



Safeguarding Adults Guidance for MS Society staff and volunteers

The MS Society is committed to safeguarding and promoting the welfare of all who use its services regardless of gender, race, disability, sexual orientation, religion/beliefs, whether pregnant or undergoing gender reassignment. We recognise that we have a particular responsibility to ensure that adults who may be at risk are protected.

This guidance applies whether you are in England, Northern Ireland, Scotland or Wales. Each nation has its own term 'adult with care and support needs', 'adults at risk of harm' or 'adult at risk' to refer to adults to whom safeguarding applies. In this document, we have used 'adult with care and support needs' to encompass all of these terms.

If you are told about or witness any abuse or have any concerns yourself you must complete a Record of Safeguarding Concerns and Actions form and email it to safeguarding@mssociety.org.uk as soon as you can. If there is any immediate danger to an individual call the police.

Staff and volunteers are assured by the Society's board of trustees and executive group that there will be no retribution for reports or allegations of abuse made in good faith

The following information explains in more detail what abuse is and what you need to do in the rare case there is a safeguarding issue.

What is safeguarding?

Safeguarding is the Society's duty to ensure it has in place measures to protect all people who come into contact with us with the additional responsibility to make sure adults with care and support needs are protected from abuse. Although encountering these kinds of issues is rare it is important that suspected or actual abuse by or towards our staff, volunteers, beneficiaries and service users is never ignored.

You may become aware of abuse if you:

- witness a form of abuse
- suspect someone is being abused
- are told about abuse by a person with MS or someone they know

What is abuse?

- Abuse is a violation of someone's human or civil rights by another person or persons.
- Abuse can be defined as a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to another person.

- Abuse may be perpetrated as the result of deliberate intent, ignorance or negligence

The person responsible for the abuse might be known to the person with MS, such as a family member or a carer, or they may be a stranger. It may be done on purpose or by someone who may not realise what they are doing is abusive.

There are certain situations that may put people more at risk of experiencing abuse and there are a range of signs which might suggest someone is being abused. For example, a person might have a lot of unexplained falls, cuts or minor injuries.

Recognising abuse

There are many different reasons why abuse may happen however it is useful to be aware that there are certain situations and factors that may put people at an increased risk of experiencing abuse or harm.

If one or more of these factors is present, it does not mean abuse or harm will occur but it may increase the possibility of abuse or harm:

- living in the same household as an abuser or where there is a culture of violence
- a previous history of abuse
- financial problems
- a member of the household experiences emotional or social isolation
- where there has been a change of situation such as illness, unemployment or employment
- where an adult is dependent upon others for their personal and practical care
- where the adult with care and support needs exhibits difficult and challenging behaviour
- where the carer has difficulties such as debt, alcohol or mental health problems
- where there has been a loss of familial relationships and traditional patterns of hierarchy and responsibility are altered
- where there are poor care practices in organisations
- if a person is in a minority (e.g. the only black person or gay/lesbian person in a residential home)
- where the adult with care and support needs shows signs of low mood or depression.

For guidance on indicators of different types of abuse, see Appendix two.

A note on suicide issues

Other than in Scotland where the issue of self harm is a recognisable form of abuse, suicidal ideation in isolation does not constitute a safeguarding concern; however, the circumstances should be considered fully:

- Are others, for example children, involved or at risk of harm?

- Has assisted suicide been mentioned?
- Is the person being influenced or pressured by someone else to commit suicide?
- Are there other forms of abuse contributing to the person's feeling of wanting to end their life?

Passing on Personal details.

You can only pass on a person's personal details (telephone number, email address or other contact details) if you have their permission to do so. If you do not have their permission but know it from another source i.e. it is showing on your telephone display, you know it is on Raisers Edge or it's available digitally somehow you cannot pass it on. This is because they have given their details for another purpose and to pass on this information without permission may breach that individual's rights and we may be breaking the laws around Data Protection.

You should still ask them for their contact details or for permission to pass them on. If they say no, you should still report the issue without passing on their number or other personal details, so we see the possible safeguarding issues that are coming through, but we won't be able to do anything.

For some examples of how to ask for their permission see Appendix 3

What should I do if I become aware of abuse?

If someone tells you about abuse, or if you witness or suspect abuse, you should remember three actions – **respond, record, report,**

Respond: If someone tells you about abuse (or if you witness it yourself) you should try to stay calm, make sure the person is immediately safe, listen to their concerns and reassure them that they have done the right thing by telling you and that the issue will be taken seriously.

If there is any immediate danger to an individual call the police.

Record: Make sure you write down clear, accurate and relevant notes of what you have been told or, if you suspect abuse, your own concerns. If possible you should write down exactly what the person says, as they are saying it.

Report: If someone tells you about abuse, you witness it yourself, or you suspect that a person with MS might be being abused,

Recording details of a disclosure of abuse or harm can be difficult as it is often a very emotional situation. However it is important to make a record as soon as possible otherwise details may be forgotten and missed. The Record of Safeguarding Concerns and Actions form should be used and once completed emailed to safeguarding@mssociety.org.uk

The Record of Safeguarding Concerns and Actions form is available to staff on Axon under Working here/safeworking practices. For volunteers it is available on the volunteer website

If you're not able to use the recording form , contact your line manager to help you, but you will need to send by post any other notes you've taken.

You must not:

Ignore: Although encountering these kinds of incidents is rare, it is important that abuse is never ignored – if you are not sure, recording and reporting is always the right thing to do.

Press for information: You should **not** ask the person leading questions or press for more details. You should allow someone to freely recall events and share whatever is important to them.

Investigate: You should **never** try to investigate incidents of abuse yourself or try to confront the person you think is responsible for the abuse. If an investigation is needed, a member of the safeguarding responders group at the MS Society will refer the issue on to organisations, such as the police and social services.

Make promises: Although you should reassure the adult with care and support needs that the issue will be dealt with sensitively, and with their full involvement whenever possible, you should never promise to keep anything secret. You should explain that you are required to share the information with members of the MS Society's Safeguarding Responders Group, but that the information will be confidential to this group.

What happens next?

Your concern will be discussed by specific members of staff trained in safeguarding adults. They will decide on an appropriate course of action without delay.

Is there any support available to help me keep working safely?

Hearing a disclosure of abuse can be challenging. For support staff can access the Employee Wellbeing Support Service on 0800 072 7 072 or at www.axabesupported.co.uk Volunteers should contact the Society's helpline by calling 0808 800 8000

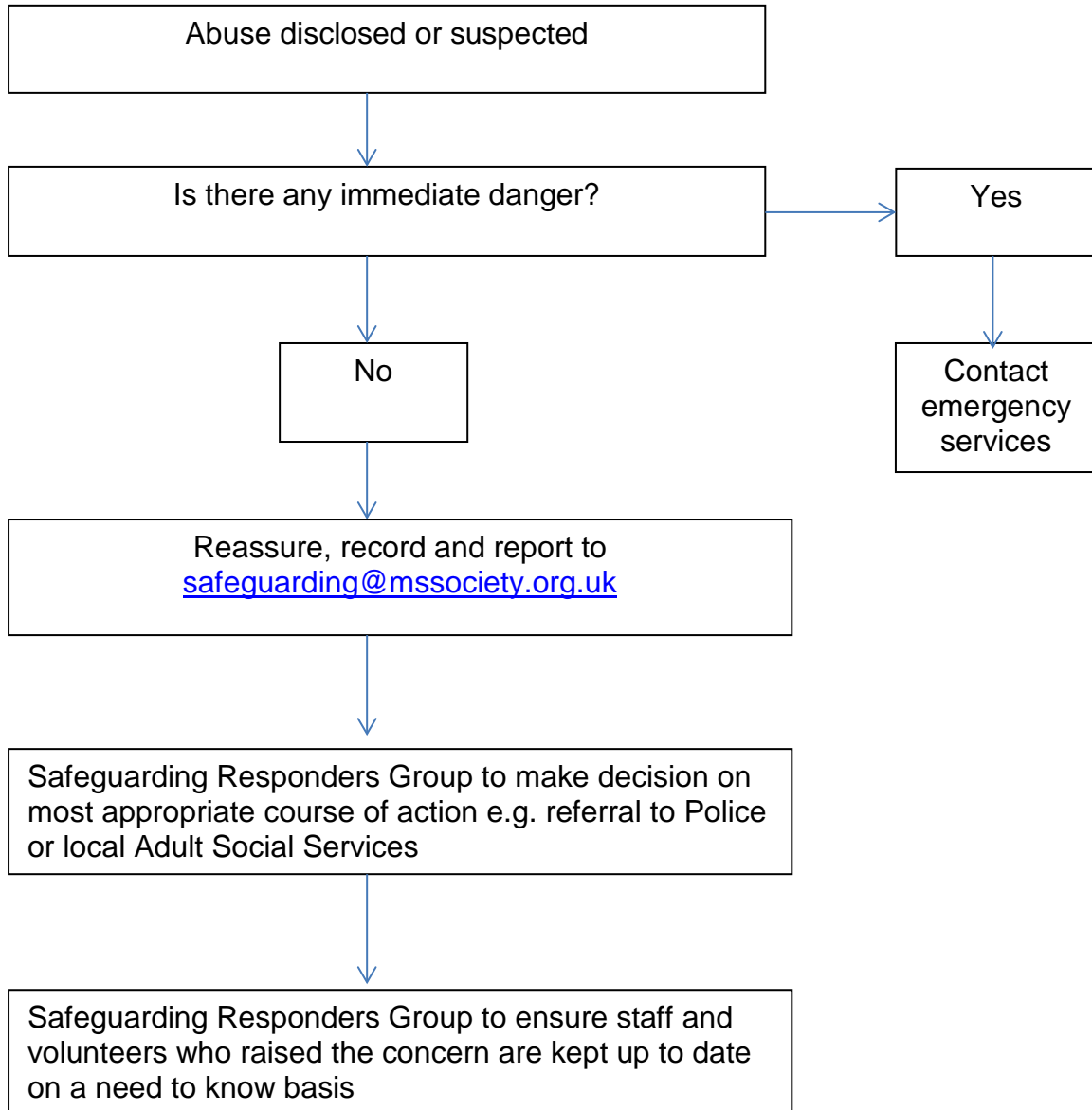
Please keep in mind the need to maintain confidentiality when debriefing after a disclosure.

Where do I find further information?

The MS Society's full Safeguarding Adults policy and procedure is available on Axon and volunteer website.

Content Owner	Quality & safeguarding Lead
Last Reviewed	December 2020
Due for review	December 2021

Appendix 1: Safeguarding process flow chart



Appendix 2: Specific types of abuse as their indicators

The different types and indicators of abuse and harm are listed below. The presence of one or more indicators does not establish that abuse or harm has occurred, these are merely indicators.

Physical abuse or harm

This may include shaking, pinching, slapping, force feeding, biting, burning or scalding. It may also involve causing needless physical discomfort, the withholding of care, or the use of inappropriate care, such as inappropriate restraint, inappropriate moving and rough handling improper administration or denial of medication.

Indicators

- a history of unexplained falls, cuts or minor injuries
- bruising on soft parts of the body; crusted as if from repeated striking, in well protected areas, not normally prone to injury such as thighs, inside upper arm
- finger marks
- burns of an unusual kind or in an unusual place
- injuries shaped like an object
- injuries to head or face
- a reluctance to seek medical or other help
- frequent attendance at hospital accident and emergency department

Verbal abuse or harm

Verbal abuse includes name calling, shouting, sarcasm, inappropriate use of humour and insulting, threatening, shaming, demeaning or derogatory language.

Indicators

- use of derogatory nickname
- jokes that make the person uncomfortable

Sexual abuse or harm

This includes any form of sexual activity that the adult does not want, to which they have not consented, could not consent or were pressurised into consenting to. This includes being encouraged or enticed to touch the abuser, being forced to watch pornography. Any sexual relationship between adults where one is in a position of authority (e.g. health worker, residential worker) will be regarded as abuse – although where consent is given this may not be regarded as a criminal offence under the law.

Indicators

- withdrawal, choosing to be alone
- explicit or untypical sexual language or behaviour
- self inflicted injuries

- self neglect

Psychological/emotional abuse or harm

This includes the use of intimidation, rejection, threats, shouting, indifference and the withdrawal of approval. It also includes oppressive language, denial of choice, deprivation of dignity or privacy, the denial of the right to follow one's own religious or spiritual beliefs or sexual orientation.

Indicators

- change in appetite/unusual weight loss or gain
- inability to sleep
- low self esteem
- confusion, fearfulness, agitation
- unexplained uneasiness, particularly in the presence of particular people
- becoming withdrawn

Neglect or acts of omission

This is the withholding, whether deliberately or unintentionally, of the help or support necessary for the individual to carry out daily living tasks. This includes ignoring medical or physical care needs or a failure to provide health, educational or social support. It also includes withholding of medication, nutrition, heating and keeping the person in isolation. Neglect can also include the failure to intervene in potentially dangerous situation, especially when the person lacks the mental capacity to assess risks.

Indicators

- inadequate physical care
- frequent use of emergency or out of hours services in preference to mainstream services

Financial or material abuse or harm

This covers the inappropriate use, exploitation or misappropriation of property, possessions or financial resources. It includes theft, deception, false accounting, fraud, exploitation or pressure in connection with wills, property, inheritance or financial transactions.

Indicators

- unexplained or sudden inability to pay bills
- unexplained or sudden withdrawal from accounts
- large withdrawals from accounts
- inconsistency between standard of living and income

Self Neglect

Self neglect describes a wide range of things people do to themselves in a deliberate and usually hidden way which are damaging. This can include refusal to eat or drink, drug or alcohol misuse, cutting, burning, scalding and failure to care for oneself

Indicators

- unexplained weight loss/gain
- unexplained injuries
- poor personal hygiene

Discriminatory abuse or harm

This is abuse motivated by discriminatory or oppressive attitudes around race, gender, cultural background, religion, age, disability or sexual orientation. This may take the form of denial of religious practices, lack of appropriate food, denial of the opportunity to develop relationships or of health care.

Indicators

- being treated unequally compared to other service users in terms of the provision of care, treatment or services
- being isolated
- dismissive or derogatory language and attitudes from carers or staff

Institutional abuse or harm

Abuse or harm within an institution can be personal or institutional. Any personal abuse would fall into the categories above. Institutional abuse or harm occurs when procedures and routines mean adults with care and support needs have to sacrifice their rights to meet the needs of the institution.

Indicators

- inflexible daily routines, e.g. set bedtimes/deliberate waking up
- dirty clothing and bed linen
- lack of personal clothing and possessions
- inappropriate use of power, control, restriction or confinement
- misuse of finances
- failure to record incidents or concerns
- lack of training, risk assessment, supervision or management

Appendix 3: Asking for personal contact details

Below are some examples of ways to ask permission to pass on somebody's personal contact details.

"What you've said is really concerning....I need to report this to my manager, is it Ok to pass on your phone number so someone can call you?"

"I want to talk to one of my colleagues and may ask them to call you back, is that Ok with you? Can I take your number?"

"Just to let you know I need to report this to my manager, are you Ok with me giving them your number? They will be in touch with you to explore your situation a bit more."

"I need to tell someone else here who will be more able to assist....could you give me a number so someone can speak to you in more detail?"

If they are saying they are being abused or its very clear....

"What you have told me is concerning. At the MS Society we have a duty of care to look after people, and this means that if we have concerns it is our policy to raise these with a colleague in case there is a possible safeguarding issue . If there is they may want to discuss this further with you- could I please take your number in case they do need to contact you to discuss the concern further?"

"This is very worrying, as you are saying you are being abused/I think this may be abuse. I have a duty to report this to a manager, who will want contact you and discuss with you what you would like to do. Are you Ok for them to ring you on this number?"