



SAFEGUARDING VULNERABLE ADULTS POLICY & PROCEDURE

Note: Under SDA's Safeguarding Vulnerable Adults Policy & Procedure, all staff and volunteers whilst directly supporting services users/groups are not permitted to bring friends or relatives whilst they are working for the Association. SDA's insurance including DBS only covers Safeguarding for Vulnerable Adults and not children under the age 18. Whilst Staff and volunteers are employed to support service users their priority focus is working for SDA under their contract of employment and supporting Deaf, Hard of Hearing and Deafblind service users. Under SDA DBS rules no staff are permitted to take service users into their own/family/friends homes. All support must be at the service user home, SDA venue/Community venues such as cafes/shopping centres/place of visit.

If service users who do not work for SDA bring their own children into club venues it is at their own risk and responsibility of the parent(s). SDA will not be held liable for any instances.

Under our own protection guidelines, the filming of service users is not permitted within support, club and venue environments, this is to protect our vulnerable adults from harm and maintain their dignity. Photographing is only permitted once the "Photograph Permission Form" is filled in,

1 AIM

- 1.1 The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of the organisation in relation to Safeguarding Vulnerable Adults.
- 1.2 All adults have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation.

2 OBJECTIVES

- 2.1 To explain the responsibilities the organisation and its staff, volunteers and trustees have in respect of vulnerable adult protection.
- 2.2 To provide staff with an overview of vulnerable adult protection
- 2.3 To provide a clear procedure that will be implemented where vulnerable adult protection issues arise.

3 CONTEXT

- 3.1 For the purpose of this policy 'adult' means a person aged 18 years or over.

3.2 What do we mean by abuse?

- 3.2.1 Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.
- 3.2.2 Concerns about abuse may be raised and reported to the social services agency as a result of a single incident or repeated incidents of abuse. However for some clients the issues of abuse relate to neglect and poor standards of care. They are ongoing and if ignored may result in a severe deterioration in both physical and mental health and even death.
- 3.2.3 Anyone who has concerns about poor care standards and neglect in a care setting may raise these within the service, with the regulatory body and/or with the social services agency.
- 3.2.4 Where these concerns relate to a vulnerable adult living in their own home, with family or with informal carers they must be reported to the social services agency. These reports must be addressed through the adult protection process and a risk assessment must be undertaken to determine an appropriate response to reduce or remove the risk.

3.3 Who is included under the heading 'vulnerable adult?'

- 3.3.1 An Adult (a person aged 18 or over) who 'is or may be in need of community care/support services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.
- 3.3.2 This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. It may include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above.
- 3.3.3 *It may also include victims of domestic abuse, hate crime and anti social abuse behaviour.* The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.
- 3.3.4 Many vulnerable adults may not realise that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

- 3.3.5 It is important to consider the meaning of 'Significant Harm'. The Law Commission, in its consultation document 'Who Decides,' issued in Dec 1997 suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

4 LEGAL FRAMEWORK

- 4.1 East/West Sussex & Brighton & Hove Multi-Agency Adult Protection Policy.
- 4.2 Equality & Human Rights Act 2010, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998
- 4.3 Data Protection Act 1998, Freedom on Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice 2008
- 4.4 The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.
- 4.5 The Equality & Human Rights Act 2010 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).
- 4.6 The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

5 THE ROLE OF STAFF, VOLUNTEERS AND TRUSTEES

- 5.1 All staff, volunteers and trustees working on behalf of the organisation have a duty to promote the welfare and safety of vulnerable adults.
- 5.2 Staff, volunteers and trustees may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues along with deciding to continue to support those who are offenders/ex-offenders/cautions for sexual abuse.

6 TYPES OF ABUSE

- 6.1 Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.
- 6.2 Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

6.3 The Department of Health in its 'No Secrets' 2000 report suggests the following as the main types of abuse:

- 6.3.1 **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- 6.3.2 **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.
- 6.3.3 **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.
- 6.3.4 **Coercion** - Sussex Deaf Association's Safeguarding Policy does not permit Staff, Directors or Volunteers to have power and control over service users who they are supporting which also includes influencing unwise decisions even where someone has capacity. This is deemed as Coercion. If any person is found to "Coerce" Service Users, immediate dismissal proceedings will be implemented.

Financial or material abuse - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or encouraging financial transactions (including purchasing of goods or services), or the misuse or misappropriation of property, possessions or benefits.

- 6.3.5 **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.
- 6.3.6 **Discriminatory abuse** - including race, sex, culture, religion, politics, that is based on a persons disability, age or sexuality and other forms of harassment, slurs or similar treatment, hate crime.
- 6.3.7 **Institutional abuse** - Institutional abuse although not a separate category of abuse in itself, requires specific mention simply to highlight that adults placed in any kind of care home or day care establishment are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification.
- 6.3.8 **Multiple forms of abuse** - Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to 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.

6.4 Domestic abuse

6.4.1 Home Office Definition 2004

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been intimate partners or family members, regardless of gender or sexuality.'

6.4.2 Women's Aid Definition

'Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can also include forced marriage and so-called "honour crimes". Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently "violent".

6.4.3 Most research suggests that domestic violence occurs in all sections of society irrespective of race, culture, nationality, religion, sexuality, disability, age, class or educational level.

6.4.4 Both definitions would therefore also include incidents where extended family members may condone or share in the pattern of abuse e.g. forced marriage, female genital mutilation and crimes rationalized as punishing women for bringing 'dishonour' to the family.

6.4.5 It is important to recognise that Vulnerable Adults may be the victims of Domestic Abuse themselves or be affected by it occurring within their household. This is likely to have a serious effect on their physical and mental wellbeing.

6.4.6 Where Vulnerable Adults are victims of Domestic Abuse, they may need extra support to plan their future. The violence or threat of violence may continue after a victim has separated from the abuser. It is important to ensure that all the vulnerable people in this situation have appropriate support to enable them to maintain their personal safety.

6.4.7 A separate Domestic Abuse Protocol is in place between Police, Social Services and Health.

6.4.8 Incidents reported by the police through the domestic abuse protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse. (*See Joint Police, Social Services and Health protocol for dealing with cases of domestic abuse where vulnerable adults are involved*)

7 CHILDREN

7.1 It is essential that the needs of any children within an abusive or domestic violence situation where there is a vulnerable adult involved are considered and acted upon. Please contact the Lead for Safeguarding or Senior Manager and/or the local social services Safeguarding Children's team.

8 PROCEDURE IN THE EVENT OF A DISCLOSURE

- 8.1 It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.
- 8.2 This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused or is an abuser. The **Client Registration Form** will have an area available for declarations to be made.
- 8.3 Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.
- 8.4 A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.
- 8.5 This must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

9 RESPONDING TO AN ALLEGATION

- 9.1 Any suspicion, allegation or incident of abuse must be reported to the Designated Adult Protection Lead or Senior Manager on that working day where possible.
- 9.2 The nominated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker and if required Police – see section 12. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

10 RESPONDING APPROPRIATELY TO AN ALLEGATION OF ABUSE

- 10.1 In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

DON'T

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

10.2 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult Protection Officer.

11 CONFIDENTIALITY

11.1 Vulnerable adult protection raises issues of confidentiality which must be clearly understood by all.

11.2 Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

11.3 Clear boundaries of confidentiality will be communicated to all.

11.4 All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

11.5 If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

11.6 Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.

11.7 Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

11.8 Where a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result.

11.9 Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

11.10 This policy needs to be read in conjunction with other policies for the organisation including:

- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Safeguarding children and young people

12 THE ROLE OF KEY INDIVIDUAL AGENCIES

12.1 Adult Social Services

12.1.1 The Department of Health's recent 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

12.1.2 All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding vulnerable adults. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

12.2 The Police

12.2.1 The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

12.3 ROLE OF DESIGNATED VULNERABLE ADULT PROTECTION OFFICER

12.3.1 The role of the designated officer is to deal with all instances involving adult protection that arise within the organisation. They will respond to all vulnerable adult protection concerns and enquiries.

12.3.2 The designated Vulnerable Adult Protection Lead for the organisation is... Should you have any suspicions or concerns relating to Adult Protection, contact

12.4 Role of Line Manager

12.4.1 The role of the line manager is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed.

12.4.2 The line manager could, if agreed with the staff member dealing with the incident, make contact with the designated Adult Protection Lead in the first instance.

12.4.3 The line manager must ensure that all staff within their team are familiar with the organisation's vulnerable adult protection procedures and ensure that all staff undertakes training, where appropriate.

12.5 Training

12.5.1 Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training may be provided for any member of staff with vulnerable adult protection responsibilities.

12.6 Complaints procedure

12.6.1 The organisation has a complaints procedure available to all staff, volunteers and trustees.

12.7 Recruitment procedure

12.7.1 The organisation operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including arrangements for appropriate checks on new staff, volunteers and trustees where applicable.

13. Restrictive Physical Intervention

The following principles should be adhered to, these will also avoid or minimise adverse consequences or prosecution:

- First Assessment/Intervention- Service Users are initially asked and requested by SDA Personnel to leave the premises to calm down. If the staff feel they are unable to restrain the individual or are threatened in any way once the first assessment/intervention of the situation has been done, staff are at liberty to remove themselves from the situation and immediate area, or press panic alarm, call for help/Police.
- Restrictive physical restraint should be used as a last resort once help or Police are on site.
- Behaviour which causes damage to property only and where there is no physical risk to themselves or others, is unlikely to necessitate the use of restrictive physical intervention.
- Restrictive physical restraint should only be used when appropriate authorities such as Police are in situ:
- Other less intrusive strategies have been tried and found to be unsuccessful.
- Where it is perceived that a service user or other person is in danger or there is a serious risk to property with a consequent risk to people.

14 Restrictive physical intervention by authorities (Police) – not SDA should:

- be used at the minimum level for the shortest period of time
- be used in the service users best interests

- respect the cultural experiences of service users and the attitudes towards physical control
 - avoid contact that might be misinterpreted as sexual
 - be accompanied by reassuring speech and never with threats
- 15 There must be a clear justification for using physical restraint and this must be recorded.
- 16 Holding or restraining the service user should only involve contact with robust areas of the body – i.e. arms, legs and torso. It should not involve pressure against a joint, holding by the neck, hair, fingers or any sexual area.
- 17 The scale and nature of the restrictive physical intervention should be proportionate to the behaviour of the service user and the nature of the harm they might cause.
- 18 It is never acceptable to:
- strike a service user
 - use restrictive physical intervention which causes pain
 - use a restrictive physical intervention for a source of punishment
 - use any procedure which restricts breathing or impacts upon the airways
- 19 Breakaway or disengagement strategies as agreed in a risk assessment may be used if it is consistent with the safety of staff and service users.
- 20 When a restrictive physical intervention is employed as soon as the person is calm and it is felt safe to do so the level of physical restraint should be systematically reduced. This returns personal control to the service user as soon as possible
- 21 If a service user's behaviour is such that it repeatedly requires restrictive physical intervention or a single intervention causes significant concern then a meeting should be held to discuss planned interventions. Planning should include discussion and/or involvement with the service user and if appropriate with the carer, or legal guardian or advocate subject to service user agreement and other relevant professions.
- 22 Seclusion which prevents a person from leaving a room of their own free will, may be deemed a "restriction of liberty". Emergency use of seclusion may be appropriate for short period of time on an infrequent basis. Voluntary seclusion is not restrictive.
- 23 If as a result of an incident taking place a staff member feels abuse has taken place towards any of the people involved, then the adult abuse procedures should be followed (see Protecting Vulnerable Adults from Abuse)

Date adopted: 22 November 2007

Date of next review: July 2018

A handwritten signature in black ink, appearing to read 'M.C.', with a horizontal line underneath.

M.C. Signature 10/7/17

Safeguarding Vulnerable Adults Policy

Initial cause for concern form which must be discussed with Line Manager/ Safeguarding Lead or Member of the Senior Management Team within 24 – 48 hours. If out of hours – Inform on-call manager who will in turn inform member of senior management team.

Date

Time

Name of individual cause for concern is about

Age (if known)

Address (if known)

Describe your concern and action taken

Observations to support cause for concern

Description and location of any visible marks, bruising etc

Name of alleged abuser, relationship with child (if known)

Name of person completing form:

Signature:

Date:

Name of Line Manager:

Signature:

Date:

Name of Safeguarding lead or Senior Manager

Signature:

Date: