

BATTLE SCARS CIO SAFEGUARDING ADULTS POLICY AND PROCEDURE

Policy information	
Organisation	Battle Scars
Scope of policy	Applies to all services, activities, training and general running of the organisation.
Policy operational date (original)	06/02/18
Policy prepared by	Jenny Groves – CEO
Reviewed date Reviewed by	10/02/24 Jenny Groves – CEO
Amended	No
Date approved by Board	11/03/24
Policy review date	By 31/01/25 Every year. This policy will also be updated as we establish face-to-face services outside of Leeds so the appropriate contact details for Adult Social Care Services are added.
Distributing	This policy will be available on the Battle Scars website. It will be a requirement for all trustees and staff to read the policy after appointment or after its review. A summary of all relevant policies will be included in the volunteer handbook with clear signposting to the full text. Volunteers will be kept up to date with any changes that might affect their role.
Introduction	
Purpose of Policy	Battle Scars is committed to supporting the right of adults at risk to be protected from abuse and to making sure all staff and volunteers work together and act promptly when dealing with allegations or suspicions of abuse. We will manage our services in a way which promotes safety and prevents abuse.
We think that:	SAFEGUARDING IS EVERYBODY'S BUSINESS - Safeguarding is the responsibility of everyone. If we have concerns that someone is being abused our loyalty to the person at risk comes before anything else: our organisation, other service users, our colleagues and the person's friends and family. DOING NOTHING IS NOT AN OPTION - If we know or suspect that an adult at risk is being abused, we will do something about it and ensure our work is properly recorded.
Who is a adult at risk	An adult at risk is any person aged 18 years or over who is, or may be, unable to take care of themselves or who is unable to protect themselves against significant harm or exploitation. This may be because they have a mental health problem, a disability, a sensory impairment, is old and frail, is substance or alcohol dependent, or has some form of illness. We also recognise that people may also become at risk of abuse through circumstances arising from low self-esteem, social

	exclusion, a criminal record, homelessness, domestic violence, ethnicity, immigration status, gender or sexuality.
Rights of adults at risk	
Rights	The rights of adults at risk to live a life free from neglect, exploitation and abuse are protected by the Human Rights Act 1998. Specifically, an adult at risk's right to life is protected (under Article 2); their right to be protected from inhuman and degrading treatment (under Article 3); and their right to liberty and security (under Article 5).
Values and principles	<ul style="list-style-type: none"> • Respect and dignity will be accorded to all adult at risks as any other adult. • Confidentiality – all adult at risks will know that information about them is managed appropriately and there is a clear understanding of confidentiality and its limits among volunteers and staff. • Adult at risks will be treated equally having their background and culture valued and respected. • Adult at risks are entitled to privacy, with no unnecessary intrusion into their affairs. • Adult at risks are entitled to feeling safe and be able to live without fear of abuse, neglect or violence. There must be a balance between one's own safety and the safety of others. • Adult at risks will receive support in order to report any form of abuse. • Access to information and knowledge – all adult at risks will have access to information that they can understand to make an informed choice in order to fulfil their ability and potential. • Choice – all adult at risks will have the opportunity to select independently from a range of options based on clear and accurate information.
Definitions of abuse	
Physical abuse	<p>Types:</p> <ul style="list-style-type: none"> • Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing • Rough handling • Scalding and burning • Physical punishments • Inappropriate or unlawful use of restraint • Making someone purposefully uncomfortable (e.g. opening a window and removing blankets) • Involuntary isolation or confinement • Misuse of medication (e.g. over-sedation) • Forcible feeding or withholding food • Unauthorised restraint, restricting movement (e.g. tying someone to a chair) <p>Signs and indicators:</p> <ul style="list-style-type: none"> • No explanation for injuries or inconsistency with the account of what happened • Injuries are inconsistent with the person's lifestyle

	<ul style="list-style-type: none"> • Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps • Frequent injuries • Unexplained falls • Subdued or changed behaviour in the presence of a particular person • Signs of malnutrition • Failure to seek medical treatment or frequent changes of GP
<p>Domestic violence or abuse</p>	<p>Types:</p> <ul style="list-style-type: none"> • psychological • physical • sexual • financial • emotional <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Low self-esteem • Feeling that the abuse is their fault when it is not • Physical evidence of violence such as bruising, cuts, broken bones • Verbal abuse and humiliation in front of others • Fear of outside intervention • Damage to home or property • Isolation – not seeing friends and family • Limited access to money <p>Domestic violence and abuse includes 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. It also includes so called ‘honour’ -based violence, female genital mutilation and forced marriage (see section below).</p> <p>Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:</p> <ul style="list-style-type: none"> • acts of assault, threats, humiliation and intimidation • harming, punishing, or frightening the person • isolating the person from sources of support • exploitation of resources or money • preventing the person from escaping abuse • regulating everyday behaviour
<p>Sexual abuse</p>	<p>Types:</p> <ul style="list-style-type: none"> • Rape, attempted rape or sexual assault • Inappropriate touch anywhere • Non- consensual masturbation of either or both persons • Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth • Any sexual activity that the person lacks the capacity to consent to • Inappropriate looking, sexual teasing or innuendo or sexual harassment • Sexual photography or forced use of pornography or witnessing of sexual acts

	<ul style="list-style-type: none"> • Indecent exposure <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • Torn, stained or bloody underclothing • Bleeding, pain or itching in the genital area • Unusual difficulty in walking or sitting • Foreign bodies in genital or rectal openings • Infections, unexplained genital discharge, or sexually transmitted diseases • Pregnancy in a woman who is unable to consent to sexual intercourse • The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • Incontinence not related to any medical diagnosis • Self-harming • Poor concentration, withdrawal, sleep disturbance • Excessive fear/apprehension of, or withdrawal from, relationships • Fear of receiving help with personal care • Reluctance to be alone with a particular person
<p>Psychological or emotional abuse</p>	<p>Types:</p> <ul style="list-style-type: none"> • Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends • Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance • Preventing someone from meeting their religious and cultural needs • Preventing the expression of choice and opinion • Failure to respect privacy • Preventing stimulation, meaningful occupation or activities • Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse • Addressing a person in a patronising or infantilising way • Threats of harm or abandonment • Cyber bullying <p>Signs and indicators:</p> <ul style="list-style-type: none"> • An air of silence when a particular person is present • Withdrawal or change in the psychological state of the person • Insomnia • Low self-esteem • Uncooperative and aggressive behaviour • A change of appetite, weight loss/gain • Signs of distress: tearfulness, anger • Apparent false claims, by someone involved with the person, to attract unnecessary treatment
<p>Financial or material abuse</p>	<p>Types:</p> <ul style="list-style-type: none"> • Theft of money or possessions • Fraud, scamming

	<ul style="list-style-type: none"> • Preventing a person from accessing their own money, benefits or assets • Employees taking a loan from a person using the service • Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions • Arranging less care than is needed to save money to maximise inheritance • Denying assistance to manage/monitor financial affairs • Denying assistance to access benefits • Misuse of personal allowance in a care home • Misuse of benefits or direct payments in a family home • Someone moving into a person's home and living rent free without agreement or under duress • False representation, using another person's bank account, cards or documents • Exploitation of a person's money or assets, e.g. unauthorised use of a car • Misuse of a power of attorney, deputy, appointeeship or other legal authority • Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Missing personal possessions • Unexplained lack of money or inability to maintain lifestyle • Unexplained withdrawal of funds from accounts • Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so • The person allocated to manage financial affairs is evasive or uncooperative • The family or others show unusual interest in the assets of the person • Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA • Recent changes in deeds or title to property • Rent arrears and eviction notices • A lack of clear financial accounts held by a care home or service • Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person • Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • Unnecessary property repairs
Modern slavery	<p>Types:</p> <ul style="list-style-type: none"> • Human trafficking • Forced labour • Domestic servitude


	<ul style="list-style-type: none"> • Sexual exploitation, such as escort work, prostitution and pornography • Debt bondage – being forced to work to pay off debts that realistically they never will be able to <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Signs of physical or emotional abuse • Appearing to be malnourished, unkempt or withdrawn • Isolation from the community, seeming under the control or influence of others • Living in dirty, cramped or overcrowded accommodation and or living and working at the same address • Lack of personal effects or identification documents • Always wearing the same clothes • Avoidance of eye contact, appearing frightened or hesitant to talk to strangers • Fear of law enforcers
<p>Honour-based abuse</p>	<p>Types:</p> <ul style="list-style-type: none"> • Forced Marriage (FM) • Female Genital Mutilation (FGM) • Virginity Testing and Hymenoplasty • Spiritual and faith related abduction • Threats to life, murder, other acts of violence, • Coercive control • Stalking • Isolation • Harassment • Shaming and stigmatising • Kidnap • GBH and ABH • Revenge porn • Pressure for academic achievements with limited choices about type of academic studies and types of employment • Marry within a specific caste and faith • Slavery • Imprisonment • Disownment • Oppression • Familial control and expectations • Often combined with other psychological, emotional, physical, sexual and financial abuse <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Not being allowed friendships with the opposite sex or sex before marriage • Restrictions placed on sexual orientation • Freedom of movement limited to attendance to school/work and home • History of HBA i.e. older siblings experience a forced marriage • Restrictions placed on type of clothing worn and use of makeup • Fear of punishment • Being isolated due to language limitations

	<ul style="list-style-type: none"> • Fear of being seen and/or identified • Fear of being caught not adhering to expectations by members of the wider family and members of the community reporting back to parents/partner • Not being allowed to engage in age-appropriate activities outside the home i.e. school residentials, sleepovers with peers etc. • Missing from school due to unexpected holidays abroad for extended periods of time.
<p>Discriminatory abuse</p>	<p>Types:</p> <ul style="list-style-type: none"> • Unequal treatment based on age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as ‘protected characteristics’ under the Equality Act 2010) • Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • Harassment or deliberate exclusion on the grounds of a protected characteristic • Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic • Substandard service provision relating to a protected characteristic <p>Signs and indicators:</p> <ul style="list-style-type: none"> • The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • The support on offer does not take account of the person’s individual needs in terms of a protected characteristic
<p>Organisational or institutional abuse</p>	<p>Types:</p> <ul style="list-style-type: none"> • Discouraging visits or the involvement of relatives or friends • Run-down or overcrowded establishment • Authoritarian management or rigid regimes • Lack of leadership and supervision • Insufficient staff or high turnover resulting in poor quality care • Abusive and disrespectful attitudes towards people using the service • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication • Failure to provide care with dentures, spectacles or hearing aids • Not taking account of individuals’ cultural, religious or ethnic needs • Failure to respond to abuse appropriately

	<ul style="list-style-type: none"> • Interference with personal correspondence or communication • Failure to respond to complaints <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Lack of flexibility and choice for people using the service • Inadequate staffing levels • People being hungry or dehydrated • Poor standards of care • Lack of personal clothing and possessions and communal use of personal items • Lack of adequate procedures • Poor record-keeping and missing documents • Absence of visitors • Few social, recreational and educational activities • Public discussion of personal matters • Unnecessary exposure during bathing or using the toilet • Absence of individual care plans • Lack of management overview and support
<p>Neglect or acts of omission</p>	<p>Types:</p> <ul style="list-style-type: none"> • Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care • Providing care in a way that the person dislikes • Failure to administer medication as prescribed • Refusal of access to visitors • Not taking account of individuals' cultural, religious or ethnic needs • Not taking account of educational, social and recreational needs • Ignoring or isolating the person • Preventing the person from making their own decisions • Preventing access to glasses, hearing aids, dentures, etc. • Failure to ensure privacy and dignity <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Poor environment – dirty or unhygienic • Poor physical condition and/or personal hygiene • Pressure sores or ulcers • Malnutrition or unexplained weight loss • Untreated injuries and medical problems • Inconsistent or reluctant contact with medical and social care organisations • Accumulation of untaken medication • Uncharacteristic failure to engage in social interaction • Inappropriate or inadequate clothing <p><u>Self-neglect:</u></p> <p>Types:</p> <ul style="list-style-type: none"> • Lack of self-care to an extent that it threatens personal health and safety • Neglecting to care for one's personal hygiene, health or surroundings • Inability to avoid self-harm

	<ul style="list-style-type: none"> • Failure to seek help or access services to meet health and social care needs • Inability or unwillingness to manage one's personal affairs <p>Signs and indicators:</p> <ul style="list-style-type: none"> • Very poor personal hygiene • Unkempt appearance • Lack of essential food, clothing or shelter • Malnutrition and/or dehydration • Living in squalid or unsanitary conditions • Neglecting household maintenance • Hoarding • Collecting a large number of animals in inappropriate conditions • Non-compliance with health or care services • Inability or unwillingness to take medication or treat illness or injury
Our commitment	
Scope	<p>To support adult at risks who are experiencing, or at risk from, abuse, Battle Scars is committed to:</p> <ul style="list-style-type: none"> • identifying the abuse of adult at risks where it is occurring; • responding effectively to any circumstances giving grounds for concern, or where formal complaints or expressions of anxiety are expressed; • ensuring the active participation of individuals wherever possible and appropriate; • raising awareness of the extent of abuse on adult at risks and its impact on them; • promoting and supporting work designed to reduce abuse and the fear of abuse as experienced by adult at risks; • regularly monitoring and evaluating how our policies, procedures and practices for protecting adult at risks are working; • making sure our policies, procedures and practices stay up to date with good practice and the law in relation to safeguarding adult at risks.
Prevention & confidentiality	
Prevention	<p>All employees will be requested to read the Battle Scars policy. Volunteers will receive a summary of the policy and clear instructions on how to spot, react to and report any safeguarding issues.</p> <p>All employees and any volunteers with any form of direct contact with adult at risks will attend safeguarding training.</p>
Relevant policies	<p>DBS Recruitment and selection</p>
Confidentiality	<p>Battle Scars will work with adult at risks in a way that meets all the aspects of confidentiality in our different policies, but where abuse to a person at risk is alleged, suspected, reported or concerns are raised, the safeguarding adult at risks procedure (below) must be followed. The confidentiality of the person at risk will be respected wherever possible and their consent obtained to share information. The person at risk should be made aware that volunteers and employees cannot ignore</p>

	issues around abuse and that steps will be taken to deal with them in as sensitive a manner as possible. The welfare of the individual is paramount.
Safeguarding adult at risks procedure	
The procedure in detail	<p>If you think abuse has or may have occurred act immediately. It is the responsibility of the person first becoming aware of a situation where there may be a adult at risk subject to, or at risk of, abuse to:</p> <ul style="list-style-type: none"> • make safe. Deal with the immediate needs of the person. This may mean taking reasonable steps to ensure the adult is in no immediate danger, encouraging them to seek medical treatment or seeking medical treatment if required as a matter of urgency by calling an ambulance; • tell a member of the board of trustees, the CEO, a member of staff, the group facilitator or a senior volunteer within 24 hours; • if the person first becoming aware of the situation is not a volunteer, a member of staff, a trustee or the CEO it's the responsibility of the Battle Scars representative this has been reported to fill in the Safeguarding Incident form. If not already, the CEO or a trustee must be made aware of this incident within 24 hours; • identify if the alleged perpetrator is a adult at risk; • identify if other adult at risks are at risk; • contact the police if serious injury has been inflicted through abuse or if sexual abuse, physical abuse, theft or fraud is suspected AND the service user has expressed a wish for the police to be contacted OR the judgement of the person(s) involved is that the person is unable or incapable of making a decision for themselves OR the incident is such that other adults may be at risk of serious harm, theft or fraud and the judgement of the person(s) involved is that there is a public interest to be served by informing the police, even though the adult at risk does not wish for this to happen; • do NOT discuss the allegation of abuse with the alleged perpetrator; • do NOT disturb or destroy articles that could be used in evidence. Where an assault of some kind is suspected do not wash or bathe the person unless this is associated with first aid treatment necessary to prevent further harm; • check that the circumstances fall within the safeguarding adults procedures i.e. meeting the definition of abuse as defined in this Policy and Procedures; • address issues of consent and confidentiality.
Record	<ul style="list-style-type: none"> • Record what was said or the reason for concern as soon as possible after any disclosure; the person who receives the allegation or has the concern (if that person was a service user then it's the responsibility of the Battle Scars representative this was reported to) must complete a Safeguarding Incident form (see appendix) and ensure it is signed and dated. The contents of the Safeguarding Incident form should include:

	<ul style="list-style-type: none"> ○ name of person who receives the allegation; ○ date and time of notification; ○ adult at risk's name; ○ how the allegation was received; ○ what was said and / or observed; ○ the appearance and behaviour of the victim; ○ any injuries observed including description of size, nature (e.g. bruise, laceration) and location; ○ actions taken (both internal and external actions - based on the issues raised in the allegation). <p>The CEO or trustee dealing with this incident must complete the sections about actions taken on their part as well as responses from other services (e.g. social services). When the incident is closed this must be clearly stated.</p> <ul style="list-style-type: none"> ● Respect confidentiality. ● Ensure that all documentation is securely stored.
Named person(s) for safeguarding	<p>Name of Safeguarding Lead: Jenny Groves (CEO) Named trustee: Clare Schmidt Mobile Number: 07410 380747 (Battle Scars phone) Emergency Contact No: 07468 491578 (CEO)</p>
Who to notify	<ul style="list-style-type: none"> ● If no member of the board or trustees, or official representative of Battle Scars is present, please ring Battle Scars on 07410 380747 or contact Jenny Groves (CEO) on 07468 491578. ● If a crime has been committed, please contact the police on 101 (999 in an emergency). ● If medical help is required, call 999 for paramedics. ● Leeds: <ul style="list-style-type: none"> ○ Call Leeds Adult Social Care Customer Services on 0113 222 4401 (Monday to Friday 9am – 5pm, except Wednesdays open from 10am) and tell them you wish to make a Safeguarding Adults Alert. Call with <u>SignVideo live BSL interpretation</u> ○ If it is outside normal office hours and there is no imminent danger to the individual, contact the Leeds Emergency Duty Service on 0113 378 0644 and tell them you wish to formally raise a safeguarding concern. ○ Email: edt.ss@leeds.gov.uk ○ If there is any uncertainty, a trustee or the CEO dealing with the incident may contact the Leeds Adult Social Care Customer Services for advice on 0113 222 4401. These contact details only apply to adults residing in Leeds. ○ <u>Report neglect or abuse of an adult</u> ○ <u>More information on adult social care and support</u> <p>If the adult at risk resides outside the Leeds area, a referral to the appropriate Adult Social Care Services will be made.</p>
Signature of safeguarding lead	

	Jenny Groves 11/03/2024
Policy review	
Responsibility	It is the responsibility of the CEO to review this policy unless the task has been delegated to an appropriate volunteer or employee before the policy review date.
Procedure	All volunteers and employees can have input in this policy's review via their supervision.
Timing	The review must be completed within a month of the review date.

Battle Scars Safeguarding Incident

Part 1 to be completed by person receiving the allegation or raising the concern.

Part 2 to be completed by the CEO or trustee dealing with this incident.

PART 1	
Name of person who has received the allegation:	
Role / link to Battle Scars (e.g. volunteer, service user etc.):	
Date of notification:	Time of notification:
Young person's or adult at risk's details:	
Name:	Age (if adult please enter 18+):
How was this allegation received or how was the safeguarding concern raised (include location, setting, circumstances etc.):	
What was said and / or observed (include the appearance and behaviour of the victim, description of any injuries incl. location, size etc.):	
Action(s) taken (specify when):	
Signature of person filling in Part 1 of this form:	
Date:	

Appendix - Battle Scars Safeguarding Incident form (2018) Page 1

Battle Scars Safeguarding Incident

Part 1 to be completed by person receiving the allegation or raising the concern.

Part 2 to be completed by the CEO or trustee dealing with this incident.

PART 2	
Name of person who has received the completed form:	
Position in the organisation:	
Date report of allegation was received:	Time report of allegation was received:
Date completed form was received:	Time completed form was received:
Action(s) taken (include dates / times):	
<input type="checkbox"/> External referral made (e.g. Children's / Adult Social Care services) Date:	
Other comments including outcomes:	
Signature of person closing the incident:	
Date:	

Appendix – Safeguarding Incident form (2018) Page 2