

SAFEGUARDING POLICY AND PROCEDURE

1. Policy Statement

This policy and procedure is written to enable the committee to address issues where there are safeguarding concerns. Safeguarding includes incidents between members, concerns regarding abuse or neglect that a u3a member may be experiencing outside of the u3a, health related issues or previous or pending criminal convictions.

Chepstow u3a committee has a duty of care to its members but does not hold any statutory authority. Matters of concern will be reported to the relevant safeguarding authorities and charity regulatory authorities, as appropriate.

Chepstow u3a ('the u3a') recognises that some people are potentially at risk of abuse and neglect. Where abuse or neglect is suspected the u3a will aim to respond in a prompt and efficient manner to any situation where there is a risk of or perceived risk of harm. The u3a recognises that there are various forms of abuse which can be perpetrated by volunteers, members, relatives, friends and neighbours. The u3a will neither condone nor tolerate any form of abuse or neglect and believes that all people should be able and, where necessary, enabled to live in an environment which is safe and free from harm.

It is not appropriate for the u3a to take the lead role in any Safeguarding Enquiry under Section 42 of the Care Act 2014. Where there are serious concerns regarding abuse or neglect the u3a committee will seek advice and support from the Trust, where possible, and will contact the relevant statutory authorities, as needed. The u3a will monitor the implementation of this policy and procedure annually through its committee.

In following the safeguarding procedure the u3a will strive to uphold the principles that those involved in incidents are entitled to:

- privacy
- be treated with dignity and respect
- lead an independent life and to be enabled to do so
- choose how they live their lives
- the protection of the law
- have their human and civil rights upheld regardless of ethnic origin, gender, sexuality, impairment or disability, age, religious or cultural background.

Theu3a will also follow the principles enshrined within the Care Act 2014:

- **Principle 1 – Empowerment** – whereby the approach is focused on the individual making their own decision and gaining informed consent, where possible.
- **Principle 2 – Prevention** – seeking to take steps to prevent issues from arising or escalating.

- **Principle 3 – Proportionality** – responding in a proportionate way to the issue/s being presented.
- **Principle 4 – Protection** – seeking to keep the membership safe and protection for those deemed to be at risk.
- **Principle 5 – Partnership** – reporting incidents to the relevant statutory bodies and liaising with the Trust.
- **Principle 6 – Accountability** – accurate recording of incidents. Reporting incidents, as required, to the Trust and relevant regulatory authorities.

2. Procedure

The u3a has a responsibility to ensure that its committee members and group leaders understand their safeguarding responsibilities.

Depending on the nature of the allegation and the identified risk, the u3a will support the alleged victims and the alleged perpetrators of any abuse as well as any volunteer who becomes aware of an allegation in so far as this does not compromise any safeguarding enquiry or investigation into the allegation or place other adults at risk.

The u3a will make every effort to respect the confidentiality of any information that is disclosed under this policy and procedure, however due to the seriousness of allegations confidentiality is not absolute. Information will be recorded and stored securely in accordance with Data Protection Act 2018 but information may have to be shared, on a 'need-to-know' basis only, to prevent:

- Danger to a person's life;
- Danger to a person's health;
- Danger to others;
- Danger to the community; or
- Serious crime (or to facilitate the investigation of a serious crime)

3.1 Courses of action

- The u3a's approach to safeguarding will include members who exhibit health concerns that could put themselves or others at risk, convictions (previous or pending) that include offences of a sexual or violent nature, inappropriate behaviour exhibited by a member including sexual advances, bullying, aggression or violent behaviour, harassment and/or discrimination. This can include behaviour exhibited face to face as well as electronic communications or via social media platforms.
- Where the committee becomes aware of a safeguarding concern steps will be taken, as needed, to ensure the safety of adult/s at risk is secured as a first priority. The steps to take to address this will be discussed and agreed between the Executive Officers of the committee in the first instance. No committee member will act in isolation when dealing with a safeguarding concern.

- Where the u3a committee becomes aware of a safeguarding concern, the first step will be to gather as much information as possible to assist with the decision as to the next steps. A risk assessment will be developed and recorded as soon as possible after the concern comes to the attention of the committee. Where it is deemed that the risk is high and immediate action needs to be taken, the committee will contact the relevant local authorities and – where possible – the Trust for advice and support.
- As far as possible, the adult at risk's wishes will be respected as to whether or not to refer any concerns to the local authority as a Safeguarding Enquiry under Section 42 of the Care Act 2014. However, it may be necessary to override their wishes in the best interests of other adults at risk.
- In developing the risk assessment, the committee will consider the level of risk and the action that needs to be taken accordingly. Assessment of risk will include:
 - Risk to the individual member
 - Risk to other members within the u3a
 - Reputational risk for the individual u3a and the u3a movement as a whole
- Where the risk is not deemed to be high but support is needed, the u3a will contact the Trust to discuss the concerns and seek additional assistance in developing the risk assessment. Assistance will always be sought before moving to exclude any member from the u3a on the basis of a safeguarding risk assessment.
- Once the risk assessment is completed, the committee will decide as to the most appropriate course of action. This could include excluding members from certain groups i.e. groups held in people's homes, requesting that a member attends the u3a with a carer or excluding a member from a group run by a particular group leader.
- Depending on the nature of the allegation it may be necessary to pursue the incident following the u3a's complaints, disciplinary or grievance procedure. Where it is decided that this is the best course of action the matter will not be investigated by any party that was privy to the initial reporting of the incident.
- All actions taken will be recorded. Any records will remain confidential to the committee unless a prior decision has been taken to share the record with the relevant statutory bodies.

This policy was adopted by Chepstow u3a committee on 6th September 2022:

ADDENDUM

General Safeguarding information and guidance

It is a legal requirement of all the Charity Commissions that **all u3as (and other charities) must have a safeguarding policy in place to protect their members**. Non-charity u3as in Scotland effectively govern as charities and must therefore also have a safeguarding policy in place. A template policy and procedure is provided in Section 2.

SECTION 1: Safeguarding information and overview

1. What is safeguarding?

“Safeguarding” refers to measures designed to protect the health, wellbeing and human rights of individuals.

- All u3a members have a responsibility to report any safeguarding concerns to their committee.
- All u3a committee members have an obligation to follow their safeguarding policy and procedure if they suspect that a member is at risk of abuse.

2. What are some examples of where safeguarding procedures may be activated?

- A member controlling the finances of a visually impaired member.
- A member arriving at an outdoor-based group without appropriate clothing and seemingly confused.
- A member making advances towards another member with dementia.

3. What is the responsibility of members in safeguarding?

Safeguarding is everyone’s responsibility, and members must bring any safeguarding concerns they have to their committee (this can be via their group leader). Members should follow their code of conduct and not keep any concerns they have to themselves.

4. What is the responsibility of the committee in safeguarding?

All trustees must take reasonable steps to protect anyone who comes in contact with u3a from harm. Every trustee should have clear oversight of how safeguarding and protecting people from harm are managed within the u3a. Trustees must report all safeguarding concerns to the relevant safeguarding authorities promptly. Trustees should support those involved in safeguarding incidents but should not lead safeguarding investigations- this must be left to the authority it is referred to (e.g., social services).

Once a safeguarding concern has been raised , it should be referred onto the appropriate authority. Usually, this would be the local authority or social services in England, Scotland and Wales and the HSC Trust in Northern Ireland. In cases where the individuals involved are in immediate danger you should call 999. Additionally, **Hourglass (previously Action on Elder Abuse)** <https://www.wearehourglass.org> is a confidential support and advice for older people who have been abused or people who know an older person who may be suffering abuse. Available weekdays 9am - 5pm on freephone 0808 808 8141.

5. What are the signs and indicators of abuse and neglect?

Abuse may be inflicted by anyone that the member comes into contact with. There are many signs and indicators that may suggest abuse or neglect including:

- Unexplained bruises or injuries – or lack of medical attention for an injury
- Non attendance at interest groups without reason and no response to reminders from group leaders or other members.
- Significant loss or gain of weight and/or an unkempt appearance.
- A change in the behaviour or confidence of a member, where they become quiet and withdrawn, or lash out in anger.
- A member showing fear of a particular group or individual.

- A member who sends unwanted sexually explicit text messages to a vulnerable member
 - Threats of physical harm and bullying, or intentional striking of another member.
- Additionally, a member may report they are being abused – i.e., a disclosure.

6. How do you deal with a disclosed safeguarding concern?

If someone discloses a safeguarding concern to you:

Do:

- Stay calm and try not to show shock or disbelief.
- Listen carefully to what they are saying.
- Be sympathetic (“I’m sorry that this has happened to you”).
- Be aware of the possibility that medical evidence might be needed.
- Tell the person that:
 - They did the right thing to tell you.
 - You are treating the information seriously. It was not their fault.
 - You are going to inform the appropriate person.
 - You/ will take steps to protect and support them.
- Record and report the disclosure in line with your safeguarding policy and procedure.

Do not:

- Press the person for more details if they are not comfortable sharing.
- Stop someone who is freely recalling significant events (Don’t say ‘hold on, we’ll come back to that later’; they may not tell you or anybody else again).
- Promise to keep secrets; you have a duty of care to raise safeguarding concerns.
- Make promises you cannot keep such as “this will never happen to you again”.
- Contact the alleged abuser unless they are also a u3a member and it is necessary to do so to safeguard other members.
- Be judgemental.
- Pass on the information other than to those with a legitimate ‘need-to-know’ under your safeguarding policy and procedure.

7. How should you record a safeguarding concern?

- Note what people actually said, using their own words and phrases.
- Describe the circumstances in which the disclosure came about.
- Note the setting and anyone else who was there at the time of the disclosure.
- Separate factual information from your own and others’ opinions.
- Use pen or biro with black ink so that the report can be photocopied if needed.
- Be aware that your report may be required later as part of a legal action or disciplinary procedure.

8. Key Definitions

Adult at risk

Any person aged 18+ who has need for care and support, is experiencing, or is at risk of abuse or neglect, and as a result of those needs is unable to protect themselves against the abuse or neglect, or risk of it.

Abuse

is the “violation of a person’s human and civil rights by any other person(s). It may be a single or repeated act(s), physical verbal, psychological, sexual, institutional, discriminatory, or financial, an act of neglect or failure to act”.

Types of abuse

- **Physical abuse** e.g. assault, hitting, slapping, pushing.
- **Domestic violence** e.g. psychological, physical, sexual, financial, emotional.
- **Sexual abuse** – including inappropriate looking or touching, indecent exposure and sexual harassment.
- **Psychological abuse** e.g., threats of harm, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation.
- **Financial or material abuse** e.g., theft, fraud, internet scamming, coercion in an adult’s financial affairs/arrangements, including with wills, property, inheritance or finances, or the misuse/misappropriation of property, possessions or benefits.
- **Modern slavery** encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** including harassment, slurs, or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect in relation to care provided at home. This may be a one off incident or on-going ill-treatment, through neglect or poor professional practice.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, withholding of medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

