

Vulnerable Adult Safeguarding Policy

This policy applies to all paid staff, volunteers, trustees and student counsellors.

The procedures it contains set out what people should do if they have a concern about the safety or wellbeing of a vulnerable adult. This concern may arise from a direct allegation that a vulnerable adult is being abused or from anything which gives rise to suspicion that a vulnerable adult is at risk of significant harm.

The definitions below are to assist you to understand if your service user meets the criteria.

Vulnerable Adult

In the context of adult protection, the term 'vulnerable adult' refers to 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 is or maybe unable to take care of him or herself, or able to protect him or herself against significant harm or exploitation'*** [Care Act 2014]

Abuse

The currently used definition within Safeguarding Adults work remains that ***'Abuse is a violation of an individual's human and civil rights by any other person or persons'***

The guidelines set out in this document are intended to ensure that BSARCS complies with **South Yorkshire's Adult Protection Procedures**, which have been endorsed by Barnsley Metropolitan Borough Council. These procedures are based on the legislation and guidance contained within **(Care Act 2014)**.

Refer to "SAFEGUARDING ADULTS IN BARNSELEY for further information about how to access and what action to take in respect of a safeguarding concern (look for the section "for professionals and volunteers" which is an online resource).

Principles of Safeguarding Vulnerable Adults

There are 6 key Principles which the Care Act ask us to refer to in reaching decisions about adult safeguarding (see below)

- Empowerment - people are supported and encouraged to make their own decisions. Informed consent
- Prevention – It is better to take action before harm occurs
- Proportionality -The least intrusive response appropriate to the risk presented
- Protection - Support and representation for those in greatest need
- Partnership - Local solutions through services working with their communities
- Accountability - Accountability and transparency

The guidance outlines the importance of working in partnership with your service user and other key people to identify strengths as well as concerns and suggests as far as possible working with a service user to determine outcomes.

Types of Abuse

The Care Act identifies a number of different forms of abuse which come under the generic heading of Safeguarding Adults. (For further details about what is meant by each of these types of abuse, please refer to Appendix 1.)

For the purposes of Safeguarding Adults work, data recording and monitoring, abuse is categorised under the following headings, although it must be noted that more than one can happen at the same time and that this list is not exhaustive:

Physical: includes hitting, slapping, pushing, kicking, and the misuse of medication, restraint, or inappropriate sanctions.

Psychological: including emotional abuse, threats of harm or abandonment, forced marriage, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Sexual: 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.

Financial or Material: including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property.

Neglect or 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.

Discriminatory: including racist, sexist, homophobic, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Institutional abuse: can be different from other forms because it is about who abuses and how that abuse comes about. Institutional abuse can take any of the other forms.

South Yorkshire Safeguarding Adults Procedures, Section 2.4

Domestic Violence (see appendix 2 for further information) “ Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. “

Modern Slavery includes, trafficking, forced labour, servitude and slavery. Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived, or provided with payment or benefit to achieve that consent. The term includes but is not limited to a variety of forms of exploitation. Including sexual, domestic, and criminal.

Abuse may consist of a single act or repeated acts, abuse may happen intentionally or unintentionally, and can take place in any relationship or setting.

There are three designated Adult Safeguarding Advisors within BSARCS. Their role is to:

- Receive and record information from staff, volunteers, clients and relatives who have concerns about the welfare of vulnerable adults.
- Assess such information promptly and carefully.
- Clarify or obtain more information about adult safeguarding matters as appropriate.
- Without delay, inform the police of any criminal activity which has resulted in a vulnerable adult being put at risk of significant harm.
- Assist you when necessary to make any follow up referrals and to escalate matters if the response received is not satisfactory.

It is not solely the role of the designated Adult Safeguarding Advisor and you to decide whether a vulnerable adult has been abused or not, or to investigate allegations of abuse. This is the responsibility of Adult Social Services and, in cases which may involve criminal activity, the police.

However it is the role of the designated officer following discussion about the concern or concerns to assess the requirement to report or not and to document on the client CRMS record why action was or was not taken.

The designated Safeguarding Advisors for BSARCS are:

- Tanya Wills
- Ruth O'Leary
- Adele Wragg

Procedures for Responding to Causes of Concerns and/or Allegations of Abuse

If a vulnerable adult says that s/he has been or is being abused, or there is reason to suspect that s/he or another vulnerable adult may be at risk of significant harm then the following procedures should be followed:

Where a concern needs to be raised it should be done by the person who believes that abuse may be occurring and the raising of the concern should not be delegated to another person, body or agency. (As much as possible after discussion with the safeguarding lead make the referral yourself as the allocated worker. This is important as you will have the direct knowledge of the concern that you have heard, witnessed or been told about and also you will often have other background and knowledge of your service user which will assist the recipient of the referral to reach a decision about next steps.

However only having limited information should not prevent a referral where the concern is significant and where taking no action would result in serious harm to the service user or anyone else.

If the harm is not imminent complete the referral form to adult social care. Otherwise after consultation with safeguarding lead call Barnsley Social Care 01226-773300/ out of hours-01226-787789

If a criminal activity has occurred or will occur, you should contact South Yorkshire Police (101). **In an emergency in which a vulnerable adult seems to be at imminent risk or has suffered serious harm which you judge to require urgent medical attention, contact the police or ambulance service as appropriate by dialling 999.**

Consent

The Care Act and the guidance arising from it ask all agencies to consult fully with the service user about the issue or issues of concern and to agree with the service user what they hope to gain from the referral and what outcome would be satisfactory. Document these discussions carefully and share with the safeguarding lead who is advising. Refer to the key principles when reaching a decision about next steps.

Where consent has not been given to making a referral to the local authority the service user should still be informed of the decision to make a referral and their lack of consent should form part of the referral process. In instances where consent has not been given you will be asked to justify making the referral on the grounds of the following:

1. There is a risk to others or there is a risk to an organisation or provider of a service not knowing about the cause for concern
2. The adult lacks mental capacity (Mental Capacity Act 2005)
3. Your service user is subject to coercion or is influenced not to act by others

Recording Concerns

Make a record of the concern, document what has been said or witnessed. As much as possible use the actual words spoken or written by your service user. In cases which involve an allegation, all the relevant facts (e.g. when and where the alleged incident took place, who was present, etc.) should be recorded. Do this as soon as possible after the concern has been raised or noted.

All such records should be made at the earliest possible opportunity and signed and dated by the person who has compiled them.

These records will be useful for completion of the referral to adult Social Care.

It is important to always make a referral where it is agreed this is the correct course of action even if you do not have all of the information suggested below

- Your details as the referrer, role title and details of how you can be contacted.
- The name of the person who raised the concern, details of how they can be contacted and the nature of their involvement with the adult potentially at risk.
- The name, date of birth and address of the adult about whom concerns are being raised about. The details of any other agencies known to be involved in supporting this client and/or the nature of their care/support needs should also be disclosed.
- The nature of the concern being raised. If there is a possibility that the vulnerable adult has been abused, the nature and type of abuse and the details of the alleged incident should also be reported.
- If there is a possibility that abuse has taken place, any detail the referrer has about the alleged perpetrator.
- Details of any children and other vulnerable adults who might be at risk.
- Any action already taken by BSARCS staff and/or volunteers in response to a concern being raised.
- Whether the person about whom the referral is being made is aware of the referral and whether there is any reason to believe that anyone else connected with the case (e.g. the alleged perpetrator) might also be aware of the referral.
- Details of any evidence relevant to the case which they are aware exists.
- Any other information which might be relevant.

Date of review	September 2020	Reviewed by	Ruth O'Leary
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