



SAFEGUARDING POLICY

Purpose of the Policy

This policy provides guidance for FiSH Neighbourhood Care staff and volunteers when they suspect abuse or receive a disclosure from a service user, friend, relative, or carer. As an organisation that works with adults and predominantly older people and sometimes children, we recognise that we have a duty of care. It is everyone's responsibility to ensure adults at risk and children are protected from abuse, and we are committed to doing so; both through the education of our staff and volunteers, and by taking appropriate and timely action when a concern or incident arises. The ultimate responsibility for safeguarding lies with FiSH Trustees and they must be informed immediately if any issue arises. They are responsible for notifying the Charity Commission where necessary.

Summary of the Policy

Staff and volunteers at FiSH Neighbourhood Care will be working with adults at risk and sometimes children. Clients may disclose that they are not being treated well, or that they are being taken advantage of. **All disclosures or suspicions of abuse should be promptly discussed with the Director as the safeguarding lead for FiSH. If unavailable, contact the Befriending and Wellbeing Manager, or the Chair of trustees.**

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Richard Williams Chair of Trustees chair@fishhelp.org.uk

Confidentiality should not supersede the need to protect the individual at risk. Clients should be made aware that disclosures may be shared within FiSH Neighbourhood Care to ensure appropriate action is taken.

Scope of policy

This policy outlines FiSH Neighbourhood Care's safeguarding policies and procedures for:

- **Adults at Risk:** Individuals aged 18 or over who may require community care services due to disability, age, or illness and who are unable to protect themselves from harm or exploitation.
- **Children:** Individuals under the age of 18 attending our events and activities.

In cases where FiSH Neighbourhood Care staff or volunteers may be implicated or suspected, referral to the Director or a FiSH trustee is mandatory.

Definition of 'Adult at Risk'

The term 'adult at risk' or "adult at risk of harm" replaces "vulnerable adult" and as defined in the Care Act of 2014 refers to an adult aged 18 years or over who may require community care services due to physical or mental disabilities, age-related vulnerabilities or illnesses. This includes individuals unable to protect themselves against significant harm or exploitation.



SAFEGUARDING POLICY

An adult at risk includes, but is not limited to:

- Elderly individuals facing frailty or health issues.
- Persons with learning disabilities, physical impairments or sensory limitations.
- Individuals with mental health conditions, including dementia or personality disorders
- Those with long-term illness or substance misuse issues
- Unpaid carers experiencing abuse while providing care and assistance
- Individuals lacking capacity to make informed decisions and in need of support

Definition of 'Children at Risk'

The term "child" refers to any individual under the age of 18, in line with the Children Act of 1989. This includes any person under 18 who may require care, protection, or assistance, including those who may have additional needs such as disabilities or illnesses.

A child at risk is someone who, due to their age, illness, or disability, is unable to protect themselves from harm, exploitation, or neglect. This includes:

- Children with disabilities or developmental delays.
- Children with mental health or emotional conditions.
- Children who are neglected or exposed to abuse at home or in other settings.
- Children who may be at risk of exploitation, including sexual exploitation or trafficking.

Understanding Abuse

Abuse is a violation of an individual's human and civil rights, leading to significant harm. It can manifest in various forms, including physical, sexual, psychological, financial/material, neglect, discriminatory or institutional abuse. Recognising these forms is crucial for effective intervention and support.

Abuse can happen anywhere, including in the older individual's home, a family member's home, an assisted living facility, or a nursing home. The mistreatment of older adults can be by family members, strangers, health care providers, caregivers, or friends.

People who abuse children can be rich or poor, male or female, married or single. They can be parents, grandparents, family friends or even other young people. People who abuse a child come from all backgrounds, ethnicities, communities and walks of life. The person may abuse their children, children within their larger family, the children of friends and neighbours, or children they meet through their jobs or volunteer work.

Procedure for responding to suspected abuse or disclosure:

Immediate action

In cases of immediate risk to the adult or child at risk, emergency services should be contacted by dialling 999. Following this, a manager at FiSH must be informed. See earlier contact details.



SAFEGUARDING POLICY

Volunteers

Volunteers encountering suspected abuse or neglect must report their concerns promptly to the FiSH Director. If unavailable, contact the FiSH Befriending and Wellbeing Manager or the FiSH Chair of Trustees. If any member of staff is suspected, then this must be reported to the Chair of Trustees.

Staff

Staff observing or suspecting abuse or neglect must promptly report their concerns to the FiSH Director. If unavailable, consultation with the Chair of Trustees is required. If the Director is involved in any way, then the Chair must be informed first.

Following consultation, the staff member handling the case should:

Ensure the person understands the rationale behind a referral and its implications.

Assess the individual's capacity to make decisions regarding intervention

Respect the individual's wishes unless overriding factors necessitate intervention, such as public interest, duty of care, or lack of mental capacity.

If intervention is warranted and consent is obtained, FiSH should communicate the nature of the referral to the adult at risk. This should be done in line with FiSH's confidentiality policy.

In cases of refusal, but where abuse is suspected and capacity is lacking, Adult Social Services in the London Borough of Richmond upon Thames should be alerted promptly.

This can be done via an online form:

https://www.richmond.gov.uk/services/adult_social_care/safeguarding_adults/report_adult_abuse

Adult Social Services Access Team in London Borough of Richmond upon Thames contact details:

- **Telephone: 020 8891 7971**
- **Email: adultsocialservices@richmond.gov.uk**

Out of hours cover from 1700-0800 on weekdays and 24 hours at weekends and Bank Holidays:

Adult Social Services London Borough of Richmond Emergency contact details:

- **Telephone: 020 8744 2442**

If you have concerns about a child's welfare, Richmond and Kingston Single Point of Access (SPA) should be contacted.

This can be done online via:

https://www.richmond.gov.uk/make_a_referral_to_spa

Children's Social Services Single Point of Access (SPA) in the boroughs of Kingston and Richmond contact details:

- **Telephone: 020 8547 5008 (8am-5.15pm Monday to Thursday, and 8am- 5pm on Friday)**
- **Out-of-hours Telephone: 020 8770 5000**



SAFEGUARDING POLICY

Suspected crime

Police involvement is mandatory in cases where criminal activity is suspected, such as sexual abuse, physical harm, cruelty, financial abuse, or unusual circumstances suggesting organised or institutional abuse.

Regulated health and social care settings

If the adult or child at risk is allegedly abused in a regulated health or social care setting by a member of staff who is employed by a regulatory body, the Care Quality Commission (CQC) must be contacted.

Mental Capacity Act and consent

The Mental Capacity Act 2005 underpins the safeguarding process concerning individuals lacking capacity. A mental capacity assessment will be carried out by a social worker to ascertain if the person has the capacity to make decisions regarding the abuse allegation and consent to a safeguarding investigation. They may then appoint an Independent Mental Capacity Advocate (IMCA). If you suspect that someone is being deprived of their liberty in a care home or hospital the Deprivation of Liberty Safeguards provides a framework for protecting people who lack the mental capacity to make the decision as to whether they receive care and/or treatment in a care home.

Risk Reduction Measures

Safeguarding awareness is mandatory for all staff and key volunteers. Recruitment at FiSH is an important aspect of safeguarding because it ensures that our staff and volunteers who work with vulnerable groups have been thoroughly vetted and have undergone background checks to avoid any risk of harm. The FiSH safeguarding policy is available to volunteers via the FiSH website volunteers page and all volunteers undergo Disclosure and Barring Services checks. Our Disclosure and Barring Services Policy explains how and why we conduct enhanced DBS checks. Encouraging individuals to access information, advocacy schemes, and support services can empower them to protect themselves from abuse. Staff and carers should remain vigilant, acknowledge risk factors and seek support when necessary.

The Safeguarding Vulnerable Groups Act 2006 can be found here:

<https://www.legislation.gov.uk/ukpga/2006/47/contents>

Logging and monitoring

All safeguarding alerts will be logged in FiSH's Salesforce database in accordance with confidentiality policies. Investigations will be conducted as swiftly as possible, ideally within 2 weeks, and outcomes recorded as upheld or inconclusive. Anonymous reports will also be investigated.

Who might abuse an older person?

Research has suggested that perpetrators of elder abuse often include partners, family members, neighbours, acquaintances and caregivers. Professionals and individuals close to older adults may also be implicated in abuse situations.



SAFEGUARDING POLICY

Review: This policy will be reviewed regularly to ensure compliance with safeguarding legislation and best practices.

In any safeguarding concern, consultation with the Director at FiSH is paramount. If unavailable the Befriending and Wellbeing Manager or Chair of Trustees should be contacted promptly.

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