

Safeguarding Vulnerable Adults Policy and Procedure

Aim of this Policy

1. The aim of this policy is to outline the practice and procedures for Board Directors, staff and volunteers to contribute to preventing abuse of vulnerable adults, raise awareness, and provide a clear framework for action when abuse is suspected.
2. The policy covers all Board Directors, staff and volunteers whose role involves regular contact with service users who may be considered vulnerable adults. Healthwatch East Riding of Yorkshire considers it the duty of Board Directors, staff and volunteers to protect vulnerable adults with whom they come into contact from abuse.
3. This policy is based on guidance in the Integrated Multi-agency Procedure for the Safeguarding of Adults produced by the East Riding Safeguarding Adults Board (April 2013).
4. We have obligations to strive to protect vulnerable adults who it may be believe to be abused or at risk of abuse or neglect, working in partnership with other agencies. We will also ensure that when we receive safeguarding information we will pass it on in a timely manner to the East Riding Safeguarding Adults Team and/or the police.

Definitions

Vulnerable Adult

‘An adult aged 18 years or over 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 or herself, or unable to protect him or herself against significant harm or exploitation.’

5. A vulnerable adult may therefore be a person who:
 - Is elderly and frail due to ill health, physical disability or cognitive impairment
 - Has a learning disability
 - Has a physical disability and/or sensory impairment
 - Has mental health needs including dementia or a personality disorder
 - Has a long term illness/condition
 - Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to harm
 - Is unable to demonstrate the capacity to make a decision and is in need of care and support
 - Suffers from either a temporary or permanent impairment
6. This does not mean that all elderly, frail individuals are “at risk”. In the context of safeguarding adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, coercion or

undue influence of any sort, and to protect themselves from harm, neglect and exploitation. This applies to people with or without mental capacity.

Abuse

‘Abuse is a violation of an individual’s human and civil rights by any other person or persons.’

7. Abuse may be a single act or repeated acts. No Secrets recognises six categories of abuse:
 1. **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
 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;
 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;
 4. **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;
 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; and
 6. **discriminatory abuse**, including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.
 7. **institutional abuse** - Neglect and poor professional practice... may take the form of isolated incidents of poor or unsatisfactory practice, at the one end of the spectrum through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.
8. Guidance on possible signs and symptoms for each category is available in the Integrated Multi-agency Procedure for the Safeguarding of Adults produced by the East Riding Safeguarding Adults Board (April 2013).(available on request or via the East Riding Safeguarding Adults website (<http://www.ersab.org.uk>)

Responsibilities of Directors, Staff and Volunteers

9. Healthwatch Board Directors, paid staff and volunteers have a responsibility to be aware and alert to signs that all is not well with a vulnerable person, and to undertake training to raise awareness of safeguarding issues and reporting procedures. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what is known about the vulnerable person and his or her circumstances.

Procedures to follow when a concern is identified

10. This section describes the processes which must be followed when dealing with an allegation or suspicion of harm of a vulnerable adult. These procedures must be followed whoever raises an alert, or is involved in the safeguarding process.
11. There are various stages to be followed within the adult safeguarding procedure, these are:
 - Witnessing abuse or being told about abuse
 - Alerting (within an organisation)
 - Referring
 - Decision making & Investigating (by the Safeguarding Team)
 - Monitoring (by the Safeguarding Team)
12. Anyone may receive an initial disclosure of abuse from an adult at risk, or may witness abuse of an adult at risk. The protection of the adult must always be the main priority.
13. If someone discloses information to you about potential abuse, or you witness abuse the following steps may be helpful:

Step 1

- Remain calm and non-judgemental
- Take whatever action is required to ensure the immediate safety or medical welfare of the adult
- Do not discourage from disclosure
- Remain attentive and be sensitive to what they are saying
- Give assurance, but do not press for more detail
- Do not make any promises that cannot be kept

Step 2

- Clarify the main facts, summarising what has been disclosed to you
- Explain that you cannot keep information confidential and that you will need to inform the Healthwatch Delivery Manager or Chair
- Seek the persons consent to share this information
- Offer future support from yourself or others (keyworker/advocate)

Step 3

- Take all reasonable steps to ensure that the adult is in no immediate danger of further harm
- Make a complete and accurate record of events as soon as possible
- Record all the facts, using the persons own words, sign and date the record
- If appropriate and the person has capacity keep the adult at risk informed throughout the process.

Step 4

Following all the above steps you should now tell the Healthwatch Delivery Manager or Chair

If you are the manager or person responsible for making a referral, consider making the referral now using the East Riding Safeguarding Adults referral form (available online at <http://www.ersab.org.uk>)

It is the Healthwatch Delivery Manager's responsibility to check that:

Step 5

- The adult's immediate needs are being met and that there is no risk of further harm.
- If necessary, medical assistance has been sought.
- The facts and circumstances are clear and have been clearly recorded.
- A report has been made to the Police if a criminal offence is suspected or alleged.

The Manager must then do the following:

Step 6

- Assess whether the victim is able to give consent (see below)
- Make a referral if this has not already been done, using the using the East Riding Safeguarding Adults referral form
- Report the alleged abuse within 24 hours to Social Services or the Police, or the out of hour's team using the contact details below.
- Ensure that you continue to keep a clear and accurate record at all times.
- For regulated settings inform the CQC of the incident.

Referring

14. Referring is placing information about the concern of harm into the multi-agency Safeguarding Adults procedure using the safeguarding referral form. The person who is first alerted to the concern can make the referral, or if they wish they can pass the information to the Healthwatch Delivery Manager who may then complete the referral form. All reports of potential or suspected abuse, harm or neglect of a vulnerable adult should be referred so that a discussion can be held with a member of the Safeguarding Adult Team at the Local Authority.

Remember - preserve evidence and record.

15. A decision will be made at this stage as to whether the safeguarding adult's procedures are appropriate to address the concern.

Make the referral to:
East Riding Safeguarding Adults team
65 Keldgate
Beverley
HU17 8HU
Tel: 01482 861103
Email: safeguardingadultsteam@eastriding.gcsx.gov.uk
Out of Hours: 01377 241273
If you feel there is an immediate risk to an individual ring 999

Mental Capacity and Consent

16. People have the right to make decisions about their own lives, presuming mental capacity. They may choose to live with risk or make decisions that others believe to be unwise. This means adults at risk are entitled to accept or decline support in relation to their own safety and wellbeing, including actions within these procedures.

17. Mental capacity should be presumed. It is time and decision specific. Being able to give consent to a safeguarding investigation is an important consideration. Sometimes it will be necessary to act contrary to a persons expressed wishes, for example

- The person lacks mental capacity to consent and a decision is made to investigate in the persons best interests (MCA 2005)
- The person is being unduly influenced or intimidated, to the extent that they are unable to give consent
- Where it is in the public's interest to balance the rights of the individual to privacy with the rights of others to protection

Confidentiality

18. Confidentiality is central to our work, and the attention of all Directors, staff and volunteers are drawn to the Confidentiality Policy.

Further Guidance

19. Further guidance and a referral form is available on the East Riding Safeguarding Adults website (<http://www.ersab.org.uk>)