



MS-UK safeguarding adults at risk policy

Aim

All adults have the right to be safe from harm and must be able to live free from fear of abuse.

MS-UK is committed to ensuring that adults at risk who use our services are not abused and that working practices minimise the risk of such abuse.

Definition

An adult at risk is defined as:

- A person aged 18 years or over
- Who is receiving or may need community care services because of learning, physical or mental disability, age or illness
- Who are or may be unable to take care of themselves, or unable to protect themselves against abuse
- It may also include victims of domestic abuse, hate crime and anti-social abuse behaviour

Abuse can include:

- **Physical:** including hitting, slapping, punching, burning, misuse of medication, restraint or inappropriate sanctions
- **Financial or material:** including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits
- **Sexual:** including rape, sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting, inappropriate touching, exposure to pornographic material
- **Psychological or emotional:** including belittling, name calling, threats of harm, intimidation, isolation
- **Discriminatory:** including race, sex, culture, religion, politics, that based on a person's disability and other forms of harassment, slurs or similar treatment, hate crime
- **Neglect and acts of omission:** including withholding the necessities of life such as medication, adequate nutrition and heating, warmth, ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services
- **Self-neglect:** 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, failure to seek help or access services to meet health and social care needs, inability or unwillingness to manage one's personal affairs





- **Domestic violence:** including physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern or coercive and controlling behaviour. This can also include forced marriage and so-called “honour crimes”. It may include a range of abusive behaviours, not all of which are in themselves inherently “violent”
- **Modern slavery:** including human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography, debt bondage being forced to work to pay off debts that realistically they will never be able to
- **Organisational or institutional abuse:** including run-down or overcrowded establishment, authoritarian management or rigid regimes, insufficient staff or high turnover resulting in poor quality, discouraging visits or the involvement of relatives and friends, inappropriate use of restraints, misuse of medication, not taking into account of individuals cultural, religious or ethnic needs, failure to respond to complaints and abuse appropriately, lack of respect for dignity and privacy, not offering choice or promoting independence
- **Multiple forms of abuse:** may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Abuse can take place in any setting, public or private, and may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts.

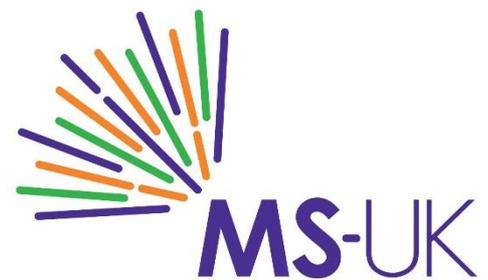
People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing the abuse.

Designated named person for safeguarding adults

MS-UK has an appointed individual who is responsible for dealing with any safeguarding adults concerns. The designated named person within MS-UK is:

Amy Woolf
Work telephone number: 01206 226505
Work mobile number: 07824 708897
Email address: amy@ms-uk.org





In the above person's absence the individual below will be the designated person:

Sarah Wright
Work telephone number: 01206 226511
Email address: sarah@ms-uk.org

Rights and responsibilities

Responsibilities of MS-UK are:

- To ensure staff, trustees, volunteers, sessional workers and anyone working on behalf of the charity are aware of what they should do if they have concerns that an adult at risk adult may be experiencing, or has experienced abuse or neglect
- To ensure that concerns are acted on, clearly recorded and referred to the appropriate agencies
- To follow up any referrals and ensure the issues have been addressed
- To ensure that staff, trustees, volunteers, sessional workers and anyone working on behalf of the charity working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision
- To use the Disclosure Barring Service (DBS) to check employees, trustees and volunteers that have access to or work with vulnerable adults and ensure these checks are renewed every three years

MS-UK will ensure that employees, trustees and volunteers:

- Are familiar with the safeguarding adults at risk policy
- Take appropriate action in line with this policy
- Declare any existing or subsequent convictions

Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they are employees, trustees, volunteers and/or service users, carers/families or members of the general public should be reassured that:

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



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The Adult at Risk 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

Responding to an allegation of abuse

MS-UK recognises that it has a duty to act on reports, or suspicions of abuse. It also acknowledges that taking action in cases of adult abuse is never easy.

How to respond if you receive an allegation:

- Make sure the individual is safe
- Listen to what they are saying
- Offer support and reassurance
- Assess whether the emergency services are required and if needed call them
- Ascertain and establish the basic facts
- Remain calm and do not show shock or disbelief
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Explain the procedure to the individual making the allegation
- Do not ignore the allegation
- Do not confront the alleged abuser
- Do not ask leading questions
- Do not promise to keep it a secret
- Do not be judgmental or voice your own opinion

If you witness abuse or abuse has just taken place the priorities will be:

- To inform the designated named person
- To call an ambulance if required
- To call the police if a crime has been committed
- To preserve evidence
- To keep yourself, staff, volunteers and service users safe
- To record what happened and file with the designated named person for safeguarding adults





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

The designated named person will contact and report the alleged abuse to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The allegation must be reported to the relevant local authority adult social services department within 24 hours.

The designated named person may decide to monitor active safeguarding concerns rather than reporting to the adult protection agencies. In this instance a new report form will need to be completed with each safeguarding concern during the period of monitoring and reported to the designated named person each time.

Confidentiality

An adult at risk protection raises issues of confidentiality which must be clearly understood by all:

- Staff, trustees, volunteers, sessional workers and anyone working on behalf of MS-UK have a professional responsibility to share relevant information about the protection of adults at risk with other professionals, particularly investigative agencies and adult social services
- Clear boundaries of confidentiality will be communicated to all, including not only information sharing with external organisations and people, but also within the staff team
- All personal information regarding an adult at risk will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guideline. Records will only record details required in the initial contact form
- If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the designated person, who will decide whether to refer to the appropriate agencies
- The adult must, however, be assured that the matter will be disclosed only to people who need to know about it
- Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the adult at risk is the priority
- Where disclosure has been made, the adult must be made aware of the position regarding their role and what action they will have to take as a result



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

MS-UK safeguarding adults at risk policy October 2016



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