Safeguarding Adults at Risk Policy

Introduction
Safer Waves is committed to creating and maintaining a safe and positive environment and accepts our responsibility to safeguard the welfare of adults at risk of harm in accordance with the Care Act 2014.

Legislative framework
Care Act 2014
Equality Act 2010
Mental Capacity Act 2005
Human Rights Act 1998

Under UK based legislation, the Care Act 2014, safeguarding applies to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of, abuse or neglect; and;
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Adults at risk may:
- have a mental or physical illness
- have a learning disability
- have addiction problems
- be frail

Whether an adult is at risk or not is something which changes with their circumstances – it’s not fixed.

Types of Abuse
There are different types and patterns of abuse and neglect, and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern:

Self-neglect – this covers a wide range of behaviour: neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

Modern Slavery and/or Human Trafficking – encompasses slavery, human trafficking, forced labour and domestic servitude.

Domestic Abuse and coercive control – including psychological, physical, sexual, financial and emotional abuse. It also includes so called ‘honour’ based violence. It can occur between any family members.

Discriminatory Abuse – discrimination is abuse which centres on a difference or perceived
difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act 2010.

Organisational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or 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.

Physical Abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual Abuse – including rape, sexual assault, indecent exposure, sexual harassment, sexual photography, subjection to pornography, sexual acts to which the adult has not consented or was pressured into consenting.

Financial or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect – including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Emotional or Psychological Abuse – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Female Genital Mutilation – A procedure where the female genitals are deliberately cut, injured or changed, without any medical reason for doing so. Illegal in the UK, FGM is most often carried out on children under the age of 15, but can also affect adults at risk.

The six principles of adult safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.
How this applies to Safer Waves

Safer Waves is a support service for seafarers worldwide. Our email and online chat support services are completely anonymous, however service users should be aware that if they choose to provide identifying details our safeguarding policy will apply.

We also reserve the right to break confidentiality for the reasons laid out in our Privacy and Confidentiality Policy.

When a service user, or other adult at risk, is based in the UK, safeguarding concerns must be reported to the appropriate UK organisation as further detailed in our procedures. When there are safeguarding concerns regarding a service user outside of the UK, the Designated Safeguarding Lead will report to whichever organisation they feel is best positioned to assist.

This could include, but is not limited to:

- Port state police
- Flag state police
- Other government bodies of the country concerned, as appropriate (this will be researched on an ad hoc basis).
- The International Transport Worker’s Federation (ITF)
- International Seafarer’s Welfare and Assistance Network (ISWAN)

The UK Safeguarding principle of “Partnership” should be applied, and Safer Waves will work with whichever organisations it feels will provide the best outcome for the individual.

Due to the nature of their work, and the conditions of the ENG1 seafarer’s medical certificate, service users who are currently at sea are less likely to fall into the “adults at risk” category, as they are less likely to have physical or learning disabilities or be frail. However, they may fall into this category in the case of deteriorating mental health or sudden physical incapacitation, due to a serious injury or illness on board. Seafarers may also suffer from addiction problems which could be worsened by long periods at sea.

Safer Recruitment

Staff and volunteers will be recruited using safer recruitment best practice. We will ensure all necessary checks are completed, including Disclosure and Barring Service (DBS) checks where required.

Whistleblowing

Safer Waves is committed to building a culture of transparency around safeguarding, where all volunteers and staff members feel able to raise concerns and be confident that they will be taken seriously.

No volunteer or staff member shall be victimised if they have reported concerns regarding safeguarding within the organisation. For further details see our Whistleblowing Policy.
Safeguarding Adults at Risk – Reporting Procedures

When a disclosure of abuse is made, the person responding should follow these guidelines:

- Always make sure the person speaking up feels they’re being listened to and supported.

- Don’t promise to keep information confidential between you and them.

- Ask for their consent to share the information – if they refuse and you are still worried that they or someone else is at risk of harm, you cannot wait for this consent. You must share this information with the Designated Safeguarding Lead within 24 hours.

- Write a clear statement of what you have been told, seen, or heard.
  The statement should include:
  Your name and role
  Details of the adult at risk
  Details of the concern
  The date and time you were notified
  What you said to the adult
  Details of the accused abuser, if known
  If others are at risk
  Any historical information that might be relevant
  Any action you have already taken

  This statement can be used as evidence, so it should be factual and clear.

- When you’ve been told something is wrong, don’t go straight to the person that’s been reported. Instead, tell the Designated Safeguarding Lead.

Types of Report

In response to a safeguarding concern raised by a volunteer or staff member regarding a UK based adult at risk, the Designated Safeguarding Lead will need to produce one of the following types of report, dependent on the circumstances and the location of the adult at risk:

- an internal incident report
- a referral report to social services
- a referral report to the police
- a report to the Charity Commission or other organisations.

Details of the relevant Local Safeguarding Adults Board can be found online (this will be dependent on where the adult at risk is living).

If an adult at risk is in immediate danger, call the Police on 999.

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If the concern is about possible abuse or neglect in a residential, hospital or domiciliary care service, the DSL can contact the Care Quality Commission at enquiries@cqc.org.uk or by using the [CQC on-line alert form](#).

Once a concern has been referred to an organisation they will decide if it meets their criteria to act, this should be confirmed within 48 hours. If nothing is heard within 48 hours, the DSL must follow up the referral.

As previously mentioned in the Safeguarding Adults Policy, when a concern is raised about an adult at risk internationally, the Designated Safeguarding Lead will report to the most appropriate organisation. For example, concerns regarding Modern Slavery on board could be reported to the ITF, the Flag state and the Port state at the next port of call, so that inspection of the ship can be arranged. Concerns about physical abuse may be best reported to the next Port State so that police can attend the vessel if required.

Policy Reviewed by the Chair of Trustees:

**Dr Genevieve Waterhouse**

30/01/21

I confirm that I have read and understood the Safer Waves “Safeguarding Adults at Risk” Policy and Reporting Procedures

Name ……………………………………………………………………………………………………..

Role ……………………………………………………………………………………………………

Signature ………………………………………………………………………………………………

Date …………………………………………………………………………………………………..