

North Kent Mind

Adult Protection and Safeguarding Children Policy

Adult Protection

North Kent Mind recognises the need to ensure that vulnerable adults who use our services are protected from all forms of abuse, whether this is :

Physical  
Sexual  
Psychological  
Financial  
Neglect or an Act of Omission  
Discriminatory  
Institutional  
Multiple  
Domestic  
Radicalisation  
Missing Persons  
Modern slavery  
Self Neglect

or other risk of infringement on the Human Rights of the individual.

To this end, North Kent Mind are committed to:

- Implementing the Policy on Abuse and Harassment ( Policy No 15) with all the measures this describes for preventing and dealing with suspected cases of the ill-treatment of vulnerable adults
- Working with other statutory and voluntary agencies which are appropriate in dealing with issues of protecting vulnerable adults
- Following the **Kent & Medway Multi Agency Adult Protection Policy, Protocols and Guidance**, a hard copy of which is kept in the office, and which is further accessible via the website:  
[www.kent.gov.uk/adultprotectioncommittee](http://www.kent.gov.uk/adultprotectioncommittee)
- Having a named person within the organisation who has responsibility for making sure that the policy is adhered to. This person is the CEO.  
**Justinbateman@northkentmind.co.uk**  
**01322 291380**
- Ensuring appropriate staff are adequately trained in adult abuse issues, and including reference to this policy in the mandatory North Kent Mind 3 day training.
- Having a Whistleblowing Policy (Policy No 10) to encourage and legitimise anybody involved in the organisation bringing to attention any serious concerns they may have about the way the organisation, or those working within, are operating. This includes failure to adequately implement this policy.

## North Kent Mind POLICY No. 16

- Logging all cases where action has been taken under this policy. The file of logged cases, and action taken is held by the business manager.

## Safeguarding Children

North Kent Mind works directly with young people in some parts of its operations, and also recognises that those who work with service users in Adults' Social Care must also consider the implications for the safety and well being of any dependent and/or other children with whom those adults are in contact.

We recognise safeguarding issues can arise from a number of concerns which include risks around the following non-exclusive list:

Physical  
Sexual (including sexual exploitation)  
Psychological  
Financial  
Neglect or an Act of Omission  
Discriminatory  
Institutional  
Multiple  
Domestic  
Radicalisation  
Missing Persons,  
Child trafficking  
FGM  
Modern Slavery  
Gang Exploitation  
Grooming  
Forced Marriage  
Inappropriate Restraint

To this end, the organisation is committed to:

- Having a Confidentiality Policy ( Policy No 9) which clearly spells out to staff, volunteers and service users the limits to the confidentiality we offer, and that where we have reason to believe there is danger to others, we will share this information with appropriate external agencies – in this context, Social Services. Where staff are working on schools premises, the first port of call will be senior staff working in that school.
- Following the safeguarding procedures, policies and best practice guidance as specified by the Kent Safeguarding Children Board (KSCB), hard copies of which are kept in the office, and which are also accessible via their website: [www.kscb.org.uk](http://www.kscb.org.uk)
- Having a named person within the organisation who has responsibility for making sure that the safeguarding children policy is adhered to. This person is the CEO.

## North Kent Mind POLICY No. 16

- Ensuring appropriate staff are adequately trained in safeguarding children issues, and including reference to this policy in the mandatory North Kent Mind 3 day training.
- Ensuring that, if any of our work with children and young people to warrant the inclusion of a chaperone, we would ensure a suitable chaperone was provided.
- Logging all cases where action has been taken under this policy. The file of logged cases, and action taken is held by the business manager.

### Statement on Dealing with Suicide Risk

The organisation has clear policies in which it reserves the right to take action in the event that it perceives anybody who uses its services poses a risk to themselves. This is explained in all initial agreements between the client and the organisation, and embodied in the policy on Confidentiality (Policy no 9).

#### Step 1:

The first role of all workers on encountering the possibility of suicidal behaviour or thoughts is to check out with the person concerned whether or not they are seriously indicating they have these thoughts, or whether this was merely a fleeting comment of no great significance.

#### Step 2:

Where real indications exist the role of the worker is as follows:

Volunteers: report the issue to their staff supporter or any other staff member.

Therapist or counsellor: explore the issue further according to training and level of competence using evidence-based suicide risk factors and existence of, or ability to create preventative factors, and reach a decision on whether reporting to management level is urgent or whether the situation can be otherwise maintained. Within PCPT services, there is a contractual requirement for assessors to report to the CMHT that day, if the assessment process reveals significant suicidal risk.

Non-therapeutically trained staff: report to management

#### Step 3:

Management to discuss with person reporting the issue, and to reach a decision on further action required.

#### Step 4:

Management to ensure the implementation of whatever measures are decided on. This may include:

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Contact with GP or other professional

Contact with Police

Contact with Crisis Team

Contact with Family

Contact with Client

Or whatever other actions are required to try to ensure the client is safe.

Step 5:

Where the manager dealing with this issue is not the CEO or the Psychological Therapies manager, the matter is to be communicated to the CEO.

Definitions of Abuse

**Discriminatory abuse includes:**

Forms of harassment, slurs or similar treatment because of;

- race
- gender
- gender identity
- age
- disability
- sexual orientation
- religion

**Discriminatory abuse can take the form of:**

- derogatory comments
- harassment
- being made to move to a different resource/service based on age
- being denied medical treatment on grounds of age or mental health
- And/or not providing access.

**Psychological abuse includes:**

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks

**Potential indicators of psychological abuse**

It is important not to jump to the wrong conclusions too quickly, but the following may be indicators of many different problems:

- ambivalence about carer
- fearfulness, avoiding eye contact, flinching on approach
- deference
- insomnia or the need for excessive sleep

- change in appetite
- unusual weight loss/gain
- tearfulness
- unexplained paranoia
- low self-esteem
- confusion, agitation
- coercion
- possible violation of human and/or civil rights
- distress caused by being locked in a home or car
- isolation – no visitors or phone calls allowed
- inappropriate clothing
- sensory deprivation
- restricted access to hygiene facilities
- lack of personal respect
- lack of recognition of individual rights
- carer does not offer personal hygiene, medical care or regular food or drinks
- and/or use of furniture to restrict movement

### **Financial or material abuse includes:**

- theft
- fraud
- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits

### **Potential indicators of financial or material abuse**

It is important not to jump to the wrong conclusions too quickly but the following is a list of possible indicators of financial abuse:

- sudden inability to pay bills
- sudden withdrawal of money from an account
- person lacks belongings that they can clearly afford
- lack of receptivity by the person's relatives to necessary expenditure
- power of attorney obtained when the person is unable to understand what they are signing
- extraordinary interest by family members in the vulnerable person's assets
- recent change of deeds of the house or property
- the main interest of the carer is financial with little regard for the health and welfare of the vulnerable adult
- the person managing the vulnerable adults' finances is evasive and unco-operative
- reluctance to accept care services
- purchase of items that individual does not require or use
- personal items going missing

- and/or unreasonable or inappropriate gifts.

### **Organisational abuse includes:**

- neglect
- poor care practice within an institution or specific care setting such as a hospital or care home
- poor practice in relation to care provided in one's own home

This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

### **Potential indicators of organisational abuse**

It is important not to jump to the wrong conclusions too quickly but the following list may be possible indicators of institutional abuse:

- no flexibility in bedtime routine and/or deliberate waking
- people left on a commode or toilet for long periods of time
- inappropriate care of possessions, clothing and living area
- lack of personal clothes and belongings
- un-homely or stark living environments
- deprived environmental conditions and lack of stimulation
- inappropriate use of medical procedures such as enemas, catheterisation
- batch care - lack of individual care programmes
- illegal confinement or restrictions
- inappropriate use of power or control
- people referred to, or spoken to with disrespect
- inflexible services based on convenience of the provider rather than the person receiving services
- inappropriate physical intervention
- service user removed from the home or establishment, without discussion with other appropriate people or agencies because staff are unable to manage the behaviour.

### **Neglect and acts of omission include:**

- ignoring medical, emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services,
- the withholding of the necessities of life, such as medication, adequate nutrition and heating

### **Potential indicators of neglect and acts of omission**

It is important not to jump to conclusions too quickly but the following list may be indications of many different problems:



- poor environmental conditions
- inadequate heating and lighting
- poor physical condition of the vulnerable adult
- clothing is ill-fitting, unclean and in poor condition
- malnutrition
- failure to give prescribed medication properly
- failure to provide appropriate privacy and dignity
- inconsistent or reluctant contact with health and social care agencies
- isolation - denying access to callers or visitors.

### **Physical abuse includes:**

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint or inappropriate physical sanctions

### **Potential indicators of physical abuse**

It is important not to jump to the wrong conclusion too quickly, but the list below may be indicators of potential physical abuse:

- history of unexplained falls
- unexplained bruising in well protected areas or soft parts of the body
- bruising in different stages of healing
- unexplained burns in unusual locations
- unexplained fractures to any part of the body
- unexplained lacerations or abrasions
- slap, kick, punch or finger marks
- injury shape similar to an object
- untreated medical problems
- weight loss due to malnutrition or dehydration

### **Sexual abuse includes:**

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into

## Potential indicators of sexual abuse

The following list may be indicators of many different problems so it is important not to jump to conclusions too quickly. Some of the indicators of sexual abuse could be as follows:

- sudden change in behaviour
- sudden onset of confusion
- incontinence
- withdrawal
- overtly sexual behaviour/language by the vulnerable adult
- self-inflicted injury
- disturbed sleep pattern/poor concentration
- difficulty in walking
- torn, stained underwear
- love bites
- pain or itching, bruising or bleeding in the genital area
- sexually transmitted disease/urinary tract/vaginal infection
- bruising to upper thighs and arms
- frequent infection
- severe upset or agitation when being bathed etc
- pregnancy in a person unable to consent

## Domestic abuse includes:

- psychological abuse
- physical abuse
- sexual abuse
- financial abuse
- emotional abuse
- so called 'honour' based violence

## Modern slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude

## Self-neglect covers:

a wide range of behaviour neglecting to care one one's personal hygiene, health or surroundings and includes behaviour such as hoarding