

Safeguarding: Protection of Children and Adults at Risk Policy and Procedures

General Policy

1. Purpose

This policy provides general guidance on what should happen if someone has concerns about the welfare of child, young person or adult at risk, together with concerns that the person may be suffering, or at risk of suffering abuse or neglect.

Purple Patch Arts is committed to the belief that protecting children, young people and adults at risk is everybody's responsibility and therefore the aim here is to provide guidelines that will enable the Trustees, all staff, and volunteers to act appropriately to any concerns that arise. Purple Patch Arts' policy is to actively promote the health and wellbeing of children, young people and adults at risk and to prevent harm wherever possible through the promotion of a good understanding of safeguarding procedures amongst all staff, effective risk assessment and risk managements, routine incident report and review, staff training and supervision processes.

It is equally important that parents/carers and children, young people and adults at risk themselves are aware that Purple Patch Arts takes safety and welfare into consideration in every activity that is undertaken.

This policy applies to all individuals, including those who have been assessed as lacking capacity. Actions taken on behalf of these people should be done so in their best interest, in accordance with the Mental Capacity Act (2005).

2. Principles

- The welfare of the child, young person or adult at risk is paramount.
- All concerns about the protection of a child, young person or adult at risk should be acted upon immediately.
- Children, young people and adults at risk should always be treated with respect.
- Information retained by Purple Patch Arts will be protected under the General Data Protection Regulations and the Data Protection Act 2018.
- Confidentiality must be respected though participants must be made aware of the exceptions to this.
- Safeguarding and promoting the welfare of children, young people and adults at risk - and in particular protecting them from significant harm - depends upon effective joint working between agencies and professionals that have different roles and expertise.

3. Definitions

3.1 Children

In this policy, as in the Children Act 1989 and 2004, a child is anyone who has not yet reached their eighteenth birthday. 'Children' therefore means children and young people throughout.

3.2 Safeguarding Children

Working together to Safeguard Children (2018) defines safeguarding and promoting the welfare of children and young people as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

3.3 Types of Abuse - Children

Abuse can take many forms and the circumstances of the individual should always be considered. The following are examples of issues that would be considered as a safeguarding concern:

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Some members of our communities hold beliefs that may be common within particular cultures but which are against the law in England. Purple Patch Arts does not condone practices that are illegal or harmful to children. Examples of particular practices are:

Forced Marriages

No faith supports the idea of forcing someone to marry without their consent. This should not be confused with arranged marriages between consenting adults.

Under-age Marriages

In England, a young person cannot legally marry or have a sexual relationship until they are 16 years old or more.

Female Circumcision

This is against the law, yet we know that for some in our communities it is considered a religious act and a cultural requirement. It is also illegal for someone to arrange for a child to go abroad with the intention of having her circumcised.

Ritualistic Abuse

Some faiths believe that spirits and demons can possess people (including children). What should never be condoned is the use of any physical violence to get rid of the possessing spirit. This is physical abuse and people can be prosecuted even if it was their intention to help the child.

3.4 Adults at risk

An adult at risk is defined as a person aged 18 or over who is at risk of abuse or neglect. This is usually an adult who has care and support needs, and who is unable to protect themselves from abuse or neglect because of those needs. In a small number of cases, it may include an adult without support needs, such as an unpaid carer of someone with care and support needs.

An adult at risk may therefore be a person who, for example:

- Is an older person who is frail due to ill health physical disability or cognitive impairment
- Has a learning disability, has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long-term illness/condition
- Misuses substances or alcohol
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Lacks the mental capacity to make particular decisions and is in need of care and support

This list is not exhaustive.

3.5 Adult Safeguarding

The Care Act (2014) came into force in April 2015. This supersedes the guidance document 'No Secrets' (2000). The introduction of the Care Act means that safeguarding duties now have a legal effect in relation to organisations other than the Local Authority. The Act has placed requirements upon statutory organisations which prior to its introduction were best practice.

The currently used definition within Safeguarding Adults work remains that abuse is a violation of an individual's human and civil rights by any other person or persons:

- Abuse may consist of a single act or repeated acts.
- It may be physical, verbal or psychological.
- It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not consented or cannot consent.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

3.6 Types of Abuse - Adults at Risk

Abuse can take many forms and the circumstances of the individual should always be considered. The following are examples of issues that would be considered as a safeguarding concern:

Physical Abuse

This means things like biting and hitting, kicking and other violence.

Financial Abuse

This means people having their money taken from them, having it spent in ways they don't want, or being made to sign for things they don't want.

Psychological or Mental Abuse

This means people being called names or being threatened, being made to feel bad about themselves, being told lies or stopped from seeing those people they wish to see.

Sexual Abuse

This is when people are touched in a personal or sexual way that they are not happy with, or the making jokes about appearance or sexuality. Also making people look at photos or films of sex.

Neglect

This is when a person who is supposed to support or care for someone is not giving the care they should be or not doing it in a respectful way.

Institutional Abuse

This means when the place someone lives in is run so that person is hurt or neglected.

Modern Slavery

This includes human trafficking, forced labour and domestic servitude.

Discrimination

This is about people not telling you how to get the support you need and not listening to you or believing you because you have a learning disability.

4. Key Roles

Every member of staff and all volunteers have a responsibility to act on concerns of possible abuse and must inform a designated officer.

The role and responsibilities of the designated officers are:

- To ensure that all staff, trustees and volunteers are aware of what they should do and who they should go to if they are concerned that a child, young person or adult at risk may be subject to abuse or neglect.
- Ensure that any concerns are acted on, clearly recorded, referred on where necessary and followed up to ensure the issues are addressed.
- The designated officer(s) will record any reported incidents policies and procedures. This will be kept in a secure place and its contents will be confidential.

Your designated officers and contact numbers are:

Jessica Aldred 07519 929951

Fran Rodgers 07715 903 691

Hannah Prole (Trustee) has lead responsibility for all safeguarding matters for the Board of Trustees for Purple Patch Arts.

Fran Rodgers (CEO) is the organisational lead for safeguarding matters on a day-to-day basis.

5. Recruitment of staff and volunteers

Purple Patch Arts are committed to ensuring that we recruit staff that are qualified and appropriately vetted for the work that they undertake. All appointments of staff are made by the CEO and all staff will be appointed under the following conditions;

- Purple Patch Arts requires an Enhanced with Adult and Child Barred Lists DBS certificate for its employees, volunteers and trustees. This is what is required for positions that involve caring for Adults at Risk and / or children in order to ensure their safety. If new starters do not have this, an application for one will be undertaken prior to commencing any work. If the Employee is to work with adults only, they will be able to start work under supervision once a clear DBS Adult First check has been obtained. They will only be able to work without supervision when their full DBS certificate has been obtained. As the DBS Adult First check only checks the Adults Barred List, any Employee who is to work with children must wait until their full DBS certificate has been obtained before starting work. See the Purple Patch Arts DBS Policy for further detail.
- All staff and volunteers are subsequently placed on the DBS Update Service. Purple Patch Arts will check the Update Service twice a year and will keep a record of who is checking it, why, and of any changes to DBS status.
- All staff and volunteer references are checked thoroughly.
- All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in ending the contract or volunteer opportunity.
- Staff and volunteers are willing to be included in future vetting systems as required by law in the UK.
- Staff and volunteers are committed to adhering to our full set of policies and procedures.

- Staff and volunteers are willing to undergo any relevant training.
- Staff and volunteers are willing and able to undergo appraisal and performance reviews with their managers on a regular basis throughout their contract.
- Project Partners working directly with children, young people or adults at risk on behalf of Purple Patch will be subject to the same policy responsibilities as staff and volunteers.
- Where Project Partners do not have the necessary skills and knowledge to undertake their safeguarding duties, they will be required to undergo a safeguarding induction or training.

Safeguarding Procedures

1. Spotting the signs and indicators of abuse

It is the responsibility of all individuals and agencies undertaking care, treatment and support of children, young people and adults at risk to be alert to the possibility of abuse and be aware of the signs and indicators of abuse.

Concerns may arise as a result of a single incident, allegation or disclosure; or they may arise as a result of an accumulation of indicators and/or signs. The responsibility to report any suspicion, allegation or disclosure of an incident rests with the individual who identifies the concern regardless of their place within Purple Patch Arts.

Abuse in the form of harassment, bullying and disrespect is the daily norm for some people with learning disabilities. Institutional care and cultures of support services are sometimes based on the assumption that disabled people are not fully human, and lack of access to playing a full part in society have all contributed to creating discrimination, unnecessary dependency on others and power relationships. Abuse thrives in cultures where people are not respected and where there is misuse of the power of one group of people over another.

You may become aware that abuse is happening by being told about it or you may recognize signs that someone is being abused:

2. Being told that abuse is happening

Someone may tell you that abuse is occurring. It is important to always take what you are being told seriously and respond appropriately. If someone tells you that they are experiencing abuse:

- Accept what is being said without comment and remain open minded
- Do not make judgments or jump to conclusions
- Make a note of what was said, where it was said and who was there, including any questions you have asked. Always remember to sign and date any notes you make.
- Where an adult may lack capacity to decide how to protect themselves from abuse, your responsibility is still to inform the CEO.

In achieving protection, the life of the person experiencing abuse should be left as unchanged as possible unless they request otherwise.

Do

- Give priority to ensuring immediate safety.
- Make sure they can speak with you in private, with another member of staff present where possible.
- Listen. Allow the person to express their feelings including their fear. Help them not to minimise abuse they are experiencing and recognise the impact that living with abuse can have on physical and emotional well-being.
- Let them know that the abuse is not their fault.
- Let them know that there is help available.
- Ask the person what they would like to do about what has happened
- Do not promise that you will be able to keep what the person says confidential. Make explicit the fact that you may need to share what you are told, but only to people who need to know.
- Reassure the person that their wishes will be taken into account.
- Record what you are told.
- Make sure they can be safe while you check out what actions you are able to or must take, and find out information about options that are open to the person.
- Give them as much control over the process as possible, for example, give the person access to a telephone so they can explore the options open to them.
- Give them information about what will happen next and/or make sure they have a plan about what to do next.
- Make sure the person knows who you are and how to get in contact with you safely.

Do not

- Express shock or disbelief.
- Be judgmental or make assumptions (including about the alleged perpetrator).
- Ask questions outside of your role, for example trying to investigate what has been happening or asking leading questions or closed questions. (If a worker can be seen to have influenced a disclosure, this could prevent action being taken against the perpetrator).
- Make promises you cannot keep.
- Where someone makes allegations of abuse that do not appear to be based in current reality try to understand what the person is telling you. For example, why is the person feeling abused at the moment and/or whether they are referring to something that has happened in the past.

For many reasons people may not be able to tell you directly about abuse they are experiencing, for example:

- Perpetrators may make threats about what may happen if the victim tells other people.
- Perpetrators often blame victims for the abuse - e.g: "You make me do it" "You deserve it."

- The person may have disclosed in the past and found that they were ignored or that the actions taken made things worse (for example: the perpetrator was not prevented from further abuse).
- People are often ashamed of experiencing abuse.
- People often feel that they are to blame/inadequate because they have been unable to protect themselves.
- They may not trust people who are “official”, from a different culture, gender, or who may not understand disability.
- They may not be able to gain access or be able to communicate with you in private.

Always be alert to hints/signals/non-verbal communication that could indicate abuse which is being denied or deliberately hidden. Respond to your hunches and create opportunities for the person to tell you what is happening. If you have access to the person on their own do not be afraid to ask a direct question such as “are you being hurt by anyone” or “do you feel scared of anyone”.

3. Seeing abuse occurring

You may see an overt incident of violence or you may see a pattern or culture of behavior that is unacceptable.

Noticing signs of abuse

You may notice signs and symptoms that can indicate that abuse is taking place. Do not ignore them. It is important to find out what the explanation is, even if it is not the case that abuse is taking place. Record unusual incidents and raise them with the designated officer(s) as soon as possible.

The lists below are purely indicators. The presence of one or more does not necessarily confirm abuse. However, the existence of a number of the indicators may suggest a potential for abuse and will need further assessment.

Institutional abuse indicators

Institutional abuse occurs when an organisation is run in a way that creates or condones abuse or neglect. Some of the signs/questions to ask about an organisation that may be abusive are:

- Is unacceptable practice encouraged, tolerated or not challenged?
- Are people working in accordance with anti-racist, anti-sexist, anti-ageist, anti-homophobic practice, and do they promote the rights of disabled people?
- Are service users’ human rights respected and does the organisation promote choice and dignity?
- Are service users spoken to respectfully and spoken about respectfully when staff are talking to each other?
- Do staff respect and promote the individuality of each service user?
- Are residents active and able to access a range of mental, physical, social and creative activities?
- Are staff treated well and do they enjoy their work?
- Is there evidence that staff have access to training and development of their skills?
- Do staff treat each other well and work as a team?
- Do new staff stay?

- Do staff, service users and relatives know how to raise concerns or make complaints?
- Are complaints dealt with professionally? And are any changes that are identified made promptly?
- Are visitors encouraged and made to feel relaxed and welcome?
- Do staff engage positively with other professionals in discussing an adult at risk's care plan?
- Does the organisation meet quality standards laid down by regulatory bodies and contracting authorities?
- Is there a culture of continuous improvement?

Psychological/emotional abuse indicators

The experience of all forms of abuse has an emotional and psychological impact. Sometimes emotional abuse is the “only” form of abuse. The experience of abuse is very stressful and may lead to physical and emotional health problems. It can lead to “brain-washing” and people losing their sense of identity/not knowing who they are or what they want outside of the abusive relationship.

Indicators of psychological abuse include observation of some of the tactics used in this form of abuse. For example, the person is:

- Referred to in a disrespectful manner.
- Humiliated in front of other people.
- Not allowed visitors/phone calls.
- Not allowed time alone with other people.
- Not allowed to access social activities.
- Not allowed access to information or services.
- Prevented from answering questions addressed to them/always look to the alleged perpetrator before answering a question.

Other indicators are the signs of the impact of the abuse on a person's emotional and physical health. For example, they:

- Appear scared, anxious or withdrawn, especially in the presence of the alleged perpetrator.
- Show low self-esteem, ambivalence, passivity, resignation, high levels of shame and embarrassment.
- Express anger and frustration at less powerful people, animals or objects.
- Have stress related health issues, e.g: sleeplessness, palpitations, incontinence, aches and pains, stomach/digestive problems, irregular menstrual cycle, increased eczema, asthma, lowered resistance to infection.
- Attempt to achieve sense of control over their feelings, e.g: self-harm, refusing to eat, deliberate soiling, behaving in a way that elicits a predictable response.

The person may also adopt tactics to resist or minimise the abuse. They may:

- Defer to the perpetrator and work hard to fulfil any demands they make/keep them happy.

- Resist contact with the alleged perpetrator (e.g: refuse care from them; create a diversion that brings other people).

Indicators of neglect:

These include that the:

- Person is ignored when they ask for help.
- Person's physical condition/ appearance are poor, e.g.: ulcers, pressure sores, soiled or wet clothing.
- Person is malnourished, has sudden or continuous weight loss, and is dehydrated.
- Person cannot access appropriate medication or medical care.
- Person is not afforded appropriate privacy or dignity.
- Person and/or a carer have inconsistent or reluctant contact with health and social services.
- Callers/visitors are refused access to the person.
- Person is exposed to unacceptable risk.
- Person is locked in a room/in their home.
- Person is denied access to aids or equipment, e.g.: glasses, 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.

Indicators of Sexual Abuse

Sexual abuse occurs when someone is forced or coerced into taking part in sexual activity to which they have not consented.

There is an increasing understanding and respect for disabled people's human right to a sexually active life. It is important that sexual activity per se is not assumed to be abusive. However, it is also important to recognise that people who have not received information about or had experience of exercising their sexual rights can be more easily exploited.

Indicators of sexual abuse may include:

- Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.
- Person has injuries to their genital/anal area.
- Person experiences pain, itching or bleeding in genital/anal area.
- Person exhibits a significant change in sexual behaviour or outlook.
- Person begins poking their anus with their fingers.
- Person's underclothing is torn, stained or bloody.
- A woman who lacks the mental capacity to consent to sexual intercourse or artificial insemination becomes pregnant.

- Person is not able to communicate about sex and relationships in an informed way but communicates that they have taken part in sexual activity.

Financial abuse indicators

These include:

- A person who has the capacity to manage their own finances who does not know how much money they have and/or is not able to control access to their money.
- Constant pressure from another person to make changes to the person's financial arrangements and/or will.
- Disparity between assets/income and living conditions.
- Lack of money, especially when they should have money, e.g. after benefit payment.
- Inadequately explained withdrawals from accounts.
- Inadequately explained inability to pay bills.
- Recent changes of deeds/title of house.
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money or receiving gifts from the person, particularly where these are beyond the person's means.
- Extortionate demands for payments for services, e.g. building or repair work.
- A person who has capacity is not being able to contribute their individualised budget spending.

In addition, there are certain factors which may increase the risk of a person being financially abused:

- Person has guaranteed high benefit income.
- Person is unable to administer their own money due to lack of capacity or numeric skills.
- Person is dependent on other people to administer money.
- Carers becoming financially dependent on a person/service user.
- Person known as being isolated or is regarded as vulnerable within the community.
- Person has no independent advocate.

Physical abuse indicators

The main indicators of physical abuse are injuries that are not explained satisfactorily and, in particular, multiple injuries at various stages of healing or inflicted at different times.

These include:

- 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 and back, immersion burns, rope burns, burns from an electrical appliance, small circular burns (from cigarettes).

- Unexplained, or inappropriately explained, fractures at various stages of healing, to any part of the body.
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia.
- Medical problems that go unattended.
- Evidence of over or under-medication. A carer's/care worker's account does not seem credible in the light of the degree of the injury suffered by the person.
- A carer or care worker gives an unusual or vague explanation of an injury suffered by the resident.
- In addition, the person and the perpetrator may behave in ways that indicate that physical abuse has taken place. For example:
 - Person flinches at physical contact.
 - Person asks not to be hurt.
 - Person may repeat what perpetrator has said, e.g. "shut up or I'll hit you."
 - Person wears clothes that cover all parts of their body or specific parts of their body to cover injuries.
 - Alleged perpetrator raises voice or otherwise threatens the person. Person responds to a threat made seemingly in fun by becoming submissive or compliant.

4. What should I do if I see someone with an injury, but I don't know what caused it?

- Don't jump to conclusions
- It is okay / good practice to ask the person, or if the person is not able to tell you, ask their carer how the injury was sustained e.g. where did you get that bruise?
- Follow the guidance below for disclosures and allegations but remain open minded; you may not always be told the truth by staff or carers.
- Record any physical signs or injuries using a body map (attached to this policy). Write down a description of any physical signs or injuries including size, shape and colour. Make sure you sign and date it.

5. What to do if you feel that the person is at immediate risk

- Take urgent action by calling the relevant emergency services (e.g. Police, Ambulance or GP)
- Remember to have regard to your own safety as well as the individual. Leave the situation if it is not safe for you and call the police immediately.
- If you have concerns, have received a disclosure or witnessed abuse, you should report this to the designated officer(s) as soon as possible.
- The designated officer(s) have the responsibility for raising a safeguarding alert

6. Who should I tell if I am concerned?

If you are concerned that a child, young person or adult at risk might be at risk or is actually suffering abuse, you should tell one of the designated safeguarding officers within Purple Patch Arts, as described in section 4.

In an emergency situation, contact social services directly using the contact numbers listed in section 15, or contact the emergency services.

7. Recording and Preserving Evidence

It is the responsibility of everyone at Purple Patch Arts to ensure that any concerns they have about the welfare of a child, young person or adult at risk are recorded and that any evidence indicating that abuse is occurring or has happened is retained.

8. How do I preserve evidence?

In most circumstances you may not need to do anything except record the events that have given rise for concern. However, there may be occasions when it is important to follow certain rules:

- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place
- Make a written record of messages (e.g. answerphone) to ensure they are not lost. Include the date and time and sign them
- In cases of physical or sexual assault encourage the person not to wash, bathe or shower where you think they might have a medical examination
- Where the abuse has involved oral sex encourage the person not to drink until they have been seen by the police or forensic doctor
- Don't tidy up, wash clothes, bedding or other items.

9. What should I record and how?

- It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. In some cases, this will mean writing in a person's records or notes, in others it might be on a scrap piece of paper. All original notes must be retained.
- It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did.
- Sign and date your records and make sure they are kept in a safe place.
- Record any physical signs or injuries using a body map (attached to this policy) or hand drawing if necessary, and make sure you sign and date it.
- Where the child, young person or adult at risk has physical signs or injuries try and ensure they are seen by a qualified medical practitioner (e.g. doctor or nurse).
- Write down what is said to you, who said it including their relationship to the child, young person or adult at risk and how they can be contacted, if appropriate. Include any questions you have asked, and make sure you sign and date it.
- Include any details about what the child, young person or adult at risk wants to be done at this stage.

10. Reporting Concerns

People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a

child, young person or adult at risk and/or others they have to share the information with the designated officer(s), who are in a position to take action or responsibility.

The child, young person or adult at risk should be told who the information is to be shared with, and that their views and wishes will be taken into account.

Any views or wishes expressed by the child, young person or adult at risk should be recorded and reported with their concerns by the staff member. It is important that you make a note of who you told and what you told them. Where possible all reports of concerns should be followed up in writing.

Where concerns arise as a result of a disclosure or allegation they should be reported within the same day.

11. Advocacy

- Any person may choose to have a family member or other person (who should operate independently of statutory partners) to advocate on their behalf at all stages of the procedures.
- Purple Patch Arts should ensure the person is made aware of the local advocacy organisations and other services that may be able to offer advice and support.
- Purple Patch Arts should offer to make a referral to advocacy services if the individual wishes.
- The role of an advocate is to help the person's voice to be heard and to ensure that their choices and preferences are fed into the discussion.
- Even where an individual has not elected for a family member to advocate for them, the views and knowledge of family members may be taken into account, where consent has been given to seek these views or where a person lacks the mental capacity to give their consent and a best interests decision needs to be made.

12. Mental Capacity

Mental capacity is the ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is set out in section 2 of the Mental Capacity Act (2005) as being: "a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain".

It is essential to consider the need to apply the principles of the Mental Capacity Act (2005) in every case where there is a question about a person's mental capacity. If there is a concern that the individual may not have the mental capacity to make a decision or give their consent, this should be determined in accordance with the Mental Capacity Act (2005) and the associated code of practice.

Purple Patch Arts should apply the five principles of the Act to all considerations of the individual's ability to make decisions and choices. The five statutory principles are:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Purple Patch Arts must bear in mind that consideration of capacity is specific to both the decision to be made and the time that it is made; that is, the fact that a person may be considered to lack capacity to make a particular decision should not be used as a reason to consider that they cannot make any decisions.

Equally, the fact that a person was considered to lack capacity to make a specific decision on a given date should not be a reason to assume that they lack capacity to make a similar decision on another date.

It is important to be aware that the fact that an individual may have significant difficulties in expressing their views does not of itself mean that they lack capacity. Appropriate support and adjustments should be made available in compliance with the Mental Capacity Act and with disability discrimination legislation.

13. Appointing an Independent Mental Capacity Advocate (IMCA)

If there is no one available and appropriate to consult with (for example where members of the family are implicated in an allegation), Purple Patch Arts should consider appointing an IMCA under their Mental Capacity Act discretionary powers, as soon as practicable.

An IMCA may be instructed to support someone who lacks capacity to make decisions concerning adult protection cases, whether or not family, friends or others are involved.

14. Managing an allegation made against a member of staff or volunteer

Purple Patch Arts will ensure that any allegations made against a member of staff or volunteer will be taken seriously, dealt with swiftly and in accordance with these procedures:

- The worker must ensure that the child, young person or adult at risk is safe and away from the person against whom the allegation is made.
- The designated officer(s) should be informed immediately. In the case of an allegation involving the designated officer(s), alternative arrangements should be sought to ensure that the matter is dealt with by an independent person (Note: this could be the Safeguarding Lead for the Board of Trustees, a Trustee or anyone within Purple Patch Arts that is in a senior position within the organisation and believed to be independent of the allegations being made).

- The designated officer(s) should contact the local authority for advice on how to proceed with the immediate situation.
- Outside of working hours the Emergency Duty Team can give advice and/or in the event of an emergency situation arising, the police.
- The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told as soon as possible after observing the incident/receiving the report. It is important that the report is an accurate description. The designated officer(s) (if appropriate) can support the worker during this process but must not complete the report for the worker. This report must be made available on request from either the police and/or social services.
- Regardless of whether a police and/or social services investigation follows, Purple Patch Arts will ensure that an internal investigation takes place and consideration is given to the operation of disciplinary procedures. This may involve an immediate suspension and/or ultimate dismissal dependant on the nature of the incident.

15. Other

a. Lone Working

Please refer to the specific Lone Working Policy and Lone Working Risk Assessment for the restrictions on Purple Patch Arts staff and volunteers lone working with participants.

b. Social Media

Please refer to the specific Social Media Policy for the restrictions on Purple Patch Arts staff and volunteers befriending participants and their family/carers on any social media platform.

c. Meeting participants and their family/carers outside of work

Purple Patch Arts staff must discuss with their Line Manager before agreeing to any plans to meet up with participants and/or their family/carers outside of work hours. This is to safeguard both staff and participants.

A decision will be made on the appropriateness of the meeting and Purple Patch Arts staff will be advised on whether the meeting should go ahead.

This decision will be based on a risk assessment which will take into consideration:

- Access needs
- Circumstances
- Group event/long working
- Purpose of meeting
- Location of meeting
- Nature of meeting

It is not Purple Patch Arts' intention to prevent friendships or social interactions from occurring, or to disable or limit participants. However, while staff work at Purple Patch Arts we need to be mindful of our safeguarding responsibilities.

Breach of this policy may result in disciplinary action up to and including dismissal.

16. Additional freelance work for or with participants

Staff must inform Line Managers if they are considering taking on work outside of Purple Patch for any participant or any family member/carer of a Purple Patch participant.

The Programmes Office Team or Projects Team will speak to the participant or family/carer to ensure that it's understood that this is work outside of Purple Patch Arts' remit, and that anything that occurs outside of our employment is not the responsibility of Purple Patch Arts.

17. Useful telephone numbers

Fran Rodgers - Designated Officer	07715 903 691
Jessica Aldred - Designated Officer	07519 929951
Bradford Adult Protection Team	01274 431077
Bradford Social Services for Children	01274 435600
Bradford Social Services Emergency Duty Team	01274 431010
Leeds Safeguarding Adults Partnership Unit	0113 224 3511
Leeds Adult Social Care	0113 222 4401
Leeds Children's Social Work Services	0113 222 4403
Leeds Social Services Emergency Duty Team	07712 106378
Leeds Adults and Health Emergency Duty Team	0113 378 0644
Leeds Children's Emergency Duty Team	0113 535 0600
Leeds Duty and Advice Team	0113 376 0336
North Yorkshire Children, Adults and Emergency	01609 780780
Doncaster Adult Protection Team	01302 736296
Doncaster Children's Services Trust	01302 737777
Doncaster Emergency Duty Team	01302 796000
Calderdale Adult Protection (Gateway to Care)	01422 393000
Calderdale Children's Social Care (MAST)	01422 393336
Calderdale Emergency Duty Team	01422 288000
Police	999
NSPCC	0808 800 5000

As Purple Patch Arts works with people who may live outside the areas above, if a disclosure or concern needs reporting, contact details for other Local Authorities will be on the internet.

18. Review

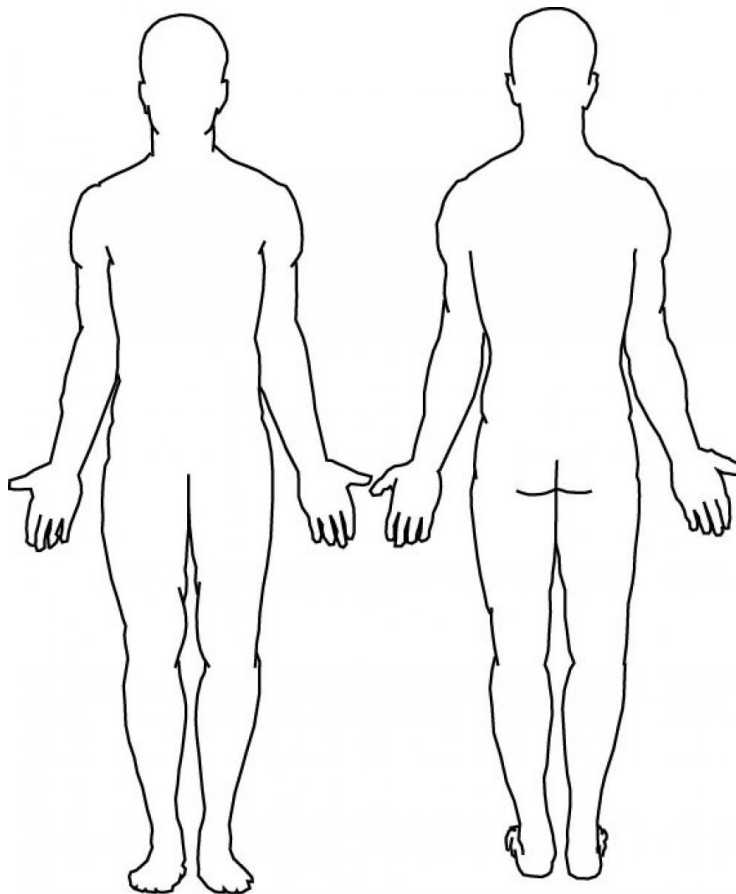
This policy will be reviewed annually.

Body Map

Name of Child, Young Person or Adult at Risk.....

Person completing this form.....

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. Label any internal injuries that have been identified through medical examination. Visible injuries apparent in soft-tissue parts of the body, including the neck, under-arms, stomach, genitals or inner thighs, are unlikely to manifest as a result of a fall or other accidents of this nature.



Date and time

Signature