



## **Sailors' Children's Society**

### **Safeguarding Vulnerable Adults Policy and Procedures**

**Implementation 2013  
Date of Review 2021  
Date of Next Review April 2022**

# **VULNERABLE ADULT SAFEGUARDING POLICY**

Underpinning principle:-

**'No one shall be subjected to torture or to inhuman or degrading treatment or Punishment'** *Human Rights Act 2000*

The Care Act 2014 sets out a clear legal framework for how local authorities and others should protect adults at risk of abuse or neglect.

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## 1. AIM OF THIS POLICY

The aim of this policy is to outline the practice and procedures for staff (paid or unpaid) in the Sailors' Children's Society (SCS) to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting the vulnerable adult and the worker by recognising the risks involved in lone working.

The policy covers all staff and areas of work with specific guidance for workers in regular contact with vulnerable adults.

## 2. DEFINITION OF VULNERABLE ADULT

The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2002 states that **'vulnerable adult'** means a person aged 18 or over who is receiving services of a type listed in paragraph (2) below and in consequence of a condition of a type listed in paragraph (3) below has a disability of a type listed in paragraph (4) below.

(2) The services are:

- a. Accommodation and nursing or personal care in a care home
- b. Personal care or nursing or support to live independently in his/her own home
- c. Any services provided by an independent hospital, independent clinic, independent medical agency or NHS body
- d. Social care services
- e. Any services provided in an establishment catering for a person with learning difficulties

(3) The conditions are:

- a. A learning or physical disability
- b. A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
- c. A reduction in physical or mental capacity

(4) The disabilities are:

- a. A dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions
- b. Severe impairment in the ability to communicate with others
- c. Impairment in a person's ability to protect him/herself from assault, abuse or neglect.

(5) In this regulation 'care home', 'independent clinic', 'independent hospital', 'independent medical agency', and NHS body have the same meanings as in the Care Standards Act 2000.

The Law Commission, 'Making Decisions' Lord Chancellors Department 1999 wrote:

A '**Vulnerable Adult**' is defined as someone over 16 who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation'.

## **DEFINITION OF ABUSE**

"**Abuse** is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*). The threat or use of punishment is also a form of abuse. .... In many cases, it is a criminal offence".

## **Types of Abuse**

### **Physical abuse**

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

### **Sexual abuse**

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being witness to sexual acts and encompasses sexual harassment and non-contact abuse.

### **Psychological/emotional abuse includes:**

- Including threats of harm, control, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
  - Humiliation
  - Bullying, shouting or swearing
- Psychological abuse can now include the risks of radicalisation and extremism through 'grooming' of the vulnerable adult.

### **Neglect**

- 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.

### **Financial or material**

- Including theft or fraud,

- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property or possessions or benefits.

### **Discriminatory**

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment

Multiple forms of abuse may be experienced in an on going relationship or abusive service setting by one person, or by more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

**No abuse is acceptable and some abuse would be classed as a criminal offence and must be reported to the Police as soon as possible.**

## **3. RIGHTS & RESPONSIBILITIES**

### **Responsibilities of SCS**

- To ensure staff and volunteers are aware of the adult protection policy and are adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To ensure all staff (paid or unpaid) that has access to, or works with Vulnerable Adults have secured the appropriate Disclosure and Barring Service (DBS) certificate

### **Responsibilities of SCS employees and volunteers**

- To be familiar with the adult protection policy and procedures
- To take appropriate action in line with the policies of SCS
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, resulting in possible dismissal

### **Support for those who report abuse**

All those making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the general public should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk
- If service users, they will be given immediate protection from the risk of reprisals or intimidation
- If Staff they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

**The Vulnerable Adult has the right:**

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout
- To be involved in any process as appropriate
- To receive information about the outcome

**4. GOOD PRACTICE****Recruitment of staff and Volunteers**

- Follow SCS recruitment procedures and policies, including risk assessment of role to assess need for DBS Disclosures
- Completion of an SCS application form
- Check references thoroughly including appropriate disclosures
- 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 dismissal

**Training**

- Familiarisation with all SCS policies and procedures during induction
- Further training dependent upon the job role

**Management and Supervision**

- It is the line manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision of staff and volunteers will be used to monitor the work and offer the opportunity to discuss working practice and identify any issues or concerns.

**Record Keeping**

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles (*please refer to Confidentiality & Data Protection Policy*)
- All incidents should be discussed in supervision with line manager and these recorded on the electronic family file
- Records kept about concerns regarding vulnerable adults should include contact information for all involved agencies

**5. IDENTIFICATION OF ABUSE- SIGNS AND SYMPTOMS****Physical abuse signs**

It can be difficult to determine some physical signs of abuse as some ageing processes can cause changes which are hard to distinguish from some aspects of

physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile. However, workers should be aware of:

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered as if from repeated striking
- Finger marks upon the skin
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss (possibly due to malnutrition) or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

### **Sexual abuse signs**

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

### **Psychological/emotional signs:**

- Isolation
- Unkempt, unwashed, lack of personal self care
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious or not wanting to be touched
- Change in appetite
- Insomnia or need for excessive sleep
- Tearfulness
- Unexplained paranoia or excessive fears
- Low self esteem
- Confusion
- Possession of violent extremist literature
- Advocating violent actions
- Association with known extremists

### **Neglect signs**

- Physical condition poor
- Clothing in poor condition

- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

#### **Financial or material signs**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and/or other people in the vulnerable person's assets

#### **Discriminatory signs**

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

#### **Other signs of abuse**

- Inappropriate use of restraints
- Sensory deprivation e.g. removal of spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

### **6 PEOPLE WHO MIGHT ABUSE**

Abuse can happen anywhere and can be perpetrated by anyone e.g.

- Informal carers, family, friends or neighbours
- Paid staff or volunteers
- Other service users or tenants
- Strangers
- Professionals

### **7 WHAT TO DO**

- **To act or not to act**

All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action it is important to consider:

- **Risk** – does the vulnerable adult, staff member or volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?

- **Self-determination** – is the vulnerable adult able to make their own decisions and choices and do they wish to do so
- **Seriousness** – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:
  - The **perception** by the individual and their **vulnerability**
  - The **extent** of the abuse
  - The **length of time** the abuse has been going on
  - The **impact** on the individual
  - The risk of **repetition** or **escalation** involving this or other vulnerable adults
  - Is a **criminal offence** being committed

## 8 SUMMARY

- The staff member's (paid or unpaid) primary responsibility is to protect the vulnerable adult if they are at risk
- Each staff member (paid or unpaid) has a duty to take action
- Staff members (paid or unpaid) should not have to cope alone and should discuss their concerns with their line manager.
- The staff member (paid or unpaid) should adhere to guidance and procedures from within the following:
  1. Safeguarding vulnerable adults policy
  2. Data protection policy
  3. Personal Safety policy
  4. Lone working policy
  5. Risk assessment

## 9 PRACTICE GUIDANCE

### ACTIONS AND CONSIDERATIONS

***THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF VULNERABLE ADULTS. TO THIS END IT IS THE RESPONSIBILITY OF ALL STAFF TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS TO A RESPONSIBLE PERSON OR AGENCY.***

- In situations of immediate danger staff should take urgent action by calling the relevant emergency services (e.g. Police, ambulance)
- Remember to have regard for your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable adult, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example, staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions

about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their to understanding the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.

- Decisions to override the vulnerable adult's wish not to take the matter further should be discussed with appropriate line management.
- Note your concerns and any information given to you or witnessed by you on the family case file on the SCS electronic recording system (Salesforce). Record what is said using the person's own words if possible.
- Report concerns to the appropriate line manager.
- **REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE.** By supporting the vulnerable adult and logging carefully any information given to you at this stage, you will lay the foundations for an effective and formal investigation.
- Staff should understand the need not to contaminate and be aware of the need to preserve evidence, if a crime may have been committed.

## **DISCUSSION AND DECISION MAKING**

- Information should be shared with the Chief Executive and a decision obtained to approve any actions that need to be taken and to agree what documentation is to be shared with the relevant agency.
- Employees with concerns should discuss them with the Chief Executive on the same day wherever possible. If the Chief Executive is not available, then any concerns should be discussed with the **Designated Safeguarding Lead** and/or **Trustee with responsibility for safeguarding or welfare**.
- Volunteers with concerns should discuss these with the Chief Executive as soon as possible after the abuse or suspicions of abuse are observed.
- Concerns about colleagues should be addressed initially with the Chief Executive, but if this is not possible or the concern is about the Chief Executive, then any concerns should be discussed with the Trustee with responsibility for safeguarding.

## **TO REFER OR NOT TO REFER**

- The decision to refer or not refer should be made after discussion with the Chief Executive and/or Designated safeguarding lead.
- When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, National Care Standards Commission) the following should be taken into account
  - a. The wishes of the vulnerable adult, & their right to self-determination
  - b. The mental capacity of the vulnerable adult
  - c. Known indicators of abuse
  - d. Definitions of abuse
  - e. Level of risk to this individual
  - f. The seriousness of the abuse

- g. The effect of the abuse on the individual
- h. Level of risk to others
- i. The effect of the abuse on others
- j. Whether a criminal offence has been committed
- k. Whether other statutory obligations have been breached (e.g. NCSC)
- l. The need for others to know
- m. The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

## **ISSUES OF MENTAL CAPACITY & CONSENT**

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed

## **WHO TO REFER TO OR REPORT CONCERNS TO**

- Adult Services Team in the relevant location
- Emergency Social Services duty team, if urgent and outside normal office hours
- Relevant hospital Social Services team if vulnerable adult is in hospital
- Community Mental Health Team where the vulnerable adult has an on-going mental health need
- National Care Standards Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff
- The Police if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

## **INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS:**

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken and details of any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there any concerns/doubts about this?)
- If appropriate advise agency on preferred/advised method of communication when approaching the alleged victim. Also, any relevant information and reasons for concerns regarding this referral, for example:-
  - a. Details of how these concerns came to light
  - b. Specific information relating to these concerns
  - c. Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken

- d. Details of anyone else to whom this referral has also been made
- e. Details of the alleged perpetrator and if they are a vulnerable adult
- f. Details of alleged abuse and information about suspicions
- g. Details of any other background information
- h. An impression of how serious the situation might be
- i. Details of any other professional involved
- j. Details of carers, significant family members, neighbours or friends

**REMEMBER, INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE**

**WHAT TO DO AND WHAT NOT TO DO**

**Staff member or volunteer should:**

- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to Chief Executive, Designated Safeguarding Lead or Trustee with responsibility for safeguarding and/or welfare
- Write a factual account of what you have seen or heard as soon as possible. When recounting what you have been told the staff member should try to use the service user's actual words

**Staff member or volunteer should not:**

- Appear shocked, horrified, disgusted or angry
- Ask leading questions or press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets or not to share concerns with others
- Confront the abuser
- Risk contaminating evidence

**Discuss with the Relevant Manager who will:**

- Ascertain whether the situation falls within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency

## **FLOW CHART**

Victim

↓

Suspicion or disclosure of abuse to staff member/volunteer

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Discussion with Chief Executive/ Designated Safeguarding lead/ Trustee. Refer or not refer?

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Refer to appropriate agency for example:-

Adult Services, Police, National Care Standards Commission, Emergency Duty Team (after hours)

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Is it an Emergency?

Yes/No

↓

Contact emergency services:

Police, Ambulance etc.

↓

Inform others relevant parties:

Staff member/volunteer, victim

↓

Complete referral form for agency and complete SCS referral form

## **CONTACT ADDRESSES**

**Staff should refer to their local service providers for Adult Services.**

**CSCI (Commission for Social Care Inspection)** (independent inspectorate for all social care services in England).

## **NATIONAL ORGANISATIONS**

### **ACTION ON ELDER ABUSE**

Tel: 020 8765 7000

Raise awareness of elder abuse and provides information.

### **ALZHEIMERS SOCIETY**

Local Tel: 023 8047 4657

### **ANN CRAFT TRUST**

Tel: 0115 951 5400

A national association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

## **COUNSEL & CARE**

Tel: 0845 300 7585 10.30 – 4.00

Advice Line. This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations.

### **ELDER ABUSE RESPONSE**

Free phone 0808 808 8141 10 – 4.30

A confidential helpline service providing information on emotional support for anyone including professions/paid workers.

### **MIND info line**

Tel: 0845 7660 163

Information re mental health related issues. Help in finding out options and local services. Mon – Fri 9.15 – 5.15.

### **RELATIVES AND RESIDENTS ASSOCIATION**

Tel: 020 7359 8136

Tel: 020 7916 6055

Email: [advice@reles.org](mailto:advice@reles.org)

Help information or advice about a relative who is in a care home or about to enter one

### **RESPOND**

Tel: 020 7383 0700

Provides therapeutic intervention for people with learning disabilities who have been abused.

### **SANELINE**

Tel: 0845 767 8000

National helpline for anyone coping with mental illness

### **VOICE**

Tel: 01332 202555

Provide support to people with learning disabilities who have been abused