



# ***Safeguarding Policy***

## ***Adults at risk***

This policy will:

- 1) Give Emily Tully Music, a Safeguarding Statement
- 2) Define abuse, giving information about what abuse is and who might abuse
- 3) Show the clear commitment of the senior management to Safeguarding through commissioning and provision
- 4) Give everyone within the organisation an understanding of their responsibilities
- 5) State who to talk to about Safeguarding, and who has overall responsibility for Safeguarding
- 6) Provide a procedure for disclosure of abuse, both to EMILY TULLY MUSIC, the staff, volunteers or teachers, and non-EMILY TULLY MUSIC staff and volunteers
- 7) State arrangements for how EMILY TULLY MUSIC works with other organisations
- 8) Provide a glossary of definitions at the end of the document
- 9) Provide categories of abuse with definitions and possible indicators

### Safeguarding Statement

EMILY TULLY MUSIC believes Safeguarding is paramount. It is always unacceptable for any person to experience abuse of any kind. We value and respect every adult at risk and will endeavour always to listen to him or her and respond appropriately to safeguard them. We will provide staff and volunteers with guidance to follow when they suspect an adult at risk may be experiencing harm or be at risk of harm, or when someone makes a disclosure of abuse.

EMILY TULLY MUSIC strives to have a culture that enables issues about Safeguarding and the welfare of every person we work with to be discussed openly.

### Abuse

For the purpose of the Safeguarding Adults policy and procedures the term abuse is defined as: *a violation of an individual's human and civil rights by any other person or persons which may result in significant harm.*

Abuse may be:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts (e.g., an adult at risk may be neglected and financially abused). Abuse is about the misuse of the power and control that one person has over another.

Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place anywhere: a person's own home, day or residential centres, supported housing, educational establishments, nursing homes, clinics, hospitals and other places in the community.

A number of abusive acts are crimes and informing the police must be a key consideration.

Abuse can be viewed in terms of the following categories (although this is not an exhaustive list);



please refer to the definitions and possible indicators at the end of this document:

- physical
- sexual
- psychological/emotional
- financial and material
- neglect and acts of omission
- discriminatory
- institutional.

Many abusive behaviours constitute a criminal offence. All suspected abuse must be investigated.

Many situations may involve more than one type of abuse. Consider the definition of each category in turn, together with their indicators. Be aware the lists given below are only an indication abuse is happening and disclosure from an individual may also be offered.

The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be made.

### *Who might abuse?*

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult at risk. A wide range of people may harm adults. These include:

- A person in a position of trust (PIPOT)
- A member of staff, owner or manager at a residential or nursing home
- A professional worker such as a nurse, social worker or general practitioner (GP)
- A volunteer or member of a 'community group' such as a social club or place of worship
- Another service user
- A spouse, partner, relative or friend a carer
- A neighbour, member of the public or a stranger
- A person who deliberately targets adults at risk in order to exploit them.

### *Persons in a position of trust*

For the purposes of this policy a person in a position of trust (PIPOT) is someone who works with or cares for adults at risk in a paid or voluntary capacity and about whom allegations of adult abuse or neglect are made. This includes 'shared lives carers' (previously known as 'adult foster carers').

Adults at risk can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse, neglect or maltreatment of adults at risk by a PIPOT must be taken seriously and treated in accordance with consistent procedures. All adults at risk are entitled to the same level and standard of protection from harm, regardless of whether they are receiving statutory or other services or if they are receiving none.

The procedures apply whether the concern is current or historical.

## Commitment of Management



The management have a commitment to safeguarding through

- a) Commissioning – by making sure all staff and volunteers have a CRB/DBS check if necessary and
- b) provision – by making sure all staff and volunteers working with adults at risk have read this document, are aware of EMILY TULLY MUSIC' Safeguarding policy, know who to contact with concerns around Safeguarding and if someone makes a disclosure and they are clear about their responsibilities with regard to Safeguarding.

A risk assessment for each activity will be carried out by a designated person.

### Responsibilities

Recognising abuse is not easy and it is **not** the responsibility of Staff and Volunteers to decide whether abuse has taken place. It is, however, their responsibility to be alert and to act if they have a concern or if they believe an adult is at risk of abuse or neglect.

If it is suspected that a person is a victim of any form of abuse it is the Staff or volunteer's responsibility to report this to the designated senior manager with responsibility for Safeguarding whose contact details are available below.

### Who to talk to with concerns about Safeguarding

Emily Tully has responsibility for Safeguarding within Emily Tully Music- emilytully@hotmail.co.uk

In case of emergency contact: Emily Tully on 07840828792

**If you have concerns that an adult at risk may have been, is, or might be, abused you should raise an Alert.** An Alert can be raised by anyone including the person at risk, family, friends, professionals and other members of the public.

In an emergency phone 999. If you think there has been a crime, contact the police straight away. Call West Midlands Police on 0345 113 5000.

If it is not an emergency and you want to report adult abuse, please call the Adults & Communities Access Point (ACAP) on 0121 303 1234 and press option 1 on your keypad.

Outside normal office hours, on weekends and during Bank Holidays call the Emergency Duty Team T: 0121 675 4806 or the police and tell them you are worried about possible adult abuse.

If your enquiry is about someone who is in a 'Position of Trust' please phone 0121 303 6906. This is when someone abuses their position of authority or trust against another person.

For further information about Birmingham Safeguarding Adults Board (BSAB), fact sheets, posters and a guide for practitioners visit [www.bsab.org](http://www.bsab.org)

Emily Tully is responsible for monitoring Safeguarding, including maintaining this Safeguarding Procedure, maintaining a CRB/DBS register.



## How EMILY TULLY MUSIC works with other organisations

EMILY TULLY MUSIC is aware of the importance of sharing the responsibility of Safeguarding with those who we work with. When working with other organisations, we will ensure these organisations are provided with our Safeguarding policies.

### Procedure for Making a Disclosure

The Disclosure Form can be found at this link:

[Add link](#)

Or request a paper copy from Emily Tully .

Send a copy to Emily Tully. If your complaint is against one of these staff members, then do not include them in the e-mail and contact one of the services above.

## **What to do if an individual discloses a Safeguarding adult issue**

### DO:

- Make sure that they are safe and summon emergency assistance if necessary, including where you suspect a criminal offence has been committed e.g., dial 999.
- Stay calm and do not show shock or disbelief.
- Listen carefully to what they are telling you, do not interrupt someone who is freely recalling an event and record this information verbatim where possible (i.e., record the actual words the person uses).
- If a question needs to be asked this should be an open question which is limited to establishing their safety and taking an initial account. For example:
  - o What has happened?
  - o When did it happen?
  - o Where did it happen?
- As soon as possible after the conversation make a formal recording in writing of what was said by each party during the conversation.
- Be sympathetic and supportive.
- Be aware that medical evidence might be needed.
- Say to the person that:
  - o It was right for them to tell you
  - o You are treating what they have said seriously
  - o You are going to tell your manager
  - o You or the agency/service will support them
- Tell the person that you or someone else in the agency will let them know what will happen next.
- Report what you have been told to Laura Yates (EMILY TULLY MUSIC's coordinator with responsibility for Safeguarding) straight away (out of office hours, you should contact the Emergency Duty Team – for contact details, accessing the alert form and other useful information please see the BSAB website: [www.bsab.org](http://www.bsab.org))

### DO NOT:

- Ask the person for more details. This will be done later.
- Stop someone who is freely recalling significant events because they might not tell you again.
- Ask closed or leading questions that could be interpreted as putting words or suggestions to the adult at risk or any vulnerable witnesses, e.g., Were you touched in a way you didn't like?
- Promise to keep secrets. You cannot keep this kind of information confidential.
- Make promises you cannot keep (e.g., do not say "This will never happen to you again").
- Contact the person alleged to have caused harm.
- Be judgmental (e.g., do not ask "Why didn't you run away?").
- Repeat what you have been told to anyone who does not need to know



## Securing and Preserving Evidence

### DO:

Contact the police as soon as possible where a criminal act is suspected and there is possible forensic evidence.

To enable an effective investigation into any allegation it is crucial that key evidence is preserved. Appropriate action will ensure that important forensic evidence is available and not disturbed or destroyed.

To this end:

- Leave things as they are – do not attempt to clear up unless a police officer state it is appropriate to do so.
- Leave any weapons where they are. Only handle them if it is necessary to prevent an offender from gaining access to them or to ensure they are not lost. If a witness attempts to hand you a weapon or other piece of evidence, which may need forensic examination, avoid handling it if at all possible.
- Preserve any clothing, footwear or other evidence such as footprints, by leaving in situ pending the arrival of police. Any clothing worn by an adult at risk or a person alleged to have caused harm will, if required for evidence, be taken from them by a police officer.
- Be conscious of and avoid physical contact with the adult at risk - wear disposable gloves if available and appropriate.
- Note any apparent injuries, and record details, describing the approximate colour, size, depth and shape of the injury, including marks or injuries indicating the use of weapons, marks resembling imprints, burns or bite marks only if these are apparent without touching the adult at risk.
- Secure the site/room – the 'scene of crime'- pending the arrival of police and do not let anyone enter unless it is absolutely necessary e.g., to save life.
- Make sure the person alleged to have caused harm and adult at risk do not come into contact with each other. Always tell police what has been touched and who touched it. This will allow forensic officers to quickly eliminate fingerprints or DNA if it belongs to you or another witness. Not only will this help the enquiry it will also allow the police to fulfil their legal obligations to the Court under disclosure rules.

### DO NOT

- TOUCH ANYTHING UNLESS IT IS ABSOLUTELY NECESSARY
- Move anything, clean up or wash anything
- Bathe the person or change their clothes
- If there is a suggestion that there has been oral sex, do not let the person clean their teeth, eat or drink until mouth swabs have been taken
- Remove or alter any documentation

### **What if the individual doesn't want any action taken?**

The purpose of the Safeguarding Adults process is to secure the adult at risk's autonomy. If the adult has capacity and they are not being unduly pressurised or intimidated they may ask you not to intervene. Their wishes should be respected but you will have to explain that you have a responsibility to report any concerns to the coordinator, who is the person responsible for EMILY TULLY MUSIC's safeguarding procedures and that they will have to inform Adults and Communities.

### Following Disclosure

Following disclosure, the staff member or volunteer may be asked to support the adult at risk by reassuring them it was not their fault. Tolerance and care should be shown to adults at risk who may be unused to expressing their emotions in a healthy way and may be actively demanding, self-destructive or withdrawn.



## Procedure for Making a Disclosure against a member of EMILY TULLY MUSIC staff

The Owner of EMILY TULLY MUSIC and the person responsible for Safeguarding within the organisation, will investigate any complaint by an adult at risk against a member of staff or volunteer. We will seek advice from Birmingham Safeguarding Adults Board at the earliest possible time.

### Glossary of Definitions

Adult/s at risk- A person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation

Staff/Teacher- People paid by EMILY TULLY MUSIC on an on-going or self-employed basis

Volunteers- People who work with EMILY TULLY MUSIC to deliver activity

## Categories of abuse: definitions and possible indicators

### **Physical abuse**

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

#### Possible indicators

- Unexplained or inappropriately explained injuries
- Person exhibiting untypical self-harm
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body
- Unexplained burns on unlikely areas of the body (e.g., soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body
- Medical problems that go unattended
- Sudden and unexplained urinary and/or faecal incontinence. Evidence of over-/under-medication
- Person flinches at physical contact
- Person appears frightened or subdued in the presence of particular people. Person asks not to be hurt
- Person may repeat what the alleged abuser has said (e.g., 'Shut up or I'll hit you')
- Reluctance to undress or uncover parts of the body
- Person wears clothes that cover all parts of their body or specific parts of their body
- A person without capacity not being allowed to go out of a care home when they ask to
- A person without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

### **Sexual abuse**

Sexual abuse includes rape and sexual assault or sexual acts that the adult at risk has not consented to or could not consent to, or was pressured into.





It includes penetration of any sort, incest and situations where the alleged abuser touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g., day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

#### Possible indicators

- Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained
- Person appears unusually subdued, withdrawn or has poor concentration
- Person exhibits significant changes in sexual behaviour or outlook
- Person experiences pain, itching or bleeding in the genital/anal area.
- Person's underclothing is torn, stained or bloody.
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant
- Sexual exploitation.

The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g., food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Sexual exploitation can occur through the use of technology without the person's immediate recognition this can include, being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

### **Psychological abuse**

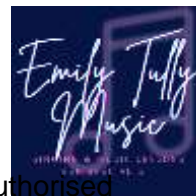
Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), and isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g., information not being available in different formats/languages etc.).

#### Possible indicators

- Untypical ambivalence, deference, passivity, resignation
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser
- Person exhibits low self-esteem
- Untypical changes in behaviour (e.g., continence problems, sleep disturbance)
- Person is not allowed visitors/phone calls
- Person is locked in a room/in their home
- Person is denied access to aids or equipment, (e.g., glasses, dentures, hearing aid, crutches, etc.)
- Person's access to personal hygiene and toilet is restricted
- Person's movement is restricted by use of furniture or other equipment
- Bullying via social networking internet sites and persistent texting.



## Financial or material abuse

This includes theft, fraud, exploitation, pressure in connection with wills or property and the misappropriation of property or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

Staff borrowing money or objects from a service user is also considered financial abuse.

### Possible indicators

- Lack of money, especially after benefit day
- Inadequately explained withdrawals from accounts
- Disparity between assets/income and living conditions
- Power of attorney obtained when the person lacks the capacity to make this decision
- Recent changes of deeds/title of house
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money
- Service user not in control of their direct payment or individualised budget
- Mis-selling/selling by door-to-door traders/cold calling
- Illegal money-lending.

## Neglect and acts of omission

These include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

### Possible indicators

- Person has inadequate heating and/or lighting
- Person's physical condition/appearance is poor (e.g., ulcers, pressure sores, soiled or wet clothing)
- Person is malnourished, has sudden or continuous weight loss and/or is dehydrated
- Person cannot access appropriate medication or medical care
- Person is not afforded appropriate privacy or dignity
- Person and/or a carer has inconsistent or reluctant contact with health and social services
- Callers/visitors are refused access to the person
- Person is exposed to unacceptable risk.

## Discriminatory abuse

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

### Possible Indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.





- A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- A person making complaints about the service not meeting their needs.

### **Institutional abuse**

Institutional abuse is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals in a setting or service where the adult at risk lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults at risk.

Institutional abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work
- receive inadequate guidance.

Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

### Possible indicators

- Unnecessary or inappropriate rules and regulations
- Lack of stimulation or the development of individual interests
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership
- Restriction of external contacts or opportunities to socialise

**This list is just a guide and it is important to remember that adults will exhibit some of these indicators at some time and the presence of one or more should not be taken as proof that abuse is occurring. When disclosure is made, it is important for volunteers and staff to know the correct procedure.**

This policy was updated on 17<sup>th</sup> April 2023 and is due for review on the 1st September 2023.