBLE SEXUAL ABUSE

- Any allegation made by a child concerning sexual abuse.
- Child with excessive pre-occupation with sexual matters and detailed knowledge of adult sexual behaviour.

- Sexual activity through words, play or drawings.
- Child who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams, or nightmares, sometimes with overt or veiled sexual connotations.

### 3.3 EMOTIONAL SIGNS

- Changes or regression in mood and behaviour, particularly where a child withdraws or becomes clingy. Also, depression/aggression.
- Nervousness/frozen watchfulness.
- Sudden under-achievement or lack of concentration.
- Inappropriate relationships with peers and/or adults.
- Attention seeking behaviour.
- Persistent tiredness.
- Running away, stealing, lying.
- It is important that the above are not taken as indicating that abuse has taken place, but the possibility should be considered far more than in the past.

## 4. WHAT TO DO IF YOU SUSPECT ABUSE MAY HAVE OCCURRED

4.1 Staff must report any concerns as soon as possible to the Safeguarding Lead and Child Protection Co-ordinator hereafter:

Helena Croft (Safeguarding Lead) telephone number 07886115953, email [info@streetlight.uk.com](mailto:info@streetlight.uk.com)

**DEPUTY SAFEGUARDING LEAD:** Nikolle Hellis McIntyre  
07949 074800

[Hellis-mcintyren@streetlight.uk.com](mailto:Hellis-mcintyren@streetlight.uk.com)

**TRUSTEE SAFEGUARDING LEAD:** Jugbir Ware  
07828 479445

[battcy@hotmail.com](mailto:battcy@hotmail.com)

- In her absence, the matter should be brought to the attention of your Line Manager.
- In the event of both persons being absent the matter should be brought to the attention of the Executive Assistant to the CEO.

### 4.2 CONFIDENTIALITY

You should not discuss your suspicions with anyone other than those noted above, including anyone related to the child. You should not speak to the parent, as there is always the possibility that they could be involved. For example, a child may say that he/she has been abused by an older young person. The perpetrator could be a parent or close relative but naming another young person may be the only way this child could seek help. Only in the case of suspected neglect may you discuss the matter with the parents with the knowledge and support of the Co-ordinator.

### 4.3 ROLE OF THE CO-ORDINATOR

Once you have referred to the Co-ordinator, they will refer suspicions or allegations of neglect or abuse to a Social Services Child Protection Officer or the Police Child Protection Team.

The Co-ordinator does not have to refer every suspicion reported to them but will document all incidents and communicate action taken by them to the Trustees. Care must be taken by the Co-

ordinator to ensure that they neither under-react nor over-react. If they are in any doubt, they may seek advice from Social Services.

The Co-ordinator may share limited information and concerns on a need-to-know basis with Trustees, carefully respecting the need for confidentiality.

Under no circumstances will the Co-ordinator attempt to carry out any investigation into the allegations or suspicions of neglect or abuse, neither will they discuss the concerns with anyone else. The role of the Co-ordinator is to collect and clarify precise details of the allegation or suspicion and to provide this information to the statutory authorities, whose task it is to investigate the matter under Section 47 of the Children's Act 1989.

#### 4.4 MAKING A REFERRAL

Volunteers and Employees

If possible, after a disclosure has been made write down the following details and give to the Co-ordinator:

- a) Child's / adults Name
- b) Address
- c) Date of Birth
- d) Where parents/carers can be contacted
- e) Information about the circumstances or injuries which cause concern
- f) Any explanation or comment the child or their parents/carers may have made

#### 4.5 CO-ORDINATOR OR DELEGATED STAFF MEMBER

- Phone Social Services and ask for the duty social worker (key worker where known).
- State your own name clearly and reason for making contact (using details given by the volunteer)
- Make a record of the name of the person spoken to at the Social Services Department, plus the date and time.

#### 4.6 PHYSICAL INJURY OR NEGLECT

If a child/adult has a physical injury or symptom of neglect:

- The Coordinator (or Line Manager – if directed by the coordinator- if who may be known to the primary carer) will speak with the primary carer and suggest medical help/attention is sought for the child. The doctor will then initiate further action, if necessary. If appropriate the primary carer will be encouraged to seek help from the Social Services Department.
- If the primary carer is unwilling to seek help, then it may be appropriate for a Line Manager or volunteer to offer to go with them. If they still fail to act the Co-ordinator should in cases of real concern contact Social Services for advice.
- **Where emergency medical attention is necessary then this should, of course, be sought immediately by telephoning for an ambulance.** The hospital will automatically make a referral to Social Services if they feel there is a case of neglect or abuse.

#### 4.7 SEXUAL ABUSE

Whilst allegations or suspicions of sexual abuse will normally be reported to the Co-ordinator or CEO, the absence of either party should not delay referral to the Social Services Department. Exceptionally, should there be any disagreement between the person in receipt of the allegation, or suspicion, and the Line Manager or CEO as to the appropriateness of a referral to the Social Services Department, that person retains the responsibility as a member of the public to report serious matters to Social Services and should do so without hesitation.

## 4.8 SEEKING ADVICE

Where the Co-ordinator and/or Line Manager/CEO is unsure whether or not to refer a case to the Social Services, then advice from the Agency will be sought and followed. The Agency will confirm its advice in writing in case this is needed for reference purposes in the future.

## 5. HOW TO REACT WHEN A CHILD WANTS TO TALK ABOUT ABUSE

It is not easy to give precise guidance, but the following may be of help.

### 5.1 GENERAL POINTS

- Accept what the child says (however unlikely the story might sound).
- Keep calm.
- Look at the child directly.
- Be honest.
- Let them know you will need to tell someone else – don't promise confidentiality.
- Even when a child has broken a rule they are not to blame for any ensuing abuse.
- Be aware that the child may have been threatened.
- Never push for information.
- Do not suggest what might have happened.

### 5.2 WHO ABUSE CHILDREN

- Very rarely a stranger.
- Often someone who knows the child, e.g. parent, carer, babysitter, sibling, relative or friend of the family.
- Sometimes someone in authority such as a teacher, youth leader, children's worker or a church worker/leader.
- Sometimes paedophiles and others set out to join organisations (including churches) to obtain access to children.

### 5.3 HELPFUL THINGS TO SAY OR SHOW

- I believe you (or showing acceptance of what the child says).
- It is important that you have told.
- It's not your fault.
- I will help you.

### 5.4 AVOID SAYING

- Why didn't you tell anyone before?
- I can't believe it.
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises.
- Never make statements such as 'I am shocked, don't tell anyone else'.

### 5.5 CONCLUDING THE DISCUSSION

Again, reassure the child that they were right to tell you and that you believe them.

Let the child know what you are going to do next and let them know what happens.

The person to whom the child has made a disclosure may be involved in any further case conferences with Social Services so that the project is able to continue supporting the child.

## 5.6 WHAT TO DO ONCE A CHILD HAS TALKED TO YOU ABOUT ABUSE

Immediately refer to the Co-ordinator who must inform the Social Services of all disclosures. See Section 3.

Make notes as soon as possible (preferably within one hour of conversation), writing down exactly what the child said and when he/she said it and what was happening immediately beforehand (e.g. description of activity). Record dates and times of these events and when you have made the record, keep all hand-written notes even if subsequently typed up.

## 6. VOLUNTEERS' SELF-PROTECTION

Because of the concerns of child abuse and in particular child sexual abuse, it is important that all adults involved in working with children have guidelines for self-protection to avoid instances of false allegations against them. Although it is rare that someone is falsely accused, IT CAN HAPPEN. The following steps help to minimise this possibility: Be proactive – unless it is unavoidable no worker has to be on their own with individual children.

In the event of an injury to a child, accidental or otherwise, ensure that it is recorded and witnessed by another adult on the Incident Report Log.

Keep written records of any false allegations a child makes against yourself. Inform another team member if it becomes clear that a child appears to have a dislike for you.

Get another adult to witness the allegation if possible.

If a child touches a worker in an inappropriate place or manner, record what happened immediately and ensure that another worker is informed immediately.

## PRACTICAL ISSUES CONCERNING THE STREETLIGHTUK PROJECT

### 7. INVOLVEMENT WITH CHILDREN

StreetlightUK works with women involved in prostitution through offering regular practical and emotional support, whilst visiting Brothels and places of work for women in the sex industry. The importance of this Child Protection Policy is to support and protect young women involved in prostitution, to support and protect volunteers and to deal with issues that might arise from the children of older women working in prostitution.

#### 7.1 YOUNG PEOPLE UNDER THE AGE OF 18 WORKING IN PROSTITUTION

Child prostitution is any form of sexual exploitation of a child which involves payment or reward of some kind (i.e., money, drugs and alcohol, accommodation, food, etc). The Children's Act 1989 defines any person under the age of 18 as a child.

Some young people may not recognise that they are in an exploitative relationship, although this may be clear to those around them. Young people engaging in sexual activity in return for clothes, money, somewhere to stay or favours will not always see themselves as being involved in prostitution. They may have been groomed over a period and formed an emotional attachment to either an abuser or someone who is coercing them. They may be compliant and/or subject to manipulation by a coercer, or subject to threats of harm to themselves or others. All children involved in prostitution are being sexually exploited, even if they appear to be engaging in the activity voluntarily. Most children who are drawn into prostitution are vulnerable, and, due to their age, circumstances, and past experiences, are unable to give truly 'informed' consent to the activity.

Sexually exploited children face immense risks to their physical, emotional, and psychological health, and are viewed by the project as victims of abuse. Action will be taken based on both supporting the young person and protection and safeguarding and promoting their welfare.

If a volunteer meets a child who is working in prostitution and is under the age of 18 this must be reported immediately to the Co-ordinator.

While we recognise that issues relating to prostitution require an inter-agency approach and prostitution of children may involve children who are not known to the police or to social services, confidentiality will be protected as far as possible, and information shared on a need to know and need to protect basis.

If there are enough details about the child, then the Co-ordinator will contact social services. Sometimes it will not be possible to take the matter further because the child may refuse to disclose their name or age. If this is the case then the Co-ordinator will make a note of the information available and keep a record of any further dealings with this individual. If at any time the child makes further disclosures this will be reported to the Co-ordinator and subsequently to social services.

## **7.2 CHILDREN OF OLDER WOMEN WORKING IN PROSTITUTION**

Sometimes disclosures are made about the children of women working in prostitution. Where there is the suspicion or allegation of neglect and abuse towards the children of the working women, this must be reported immediately to the Co-ordinator.

### **EXAMPLE**

DBS policy own guidelines

As recipients of disclosure information, StreetlightUK will observe the guidance issued by the DBS.

When informing personnel and applicants about DBS disclosures

- The subject of a disclosure will be informed of the existence of this process and a copy will be made available to them on request.
- Application forms for volunteer positions at StreetlightUK will contain a statement that a disclosure will be requested in the event of a successful application.
- Application forms will state that a criminal record will not necessarily be a bar to obtaining volunteer position to reassure applicants that disclosure information will not be used unfairly.

When initiating a DBS check

- If fears are expressed by the person asked to complete a DBS disclosure form, feelings will be explored sensitively, explaining why DBS checks are undertaken.
- If concerns remain in spite of an explanation and reassurance, it may indicate that there is information the person does not wish to disclose. This will be gently explored.

The Child Protection Co-ordinator will follow the guidelines laid out in Item 3 above.

## **8. TEAM DYNAMICS**

### **8.1 WORKING TOGETHER**

It is essential that workers encourage and support each other.

Team Meetings will be held as often as if felt necessary. A written record will be kept concerning issues discussed/decisions made.

### **8.2 DISCIPLINING VOLUNTEERS**

Concern about the behaviour of anyone working with children should be referred to the CEO who should speak sensitively to the person concerned at the appropriate time. If the person is responsive, it need be taken no further, but the CEO should monitor the person sensitively in future events. In the same way, concerns about the CEO should be brought in a sensitive way. If the CEO is not responsive, then the issues should be brought to the attention of the Chairman of Trustees.

## **WHEN HANDLING DISCLOSURE INFORMATION**

- StreetlightUK will not pass disclosure information to persons not authorised to receive it. It is a criminal offence to pass this information to anyone not entitled to receive it.
- StreetlightUK will ensure that disclosures are available only to those who need access in the course of their duties. A record will be kept of all those to whom disclosures or disclosure information is revealed.
- StreetlightUK will securely store disclosures separate from the applicant's file in a Management Folder only accessible by those who have need of access.
- Disclosure information must only be used for the purpose for which it was requested and for which the applicant's full permission has been given.
- StreetlightUK will not retain the disclosures, or a record of them, for more than is required. In general, this will be no longer than 6 months.
- Once the retention period has lapsed, disclosure information must be suitably destroyed by secure means i.e. Shredding, pulping or burning. No copies may be made.

## **9. VULNERABLE ADULTS PROTECTION**

### **9.1 DEFINITION OF VULNERABLE:**

The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2000 defines vulnerable adult as a person aged 18 or over who is in need of community care services because of a e.g. learning or physical disability, a physical or mental illness, including an addiction to alcohol or drugs, a reduction in physical and mental capacity, and is unable to take care of themselves or to protect themselves against significant harm, abuse, neglect or exploitation.

### **9.2 DEFINITION OF ABUSE:**

e.g. "Abuse is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*).

The threat or use of punishment is also a form of abuse.

In many cases it is a criminal offence." *Centre for Policy on Ageing (1996)*

Types of Abuse e.g. Physical abuse, sexual abuse, spiritual abuse, psychological/emotional abuse, neglect, financial or material abuse, discriminatory abuse.

No abuse is acceptable, and some abuse is a criminal offence and must be reported to the police as soon as possible.

### **9.3 RESPONSIBILITIES OF THE PROJECT:**

- To ensure employees and volunteers are aware of the adult protection policy and are adequately trained.

- To notify the appropriate agencies if abuse is identified or suspected.
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability.
- To DBS check volunteers and employees that have access to or work with Vulnerable Adults.

#### 9.4 RESPONSIBILITIES OF EMPLOYEES AND VOLUNTEERS:

- To be familiar with the adult protection policy and procedures.
- To take appropriate action in line with the policies of the project.
- To declare any existing or subsequent criminal convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in terminating their involvement.

#### 9.5 SUPPORT FOR THOSE WHO REPORT ABUSE:

All those making a complaint or allegation or expressing concern, whether they be employees, volunteers or service users, 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.
- If a service user, will be given immediate protection if possible from the risk of reprisals or intimidation.
- If employees or volunteers they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

#### 9.6 THE VULNERABLE ADULT HAS THE RIGHT:

- To be made aware of this policy.
- To have alleged incidents recognised and taken seriously.
- To receive fair and respectful treatment throughout.
- To be involved in any process as appropriate.
- To receive information about the outcome.

#### 9.7 SAFER RECRUITMENT OF EMPLOYEES AND VOLUNTEERS:

A StreetlightUK Safer recruitment policy is in place, taking steps to ensure only individuals who are suitable to working with vulnerable people whilst keeping them safe from harm and risks are appointed. Recruitment procedures and policies include:

- Advertising for a post
- Providing pre application information for the post
- Completion of an application form
- References x 2
- All employees and volunteers have a duty to declare any existing or subsequent criminal convictions.
  - Full DBS check
  - Interview
  - Full and comprehensive Induction
  - Full Training
  - Probation period and regular supervision

#### 9.8 TRAINING OF EMPLOYEES AND VOLUNTEERS:

- Familiarisation with all policies and procedures during induction
- Further training, dependent on nature of role, e.g.
  - Risk assessment and management
  - Types of abuse and recognising signs of abuse

- Keeping appropriate records
- Listening skills

## 9.9 MANAGEMENT AND SUPERVISION

It is the Line Manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for employees and volunteers will monitor the work and offer the opportunity to raise any issues.

### 9.10 RECORD KEEPING:

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person and will be kept for as long as deemed necessary, in line with General Data Protection Regulation. (GDPR)
- All incidents should be discussed with Line Managers and Project Director.
- Records kept by employees about vulnerable adults should only include:
  - Contacts made
  - Referrals made, including date, time, reason and referral agency.

### 9.11 PLANNING:

Wherever possible employees and volunteers should avoid lone working with a vulnerable adult. But if unavoidable, one to one contact should ideally take place in an environment where other employees or volunteers are present or within sight. If this is not possible, one to one contact should take place where the employee or volunteer has experience working with vulnerable adults.

### 9.12 ACCESS TO AN INDEPENDENT PERSON:

Any vulnerable adult who comes into contact with employees or volunteers regularly, should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration process.

The independent person for the project is: **Dr Sharron Frood Ph.D.**

## 10. IDENTIFICATION OF ABUSE

### 10.1 PHYSICAL ABUSE SIGNS:

Note. Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different stages of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

## 10.2 SEXUAL ABUSE SIGNS:

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances- e.g. two service users found in a toilet area, one in a distressed state.

## 10.3 PSYCHOLOGICAL/EMOTIONAL SIGNS:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

## 10.4 NEGLECT SIGNS:

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

## 10.5 FINANCIAL OR MATERIAL SIGNS:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

## 10.6 DISCRIMINATORY SIGNS:

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice.

## 10.7 SPIRITUAL ABUSE:

Spiritual abuse is linked to emotional abuse, and could be defined as an abuse of power, often done in the name of God or religion, which involves manipulating or coercing someone into thinking, saying or doing things without respecting an individual's right to choose for themselves. Some indicators of spiritual abuse might be a leader who is intimidating and imposes his/her will on other people, perhaps threatening dire consequences or the wrath of God if disobeyed. He or she may say that God has revealed certain things to them and so they

know what is right. Those under their leadership are fearful to challenge or disagree, believing they will lose the leader's (or more seriously God's) acceptance and approval.

## 10.8 OTHER SIGNS OF ABUSE:

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care employees and service users.

## 11. WHAT TO DO

### 11.1 TO ACT OR NOT TO ACT:

All allegations or suspicions are to be treated seriously.

No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action, it is important to consider:

- **Risk** - does the vulnerable adult, employee or volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- **Self-determination** - is the vulnerable adult able to make their own decisions and choices, and do they wish to do so?
- **Seriousness** - A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:
  - The perception by the individual and their vulnerability
  - The extent of the abuse
  - The length of time it has been going on
  - The impact on the individual
  - The risk of repetition or escalation involving this or other vulnerable adults
  - Is a criminal offence being committed?

### 11.2 ACTIONS AND CONSIDERATIONS:

The first priority should always be to ensure the safety and protection of vulnerable adults. To this end it is the responsibility of all employees to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable adult and offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example, employees or volunteers must make it clear that they will have to discuss the concerns with their Line Manager.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.
- Decisions to override the vulnerable adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.
- Note your concerns and any information given to you or witnessed by you.

- Report concerns to the appropriate Line Manager.
- Remember it is not necessary or advisable for you to seek evidence. By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.
- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

Discussion and decision-making information should be shared with your Line Manager, who must approve with the StreetlightUK CEO any actions to be taken and any documentation or correspondence being sent out.

Employees with concerns should discuss them with the CEO as soon as is practicably possible, preferably on the same day.

If the Line Manager is not available, then any concerns should be discussed with the CEO.

Volunteers with concerns should discuss these discreetly with their Line Manager or CEO as soon as possible after the abuse or suspicions of abuse are observed.

### **11.3 CONCERNS ABOUT COLLEAGUES:**

These should be addressed initially with the Line Manager but if this is not possible or the concern is about the Line Manager or another volunteer or employee, then any concerns should be discussed with the Project Director.

### **11.4 TO REFER OR NOT TO REFER**

The decision to refer or not to refer should be made by the Line Manager and the CEO. When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, and National Care Standards Commission) the following should be taken into account:

- The wishes of the vulnerable adult and their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. NCSC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation.

### **11.5 ISSUE OF MENTAL CAPACITY AND CONSENT:**

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests.
- Others may be at risk.
- A crime has been committed.

## 11.6 WHO TO REFER TO OR REPORT CONCERNS TO:

- Emergency Social Services
- Relevant hospital Social Services team if vulnerable adult is in hospital.
- Community Mental Health Team where the vulnerable adult has an ongoing mental health need.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by an employee.
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime.

## 11.7 INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS:

- Details of alleged victim- name, address, age, gender, ethnic background including principal language spoken and details of any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there any concerns/doubts about this?)
- If appropriate advice agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

## 11.8 ALSO, ANY RELEVANT INFORMATION, FOR EXAMPLE:

- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Specific information relating to these concerns
- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult
- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends.

## 12. DOS AND DON'TS

### 12.1 EMPLOYEE OR VOLUNTEER SHOULD NOT:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

### 12.2 EMPLOYEE OR VOLUNTEER SHOULD:

- Stay calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to Line Manager who will report to Project Director.

- Immediately write a factual account of what you have seen.

### 12.3 **DISCUSS WITH THE SAFEGUARDING COORDINAOR WHO WILL:**

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency.