



# **Safeguarding Vulnerable Adults Policy and Guidance**

This Safeguarding Vulnerable Adults policy was written: Autumn 2016

Date approved by Governing Body: Autumn Term 2017

Reviewed: Autumn Term 2018; Autumn 2019

Review Date: Autumn 2020

Other related academy policies that support this Safeguarding Vulnerable Adults policy include: Safeguarding policy, E-Safeguarding, Whistle Blowing, Anti Bullying, Positive Behaviour, Health & Safety, Attendance and SEN.

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### **1. Statement of intent**

Frederick Holmes School is a special school for 2 to 19 year olds with severe physical disabilities. There is already a policy for safeguarding the welfare of children. As a number of our students are over the age of 18 the school recognises that we have a responsibility also in the protection of vulnerable adults. We aim to understand and recognise signs of abuse and follow guidelines and procedures in the reporting of suspected abuse of vulnerable adults.

### **2. Responsibility of Agencies**

All agencies concerned with vulnerable adults have responsibilities, either statutory (Social Services, NHS Trust and the Police) or contractually (the independent sector) or have a duty of care (the voluntary sector).

The agencies involved will work to the following key areas and principles (taken from the Safeguarding Adults Board Strategy and Development Plan);

- **Prevention:** prevent abuse, respect the rights of the individual, and prevent a re-occurrence of abuse by the use of clear systems and appropriate measures;
- **Participation:** responsible agencies to commit to participation in joint working aimed at preventing abuse and protecting vulnerable adults;
- **Partnerships:** agencies will identify working levels of responsibility and representation, channels of communication and information sharing will be established, and there will be commitment to best practice and learning from experience;

- **Guidance and Procedures:** policy, guidance and procedures will be developed from legislation, research, review, experience and best practice. Agencies will commit to ownership, will use, update and ensure they are accessible to staff. This will ensure a continued level of understanding and promotion of the protection of vulnerable adults. Agencies will develop their own protocols when necessary;

### **3. The Rights of Vulnerable Adults**

All people have human rights in accordance with the Human Rights Act 1998. In this context the rights of vulnerable adults should be acknowledged and respected during the course of an investigation into abuse.

These rights include:

- The right to be left alone, undisturbed and free from intrusion into their affairs;
- To be able to move freely about the community without fear of violence or harassment;
- To be empowered through education and counselling where appropriate, to make choices about their lives and their relationships, including sexual relationships;
- To engage in relationships and sexual activities that are wanted and understood by the person and that do not expose them to exploitation and/or sexual violence;
- To live safely in the home of their choice without fear of domestic violence from caregivers or other service users;
- To be given appropriate and accessible information about keeping themselves safe and exercising their human rights;
- To have their money, goods and possessions treated with respect;
- To be given the same respect and support as any other adult regardless of age, ability, gender, religion, sexual orientation or cultural background, when making a complaint or seeking help as a consequence of abuse;
- The right to bring a formal complaint under the relevant agency procedure if they are not satisfied with the outcome of a vulnerable adult investigation;
- To be supported in making their own decisions about how they wish to proceed in the event of abuse, to whom they wish to confide, and to know that their wishes will be followed unless it was considered necessary for their safety or the safety of others not to follow those wishes;

- To receive appropriate support following abuse, which may include advice, support, education, counselling, therapy, treatment, access to redress etc.

#### **4. DEFINITIONS: Vulnerable Adult, Abuse, Types Of Abuse And Predisposing Factors**

All adults are potential victims of crime or abuse, but not all adults are vulnerable - the majority of adults are capable of protecting themselves, only a proportion would be considered as being in need of protective intervention.

##### **4a. Vulnerable Adult**

A vulnerable adult is defined as a person 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”**

*(Department of Health Guidance “No Secrets” March 2000)*

Significant harm refers to:

**“Ill-treatment (including sexual abuse and forms of ill-treatment that are not physical):  
the impairment of, or an avoidable deterioration in, physical or mental health and  
the impairment of physical, emotional, social or behavioural development”.**

*(Law Commission 1995 and quoted in “No Secrets”).*

This definition may be used as a guide. It does however exclude a number of adults who may have mild or moderate learning disabilities and who manage their lives relatively independently but remain exposed to risks of exploitation within their communities. It should include adults who may only be temporarily vulnerable, for example due to mental ill health that is transient.

With regards any decisions surrounding a person’s capacity, Frederick Holmes School follows the guidance from the Code of Practice which outlines that.. “The person who assesses an individual’s capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. This means that different people will be involved in assessing someone’s capacity to make different decisions at different times”,

The SDL will be responsible for checking capacity during initial stages, (to referral). Subsequent decisions regarding capacity will be made by social care / police.

#### **4b Abuse**

There have been many definitions of adult abuse. Most stress a number of common elements even if they frequently vary in emphasis and scope. The Department of Health - No Secrets Guidance, March 2000 on the protection of vulnerable adults, defines abuse as:

***“a violation of an individual’s human and civil rights by another person or persons”***

This global definition reflects the implementation of the Human Rights Act 1988.

The Council of Europe definition is given:

*“any act, or failure to act, which results in significant breach of a vulnerable person’s human rights, civil liberties, bodily integrity, dignity or well-being; including exploitative sexual relationships and financial transactions to which the person has not, or cannot validly consent.*

*Abuse, whether intended or inadvertent, may be perpetrated by any person, (including another person with disabilities) and raises particular concern within a relationship based on,*

- a position of trust such as one with legal, professional or authority status*
- unequal physical, economic or social power*
- inequalities of gender, race, religion or sexual orientation*
- responsibility for, and control over, day to day care*

*It may arise out of poor or ill-informed practice; individual cruelty, negligence or neglect; inadequate and/or under-resourced service provision; public hostility or society’s indifference. It requires a proportional and equivalent response, one which recognises exploitation without cutting across autonomy, and which assures equitable access to support, justice and redress”.*

**For the purpose of these procedures and practice guidance, abuse is defined as the physical, sexual, financial, emotional or psychological harm or neglect of a vulnerable adult.**

Such harm or neglect would constitute a violation of an individual’s human and civil rights.

*A vulnerable adult may be abused by a wide range of people including relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends etc - in other words, anyone!*

Abuse can take place within any context - if a person lives alone, with family, in nursing or care settings, in support services etc.

#### **4c Types of Abuse**

For ease of understanding, abuse is often viewed in terms of types or categories. However, it must be emphasised that abusive situations are rarely as tidy or straightforward as putting them into types or categories might suggest. Abuse may consist of a single or repeated acts over time, of one particular type or of several types. It may be physical, verbal, psychological, or an act of neglect or omission. It may occur when a vulnerable person is persuaded to enter into a transaction (sexual or financial) to which he or she has not consented or is unable to consent to. Abuse can occur in any relationship and it may result in harm to, or exploitation of, the person exposed to it.

Although some abuse comes to light through disclosure by the vulnerable adult to someone whom they trust, there are times when abuse only comes to light through situations or events that may indicate to professionals involved that all is not well.

Listed below in brief are types of abuse and some definitions.

- **Abuse in Care Settings:** Care settings include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects
- **Physical Abuse:** includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions
- **Sexual Abuse:** includes rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent to, or was pressured into consenting
- **Psychological or Emotional Abuse:** includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- **Financial and/or Material Abuse:** includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **Neglect/Acts of Omission:** includes 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 or heating
- **Discriminatory Abuse:** includes racism, sexism, abuse based on a person's disability and other forms of harassment, slurs or similar treatment.

#### **4d Predisposing Factors**

Abuse occurs for many reasons and the causes are not always understood.

Some risk factors have been identified, to include:

- environmental problems - overcrowding, poor housing, lack of facilities
- financial problems - low income, dependent vulnerable adult adding to financial problems, person unable to work due to caring role, debt arrears, low uptake on benefits
- social Isolation (those abused usually have fewer social outlets than those who are not)
- history of a poor quality long term relationship between abused and abuser, a pattern of family violence may exist
- high levels of stress due to dependency issues e.g. increased dependency of the vulnerable adult, changes in personality and behaviour, unwanted changes in lifestyle for carer, lack of practical and emotional support to carer, multiple dependents to care for, lack of free time and space for carer, personal problems of carer, role reversal where for example domineering parent becomes dependent
- person who abuses has a history of mental health problems or a personality disorder or a drug or alcohol problem
- care settings where staff are inadequately trained or supervised, work in isolation or have little support from managers, where there is high staff turnover, or where staff do not interact with other professionals.

Patterns of abuse vary greatly, and may include the following:

- Serial abuse where perpetrator seeks out and grooms vulnerable adults - sexual abuse and some forms of financial abuse fall into this pattern
- Long term abuse in context of family relationships e.g. domestic violence
- Opportunist abuse e.g. theft of property left lying about
- Situational abuse resulting from build up of stress or because of challenging behaviour
- Neglect if carer cannot respond to care needs
- Institutional abuse (see above 'abuse in care settings')
- Unacceptable 'treatments' or programmes which may include sanctions or punishments such as withholding food and drink, seclusion, inappropriate use of control and restraint, misuse of medication
- Failure of agencies to ensure staff receive appropriate training and guidance on anti-discriminatory and anti-racist practice
- Misappropriation of benefits or misuse of vulnerable adult's money, fraud or intimidation with respect to finance, property, wills etc

#### **5. Frederick Holmes School procedure on reporting suspected abuse on vulnerable adults**

All staff have a duty to recognise abusive situations and should report concerns to their Safeguarding Designated Lead, to allow a discussion to take place around whether a referral should be made and by whom.

The first priority is to ensure the safety and protection of vulnerable adults. It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on concerns.

Staff should;

- Know and recognise signs of abuse
- Be alert to and aware of signs of abuse at all times
- Inform the Safeguarding Designated Lead (SDL) immediately if they suspect abuse has or taken place
- Inform the Chair of Governors immediately if they suspect the abuser is their SDL
- Use the whistle blowing procedure

If a member of staff at Frederick Holmes School suspects or is informed of an incident or incidents of adult abuse, they should consult with their Safeguarding Designated Lead and decide whether a referral be made to the police or Social Services. Dependant on the circumstances there may be issues about the vulnerable adult consenting to a referral and what to do if the vulnerable adult does not consent. If unsure, staff should discuss with the relevant local authority support group, who should consult with Social Services for advice. Advice may be sought without giving any details of the vulnerable adult that would breach confidentiality.

The person making the referral should gain as much information as possible using the proformas in the Welfare Concerns folders and follow up any verbal referrals in writing. The referring agency will be informed as to the decision and outcome of the referral.

**6. ACTION that should be taken if someone reports that there has been, or suspects there may have been, instances of abuse or in the event of a service user disclosing that they are being/ have been abused:**

**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
- Use active listening skills
- Remain sympathetic and attentive
- Give reassurance but do not:
  - press for more detail
  - make promises that cannot be kept

**Who should do this?**

Person discovering or informed of actual or excepted abuse

**STEP 2**

- Clarify main facts, summarising what has been

disclosed to you

- Explain that you cannot keep information about alleged or suspected abuse confidential
- Remain sensitive
- Explain that a line manager must be informed
- Seek the person's consent to share this information
- Offer future support from yourself or others (keyworker or advocate)

**Who should do this?**

Person discovering or informed of actual or suspected abuse

**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 facts not opinions. Use person's own words, record date, time and sign
- Preserve evidence
- Safeguarding Designated lead or other appropriate Manager must be informed as soon as possible
- Remember "duty of care"

**Who should do this?**

Person discovering or informed of actual or suspected abuse

**STEP 4**

- Relatives of the victim should not automatically be informed if the victim is able to consent unless they so wish
- If the victim lacks capacity the decision to share information with family, friends or significant others should be made by the relevant manager following consultation with the lead agency i.e. Social Services or Police
- Informed consent should be obtained but it may be necessary to override this if there are other vulnerable adults at risk e.g. in a residential setting/hospital ward
- Information must always be shared on a need to know basis
- It is inappropriate for agencies to give assurances of confidentiality where there are concerns of alleged or suspected abuse
- If the alleged abuser is a family member or friend they should NOT be contacted at this stage.

**Who should do this?**

Safeguarding Designated Lead/  
Relevant manager

**STEP 5**

The line manager must on receiving information regarding an allegation or suspicion of abuse,

check that:

- The adults 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, but avoid unnecessary discussion with the victim
- A report has been made to the Police if a criminal offence is suspected or alleged,

**Who should do this?**

Safeguarding Designated Lead/  
Relevant manager

**STEP 6**

**The manager must:**

- Assess whether the victim is able to give consent
- Make a referral. If there are several victims, a separate referral must be completed for each one
- A report should be made as soon as practicable and in all cases no later than 24 hours, which is sent to Social Services Safeguarding Team or the Police when appropriate or out of hours to the Social Services Emergency Duty Team
- Ensure that a clear, accurate and factual record is kept
- Consider implementing the agency's disciplinary procedure if appropriate, when the alleged abuser is a staff member. You must follow previous steps and inform the Safeguarding Team as soon as possible.

**Note:** In cases where particular difficulties are experienced in communicating with the adult, steps must be taken to overcome these, e.g. by ensuring the adult has access to appropriate assistance (translation services/interpreter/ intermediary). It should be made clear to any person providing assistance at this stage that their role is supportive and not investigative.

**Delegation:**

Safeguarding Designated Lead

**ACTION TO BE TAKEN IF SOMEONE REPORTS/DISCLOSES ABUSE OF  
A VULNERABLE ADULT**

ENSURE THE PERSONS **IMMEDIATE SAFETY** AND MEDICAL WELFARE

LISTEN, BE ATTENTIVE AND SYMPATHETIC BUT **DO NOT** DISCOURAGE OR PRESS FOR MORE DETAIL.

CLARIFY AND **SUMMARISE** REMAIN SENSITIVE – **DON'T** MAKE PROMISES THAT CANNOT BE KEPT

**EXPLAIN THAT A MANAGER MUST BE INFORMED (UNLESS THEY ARE THE ALLEGED ABUSER).**

**MAKE A COMPLETE, FACTUAL AND ACCURATE RECORD OF WHAT YOU HAVE BEEN TOLD – RECORD TIME, DATE, THEN SIGN.**

**PASS TO A MANAGER IMMEDIATELY OR AS SOON AS POSSIBLE**



**Safeguarding Designated Lead will:**

- ensure the safety and welfare of the person who has disclosed the alleged abuse.
- report the alleged abuse to the police or social services safeguarding team (within 24 hours) or emergency duty team.
- send referral to safeguarding team and discuss with them the intention to implement the agencies disciplinary process if appropriate
- inform care quality commission if regulated agency
- complete accident record if appropriate
- liaise with family/other agencies etc. as appropriate.
- consider issues of consent.