

ISM Members' Fund

Safeguarding Adults at Risk Policy and Procedure

1 Introduction

The ISM Members Fund was established in 1917 to provide help and support to members or former members of the Incorporated Society of Musicians (ISM) and their dependants.

This policy and accompanying procedure set out the ISM Members Fund approach to safeguarding adults at risk.

The intended outcome of this set of documents is to safeguard and promote the welfare of adults at risk at all times while engaging with the ISM Members Fund, or being otherwise involved in the work of the Members Fund.

Adults at risk – definitions

In England and Wales an adult at risk is defined as a person over the age of 18 who:

- has needs for care and support (whether or not a local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- 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.

In Scotland an adult at risk is defined as a person over the age of 16 who:

- is unable to safeguard their own well-being, property, rights and or other interest
- is at risk of harm
- is more vulnerable to being harmed because they are affected by disability, mental disorder, illness or physical mental infirmity compared with adults who are not so affected.

In Northern Ireland an adult at risk is defined as a person over the age of 18:

- whose exposure to harm through abuse, exploitation or neglect may be increased by their personal circumstances and/or life circumstances.

Responsibility for safeguarding adults at risk

It is the responsibility of any ISM staff involved in Fund operations and of all volunteers to ensure that they are familiar with the ISM Members Fund Safeguarding Adults at Risk policy and procedure, and to take action in line with this guidance. The responsibility for ensuring that this policy is satisfactorily followed lies jointly with the Chief Executive of the ISM and with the ISM's Designated Safeguarding Person (DSP).

The Trustees of the ISM Trust acting on behalf of the Trust as trustee of the ISM Members Fund retain ultimate responsibility for safeguarding and promoting the welfare of adults at risk.

Scope

This policy covers the ISM Members Fund.

It applies to all ISM staff, ISM Trust Trustees acting on behalf of the ISM Trust as Trustee to the Fund, and volunteers.

This policy should be read in conjunction with the ISM Safeguarding & Child Protection Policy, Code of Practice and Procedures, ISM Members Fund Volunteer Policy, ISM Data Protection Policy, ISM Code of Practice for Council Members and the ISM Staff Handbook.

Review

The Trustees of the ISM Trust acting on behalf of the Trust as trustee to the Members Fund will review this policy every 12 months or following any legislative changes, whichever comes first.

2 Policy statement

It is the ISM Member's Fund policy that:

1. Any ISM Staff, ISM Trust Trustees acting in their capacity as Trustee to the ISM Members Fund and any volunteers working with the ISM Members Fund understand and accept their responsibilities in working together to safeguard adults at risk, and that they will report any concerns about an adult at risk or somebody else's behaviour using the procedures laid down in this document.
2. The Designated Safeguarding Person (DSP) within the ISM will be responsible for taking forward any action following an expression of concern and the lines of responsibility in respect of adults at risk are clear.
3. The Chief Executive of the ISM and, in his/her absence, the DSP, know how to make appropriate referrals to statutory agencies responsible for adults at risk.
4. Information relating to any allegation or disclosure must be clearly recorded as soon as possible, and there is a procedure setting out who should record information and the time-scales for passing it on.
5. The Care Act 2014 creates statutory obligations on local authorities to establish structures and procedures for dealing with adults considered to be at risk. One of the six key principles of safeguarding in the Act is prevention: it is better to act before harm occurs. This means that anyone who has concerns about an adult at risk should be made to understand that undertakings of confidentiality may not always be given to over-ride the need for adults at risk to be protected from harm.
6. This Safeguarding Adults at Risk policy will be referred to or included in recruitment, training and policy materials, where appropriate.
7. It is part of the ISM's and the ISM Members Fund's acceptance of its responsibility of duty of care towards adults at risk that ISM staff involved in Members Fund operations who encounter child protection concerns in the context of their work will be supported when they report their concerns in good faith.

3 Designated Safeguarding Person responsibilities

The ISM's Designated Safeguarding Person (DSP) has the following responsibilities:

- to work in accordance with the ISM Members Fund policy and procedures for safeguarding adults at risk;
- to ensure that the ISM Members Fund policies and procedures for the safety and welfare of adults with whom it has contact are satisfactorily followed by all ISM staff, ISM Trust trustees and volunteers involved with the Fund;
- to take decisions, in conjunction with the Chief Executive, about the action needed when informed of a concern about an adult;
- to liaise as appropriate with other organisations and statutory authorities with regard to safeguarding incidents;
- to ensure appropriate records of safeguarding incidents are made, maintained and securely stored.

PROCEDURE – identifying and reporting safeguarding concerns

Identifying concerns: what you should do

1. Concerns may relate to physical abuse, sexual abuse, neglect, emotional abuse, financial abuse, and discriminatory abuse of a vulnerable adult. Multiple types of abuse against the adult are not uncommon. Perpetrators of abuse can include parents, carers, workers, institutions or other service users. Types of abuse include:
 - **Physical** abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
 - **Sexual** abuse, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;
 - **Psychological** abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
 - **Financial or material** abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
 - **Neglect** and acts of omission, 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; and
 - **Discriminatory** abuse, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.
2. Information that gives rise to concern may come from various sources – observation, statements made by a vulnerable adult, by another member of the family, a friend, an ISM member or by an ISM colleague or contractor. Equal precedence will be given regardless of the source. The person making the disclosure/raising an alert will be informed that their concerns will be taken seriously and our procedures will be followed, a copy of which can be provided if requested.
3. All concerns and allegations, whatever their origin, must be taken seriously and considered with an open mind which does not pre-judge the situation. Remain calm and receptive. Listen without interrupting. Make it clear you take them seriously. If it is difficult to understand what the person is saying, explain this and ask if they would mind saying it again. It is important not to ask questions relating to the alleged abuse as this will preclude the police asking them should there be police involvement. Do not promise confidentiality.
4. You need to make a careful record of what has occurred, whether it is information you have received or an incident that you observed. It is important to do this as close to the incident as possible, and to be clear about what information has been passed on and to whom. Use the record sheet attached to this procedure, which will form the basis of any subsequent referral to Adult Social Care. Continue to record in writing all subsequent events up to the time of intervention by Adult Social Care.

Reporting concerns procedure: what you should do

1. The action taken will vary with the circumstances, but must always be taken as soon as possible. You should dial 999 and ask for the police or ambulance service if the

person is in immediate danger, or needs urgent medical treatment. Remember to have regard to your own safety. Leave the situation if it is not safe for you.

2. If you suspect abuse: make a note of your concerns, whether based on a 'one-off' incident or remark, or noted as repetitious events or statements. Contact the Designated Safeguarding Person (DSP) immediately by telephone (020 7221 3499) or email (dsp@ismmembersfund.org).
3. The DSP will report matters to the Chief Executive and they will decide the appropriate way forward.
4. If you report a concern as described above but feel that it has not been dealt with properly, then raise the matter again using the ISM Staff Handbook Whistleblowing procedure.

Making a referral to Adult Social Care

1. Where abuse is evident or disclosed or where workers report concerns of abuse, the DSP will:
 - follow local requirements regarding referral, including how records will be made and kept and whether details of injuries need to be recorded;
 - as appropriate to the circumstances, seek to discuss their concerns with the adult themselves;
 - obtain a record from the individual reporting the incident, stating the facts, written in black ink, signed and dated as soon as possible after the incident occurred and within 24 hours at the latest;
 - keep a record of any discussions both with the reporting individual and with Adult Services;
 - follow up all verbal reports within 48 hours with a written report, which contains objective, factual details;
 - record any other details of contacts, conversations or action taken, and ensure that all documents relating to the incident are stored securely and are kept for a minimum of 50 years;
 - report the incident immediately to the ISM Trust trustees in their capacity as Trustee to the Members Fund (details anonymised);
 - if appropriate, report the incident to ISM Members Fund insurers using the incident report form (see Appendix). This will be appropriate if an incidence of abuse is alleged to have taken place on ISM premises, by ISM staff or volunteers, or during an ISM Members Fund event).
2. There may be circumstances where the adult at risk does not wish any action to be taken and does not agree to a referral being made on their behalf (please note: this does not apply to children). In such cases the safeguarding officer will consider whether there are reasons for overriding the person's wishes, for example:
 - because it is in the public interest;
 - to prevent further harm to the person themselves or to others;
 - because a crime has been or is about to be committed.
3. The DSP will seek guidance on the correct action to take in such circumstances on an anonymous basis from the Local Adults' Safeguarding Board/Local Authority Safeguarding Officer (England & Wales), Local Authority Adult Protection Committee (Scotland) or Protection of Vulnerable Adults Designated Officer in the relevant Health Trust Area (Northern Ireland).

4. Individuals reporting concerns should note that that if they observe any marks, bruises or injuries on a service user, these are to be recorded on a body map chart. REPORTING INDIVIDUALS MUST NEVER TAKE PHOTOGRAPHS to record marks, injuries or bruises.
5. If the DSP is not contactable, reporting individuals should contact the Local Safeguarding Adults Board (LSAB) for advice and/or direct referrals.

Confidentiality

The ISM Members Fund approach is that:

- information will only be shared on a 'need to know' basis when it is in the best interests of the adult at risk, and this should be judged on a case by case basis;
- confidentiality must not be confused with secrecy;
- informed consent should be obtained but, if this is not possible and other vulnerable adults are at risk, it may be necessary to override the requirement;
- it is inappropriate to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk;
- in certain circumstances it will be necessary to exchange or disclose personal information which will need to be in accordance with the Data Protection Act 1998 and the ISM confidentiality and data protection policy.

Disclosure and Barring Service (DBS)

Any relevant position whether paid or voluntary should be considered individually and separately to determine whether or not a DBS check is required or permitted by law.

If an ISM staff member, volunteer or trustee is subject to an allegation of abuse

The DSP will notify Adult Services in the relevant local authority area in accordance with procedures laid down by the Local Safeguarding Adults Board (LSAB) (England & Wales) or Local Authority Adult Protection Committee (Scotland). The DSP will notify the Protection of Vulnerable Adults Designated Officer in the relevant Health Trust Area (Northern Ireland) within two days of the allegation.

The DSP will also inform the following:

- ISM insurance brokers ;
- the Chair of the ISM Trust Board;
- the Chief Executive of the ISM;
- where relevant, the line manager of a member of ISM staff.

If an offence appears to have been committed, the police will be notified.

The ISM staff Disciplinary Procedure may be invoked if necessary.

Learning and development

All individuals whose work may bring them in to contact with adults at risk will receive safeguarding training to enable them to understand and carry out their responsibilities under the ISM Members Fund safeguarding policy and procedure.

Designated safeguarding adults at risk officers will receive additional training with regard to their particular role and responsibilities.

Acceptance of Safeguarding Adults at Risk procedure

The Designated Safeguarding Person, and other individuals involved in the implementation of this Procedure are required to confirm in writing that they have received, read and understood its contents, in such form as may be specified by the Chief Executive of the ISM from time to time.

Responsibility for following this procedure rests with the individual. Failure to do so may result in disciplinary proceedings for ISM staff or the equivalent proceedings for volunteers or trustees.

APPENDIX 1
Reporting form for suspected of alleged abuse

This form is to be used by individuals connected with the ISM Members Fund to report any incident involving actual or suspected abuse of an adult at risk.

The information in this form is confidential. It should only be sent to the Designated Safeguarding Person (DSP) or Chief Executive. It will be held in a safe and secure place in accordance with data protection regulations. However, a court of law may require the ISM Members Fund to disclose it as evidence.

Please fill in as much of the form as possible. Leave blank any areas for which you have no information. If raising general concerns about observed behaviour, please make this clear.

Part One – About You
Your name:
Your relationship to the adult at risk:
Part Two – About the Adult at risk
Adult at risk's name:
Is the adult at risk male or female?
Adult at risk's address:
Who does the adult at risk live with? Please give their names and dates of birth. What is the nature of their relationship?
Adult at risk's date of birth/ age:
What is the ethnicity, first language and religion of the adult at risk?
Part Three – About Your Concern
How did you come to have a concern? <ul style="list-style-type: none"> • Was abuse observed or suspected? • Did an adult at risk disclose abuse? • Was an allegation of abuse made by another person?
Date(s), time(s) and location(s) of any incident(s):

Nature of concern/allegation:
Name, address and date of birth of alleged perpetrator(s) Are they aware of your concerns?
Observations made by you (e.g. description of visible bruising, other injuries, adult at risk's emotional state etc) N.B. Please make it clear whether each observation is fact, opinion or something you have been told.
Exactly what the adult at risk has said and what you have said: (Do not lead the adult at risk by asking them yes/no questions– ask open- ended questions. Record details of conversation(s) and continue on a separate sheet if necessary)

Any other information (e.g. does the adult at risk have a disability/learning difficulties or find it difficult to communicate?)
Why do you think that they are an adult at risk?
What is their first language? Do they need an interpreter, signer or other communication aid?
Were any other children/adults at risk involved?
Where is the adult at risk now?
Is the adult at risk aware of this referral?
External agencies contacted (if any) – date and time. Name of person contacted and any advice received:
Action Taken:
<p>Signed:</p> <p>Name: please print: Position: Date: Time: Contact details:</p> <p>Signed by DSP/Chief Executive</p> <p>Name: please print: Position: Date: Time: Contact details:</p>

Approved June 2017