



EGLAC
EAST GREENWICH LEGAL ADVICE CLINIC

Safeguarding Policy

Safeguarding lead: Clinic Director

Deputy safeguarding leads: Tim Cave and Sue Hall

The safeguarding lead is responsible for reporting concerns of abuse and neglect to the relevant authority. In their absence, either of the deputy safeguarding leads will take this action.

Who Is This Policy For?

This policy applies to all paid staff and volunteers working at EGLAC, including senior managers and trustees. It also applies to anyone working on behalf of EGLAC. No one should ignore allegations or suspicions of abuse or neglect.

Why Does EGLAC Have a Safeguarding Policy?

We have a policy to:

- stop abuse and neglect where possible;
- prevent harm and reduce the risk of abuse and neglect; and
- provide staff and volunteers with overarching principles that guide our approach to safeguarding.

We provide services to a range of adults and we may suspect or be told about current or historic abuse or neglect. Our safeguarding guidelines and procedures will ensure that staff and volunteers are able to deal appropriately with these situations. This will include:

- having sound recruitment practices;

- ensuring all staff and volunteers have an understanding and awareness of adult safeguarding; and
- ensuring all staff and volunteers know how to raise safeguarding concerns and feel confident doing so.

Our Legal Duties

Legislation does not place a statutory duty on us to report safeguarding concerns about an adult, except in specific circumstances relating to contracts or agreements. But this does not mean we do not have a responsibility and duty to safeguard the wellbeing of adults using our service. Safeguarding is the responsibility of everyone at EGLAC.

The legislation covering safeguarding is the Care Act 2014 (England) and the Social Services and Wellbeing (Wales) Act 2014. These acts put duties on local authorities in relation to adult safeguarding. We will take these duties into account in our work with clients and support the local authorities to fulfil their statutory duties where possible. They include:

- stopping abuse or neglect wherever possible;
- preventing harm and reducing the risk of abuse or neglect to adults with care and support needs;
- safeguarding adults in a way that supports them in making choices and having control about how they want to live;
- promoting an approach that concentrates on improving life for the adults concerned;
- raising public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- providing information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult; and
- addressing what has caused the abuse or neglect.

Who Is Protected By This Policy?

We recognise that many policies and organisations refer to ‘adults at risk’ or ‘vulnerable adults’. This policy adopts the broader definitions introduced in recent legislation such as the Care Act 2014 and the Social Services and Wellbeing (Wales) Act 2014. Their definitions are broader and far-reaching and could potentially cover many of our clients.

Under the Care Act 2014 and the Social Services and Wellbeing (Wales) Act 2014 safeguarding duties apply to an adult who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves because of their care and support needs.

An adult with care and support needs may be:

- an older person;
- a person with a physical disability, a learning difficulty or a sensory impairment;
- someone with mental health needs, including dementia or a personality disorder;
- a person with a long-term health condition; or
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

We will apply this policy equally to all adults who use EGLAC services regardless of age, race, disability, gender reassignment, marriage and civil partnership status, pregnancy and maternity, religion and belief, sex and sexual orientation.

What Do We Mean By Safeguarding?

According to the Ann Craft Trust, ‘Safeguarding’ refers to measures designed to protect the health, well-being and human rights of individuals. Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults at risk.

Principles For Guiding EGLAC’s Safeguarding Activities

EGLAC will use these principles to guide our safeguarding activities. They are also used by local authorities and other statutory bodies to direct their adult safeguarding activities:

- **empowerment** - actions or decisions must be based on the presumption of person-led 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;
- **partnerships** - local solutions through services working with their communities; and
- **accountability** - accountability and transparency in delivering safeguarding.

Fundamental to this policy is our aim to involve the client in decisions about what should happen wherever possible.

Recognising the Different Types of Abuse and Risk

The indicators provided below are not an exhaustive list of signs and symptoms of someone suffering abuse and neglect. Further information about possible signs and symptoms can be found online by visiting the [NHS webpage on safeguarding](#) or the [Social Care Institute of Excellence webpages on safeguarding](#).

Type of abuse	Indicators of abuse
Physical abuse: This type of abuse involves	These could include if someone has physical injuries such as bruising, cuts or burns and is unable to provide

<p>hitting, kicking, spitting and biting. It can also involve restraining someone, making someone intentionally uncomfortable or withholding food, water or medication</p>	<p>a consistent explanation of the injuries they have</p>
<p>Domestic violence or abuse: This type of abuse not only applies to physical abuse but also includes the following:</p> <ul style="list-style-type: none"> ● psychological ● sexual ● financial ● emotional <p>It includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so-called 'honour'-based violence, female genital mutilation and forced marriage</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> ● low self-esteem ● feeling that the abuse is their fault when it is not ● physical evidence of violence such as bruising, cuts, broken bones ● verbal abuse and humiliation in front of others ● fear of outside intervention ● damage to home or property ● isolation – not seeing friends and family ● limited access to money
<p>Sexual abuse: This type of abuse includes rape, any inappropriate touching, indecent exposure, sexual acts to which the adult has not consented or lacks the capacity to consent, sexual photography or forced use of pornography or the witnessing of sexual acts</p>	<p>It may be more difficult to pick up on indicators for this type of abuse as they can include physical symptoms such as bruising or bleeding in places covered by clothing. However, the following may be noticeable:</p> <ul style="list-style-type: none"> ● bruising to the upper arms and marks on the neck ● unusual difficulty in walking or sitting ● self-harming
<p>Psychological and emotional abuse:</p>	<p>The indicators of this type of abuse can include the following:</p>

<p>This type of abuse includes including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks</p>	<ul style="list-style-type: none"> • an air of silence when a particular person is present • withdrawal or change in the psychological state of the person • insomnia • low self-esteem • uncooperative and aggressive behaviour • a change of appetite, weight loss/gain • signs of distress: tearfulness, anger • apparent false claims, by someone involved with the person, to attract unnecessary treatment
<p>Financial or material abuse: This type of abuse can involve 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, or the misuse or misappropriation of property, possessions or benefits</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • unexplained lack of money or inability to maintain lifestyle • unexplained withdrawal of funds from accounts • power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • the person allocated to manage financial affairs is evasive or uncooperative • the family or others show unusual interest in the assets of the person • signs of financial hardship in cases where the person's financial affairs are being managed by a court-appointed deputy or an attorney under an LPA • recent changes in deeds or title to property • rent arrears and eviction notices • disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • unnecessary property repairs
<p>Modern slavery: This type of abuse encompasses slavery, human trafficking,</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • signs of physical or emotional abuse • appearing to be malnourished, unkempt or

<p>forced labour and domestic servitude</p>	<p>withdrawn</p> <ul style="list-style-type: none"> • isolation from the community, seeming under the control or influence of others • living in dirty, cramped or overcrowded accommodation and/or living and working at the same address • lack of personal effects or identification documents • always wearing the same clothes • avoidance of eye contact, appearing frightened or hesitant to talk to strangers
<p>Discriminatory abuse: Including forms of harassment, slurs or similar treatment because of age, race, religion or belief, sex, sexual orientation, gender reassignment, disability, marriage and civil partnership, pregnancy and maternity</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • the person appears withdrawn and isolated • expressions of anger, frustration, fear or anxiety • the support on offer does not take account of the person's individual needs in terms of a protected characteristic
<p>Organisational or institutional 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 ongoing ill-treatment</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • inadequate staffing levels • people being hungry or dehydrated • poor standards of care • lack of personal clothing and possessions and communal use of personal items • lack of adequate procedures • poor record-keeping and missing documents • absence of individual care plans • lack of management overview and support
<p>Neglect and acts of omission: Including ignoring medical, emotional or physical care needs, failure to provide access</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care

<p>to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating</p>	<ul style="list-style-type: none"> • providing care in a way that the person dislikes • failure to administer medication as prescribed • refusal of access to visitors • not taking account of the person’s cultural, religious or ethnic needs
<p>Self-neglect: This covers a wide range of behaviour that is neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding</p>	<p>These could include the following:</p> <ul style="list-style-type: none"> • very poor personal hygiene • unkempt appearance • lack of essential food, clothing or shelter • malnutrition and/or dehydration • living in squalid or unsanitary conditions • neglecting household maintenance

Radicalisation and Safeguarding

If you are concerned about an adult at risk becoming radicalised, follow the stages in our safeguarding procedure. The government has a counter-terrorism strategy that includes supporting vulnerable people to prevent them being drawn into terrorism.

All staff and volunteers at EGLAC will be mindful of radicalisation and report any concerns using our safeguarding policy.

Confidentiality and Safeguarding

Confidentiality is a critical principle underlying EGLAC’s public-facing activities. It is important that our clients can trust us and know that the information they disclose to us is treated in confidence.

However, if an adviser has suspicions or has information disclosed to them about a client being abused, they have a responsibility to take action. Our principles do not override the need to protect the client from abuse.

In accordance with the principle of empowerment, the decision on whether to make a safeguarding alert should normally be discussed with the client and where possible their consent should be gained to make the alert.

However, there will be situations when this confidentiality between EGLAC and the client needs to be breached without their permission. This includes if we believe that they are in serious and immediate danger. **In these situations, the well-being of the client or others who**

may be at risk takes precedence over our aim of confidentiality.

Mental Capacity and Safeguarding

We will assume that adults have mental capacity to make informed decisions about their own safety and how they live their lives. The Mental Capacity Act 2005 is central to decisions and actions in safeguarding adults.

Where a person is able to make an informed choice in relation to a particular decision, they have a right to self-determination.

In practice, it may come to light that an adult at risk does not have capacity to make informed decisions about their own situation. One way this could occur is if an adult at risk's carer has a registered Lasting Power of Attorney for one or more of the adult at risk's affairs. If there is reason to believe that the adult at risk is being abused, has been abused in the past, neglected or exploited by the person they attended with, it will be difficult to have a conversation with the client alone. If seeking consent would put a client in greater danger, then steps can be taken without seeking consent using the safeguarding procedure. In these circumstances it is important to include the reason why consent was not sought when recording the actions taken.

If it is not clear if an adult has the capacity to make an informed decision, staff and volunteers should talk to the safeguarding lead/deputy safeguarding lead and use the safeguarding procedure set out in this policy.

Factors which will be relevant in determining whether a safeguarding concern should be reported about a person who lacks capacity to make the decision themselves are if the person can't:

- understand information about the decision to be made on whether or not to report a concern because of a safeguarding reason, or
- retain that information in their minds, or
- use or weigh up that information as part of the decision-making process, or
- communicate their decision (by talking, using sign language or other means)

Supervision, Training and Safeguarding

As part of the induction process staff and volunteers will be made aware of good safeguarding practices alongside the Volunteer Handbook and Confidentiality Policy. Staff and volunteers will be given regular supervision and have their training needs assessed. Regular case checking will take place and any unusual or excessive contact with an adult at risk will be investigated.

Procedure for volunteers to follow upon identifying a potential safeguarding issue

Question 1: Is an immediate response needed in relation to an incident, or emergency healthcare required?

If YES:

- 1) Call the police or ambulance services on 999;
- 2) Raise a safeguarding alert with the safeguarding lead/deputy safeguarding lead as soon as practically possible;
- 3) Make a record of what happened that led to the incident and send this to the safeguarding lead as soon as practically possible.

Question 2: Is it safe and possible to discuss your concern with the person who is affected? If it is not clear whether the client has mental capacity, discuss with the safeguarding lead/deputy safeguarding lead first.

If YES:

- 1) Establish the basic facts. Avoid leading questions or asking the same questions more than once.
- 2) Ask the person at risk what they want to happen to keep them safe and what they would like you to do?
- 3) Request the consent of the person at risk to make a safeguarding alert.
- 4) Consider what immediate steps are needed to protect the person:
 - a. Including specialist support from third party organisations, services or provision i.e. GP, social services, local authorities, etc.
 - b. If a crime may have taken place but there is no immediate threat, call the police on 101 and share your concerns.
- 5) Raise a safeguarding alert with the safeguarding lead or deputy safeguarding lead.
- 6) Explain to the adult at risk how they will be involved and kept informed.
- 7) Make a record of what happened that led to the safeguarding concern, including details of any discussions with the person at risk and anything relevant that you were told and send this to the safeguarding lead as soon as practically possible.
- 8) Spend some time reflecting on the incident with the safeguarding lead afterwards. Consider any appropriate course of action to eliminate or reduce the likelihood of further risks.

If NO:

- 1) Consider what immediate steps are needed to protect the person:
 - a. Including specialist support from third party organisations, services or provision i.e. GP, social services, local authorities, etc.
 - b. If a crime may have taken place but there is no immediate threat, call the police on 101 and share your concerns.

- 2) Raise a safeguarding alert with the safeguarding lead or deputy safeguarding lead.
- 3) Explain to the adult at risk how they will be involved and kept informed.
- 4) Make a record of what happened that led to the safeguarding concern, including details of any discussions with the person at risk and anything relevant that you were told and send this to the safeguarding lead as soon as practically possible.
- 5) Spend some time reflecting on the incident with the safeguarding lead afterwards. Consider any appropriate course of action to eliminate or reduce the likelihood of further risks.

Appendix: Safeguarding Behaviours for Working with Adults

Although many of the actions described below apply only in a setting where staff and volunteers are in the same physical location as the adults, there may be instances where these can be envisaged in a digital setting. This awareness of safeguarding will be demonstrated through the following behaviour and actions:

- Staff and volunteers will make known any concerns they have about the safeguarding of an individual to the safeguarding lead or deputy safeguarding lead.
- If the client has access to third-party support, e.g. a social worker or advocate, it is advisable for that person to attend appointments if possible.
- Any home-visiting appointments will be registered at EGLAC, and the Clinic Director must know when and where the visit is taking place, its purpose and when the adviser is due back at the clinic. The clinic should also have a contact number for the staff member or volunteer. As far as possible, the adviser should arrange for another volunteer to go with them.
- Staff and volunteers will never transport an adult at risk in their own car, alone, unless prior arrangements have been made and approved by the safeguarding lead or in the case of a medical emergency.
- Staff and volunteers will never make any comments with sexual overtones, even in humour, or partake in any 'horse play' with an adult at risk.
- An adult at risk of or experiencing abuse or neglect will never be allowed into a staff member or volunteer's home.
- Staff and volunteers will not lend money to or borrow money or possessions from an adult at risk of or experiencing abuse or neglect. They will not agree to make any purchases, or undertake any financial transactions, on behalf of the client.
- Staff and volunteers will not engage in rough physical games - apart from structured sports activities which may be part of a fundraising event, for example.
- Staff and volunteers will not engage in sexually provocative games.
- Staff and volunteers will not allow or engage in inappropriate touching of any form.
- Staff and volunteers will not allow an adult at risk of or experiencing abuse or neglect to use inappropriate language unchallenged.

- Staff and volunteers will not make sexually suggestive comments about or to an adult at risk of or experiencing abuse or neglect, even in fun.
- Staff and volunteers will not let allegations that an adult at risk of or experiencing abuse or neglect makes go unchallenged or unrecorded.
- Staff and volunteers will not do things of a personal nature for an adult at risk of or experiencing abuse or neglect that they can do themselves.

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