



Salford Dadz – Little Hulton Safeguarding Adults Policy

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Index

1. Introduction	5
2. Promoting Adult Safeguarding	5
2.1 Safe Recruitment & Selection	5
2.2 Management & Support of Volunteers.....	6
3. Training.....	7
4. Definition of a Vulnerable Adult	7
5. Definition of Abuse.....	8
6. Awareness	10
6.1 What to do if vulnerable adults talk to you about abuse or neglect	10
6.2 Intervention.....	11
6.3 Values underpinning intervention.....	11
6.4 Consent and Capacity to Consent.....	12
6.5 Consulting about your concern	13
7. Making a referral	14
7.1 Information required.....	15
7.2 Action to be taken following the referral.	16
7.3 Confidentiality.....	16
8. Reporting procedures	16
9. Child Protection	18
10. Recording	18
11. Designated Safeguarding Leads	18
12. Comments, Compliments & Complaints Policy.....	18





1. Introduction

The policy exists to ensure that *Salford Dadz – Little Hulton* implements appropriate arrangements, systems and procedures to ensure that the organization has the right skills, means and resources to protect Vulnerable Adults.

Salford Dadz – Little Hulton recognizes that a Vulnerable Adult is an Adult who is at risk of abuse and unable to protect him or herself against significant harm or exploitation.

Vulnerable adults may be involved with Salford Dadz – Little Hulton either as a member, volunteer or end service user. In promoting this policy Salford Dadz – Little Hulton are keen to take reasonable steps to:

- To protect and support vulnerable adults;
- Provide a welcoming, secure and comfortable environment for the benefit and vulnerable people;
- Keep vulnerable adults who have contact with Salford Dadz – Little Hulton and its members or volunteers safe from harm;
- Comply with relevant statutory requirements;
- Support and protect the interests of staff and volunteers who have contact with, or access to adults who may be vulnerable.

2. Promoting Adult Safeguarding

2.1 Safe Recruitment & Selection.

Salford Dadz do not typically employ workers but should the need arise in the future any applicant must:

- Complete an application form or a letter of application. This includes: address, evidence of relevant qualifications, the reasons why they want to work with children and young people, paid work and voluntary work experience and all criminal convictions.
- Provide two pieces of identification which confirm both identity and address.
- Undergo an interview (formal or informal) involving at least two interviewers.



- Provide at least two references which are followed up before a post is offered. One reference is from the last employer or an organisation that has knowledge of the applicant's work
- If undertaking a regulatory activity Consent to a Disclosure and Barring Service check (formally CRB check) to and sign up to the update service and agree to *Salford Dadz - Little Hulton* requesting an annual update.

All volunteers must comply with the following:

- Consent to a Disclosure and Barring Service check (formally CRB check), this will be at the enhanced level.
- DBS disclosure checks should be approved by the nominated child protection officer and updated every 2 years.
- Volunteers will not be permitted to lead any activities involving children until the DBS check has been completed and the report assessed by the child protection officer.

Furthermore the organization understands that:

- a person who is barred from working with children or vulnerable adults is breaking the law if they work or volunteer, or try to work or volunteer with these groups.
- an organization which knowingly employs someone who is barred to work with those groups will also be breaking the law.
- if our organisation dismisses a member of staff or volunteer because they have harmed a child or vulnerable adult, or would have done so if they had not left, we must make referral to the Disclosure and Barring Service.

2.2 Management & Support of Volunteers

- All volunteers understand that there is a requirement to comply with our Safeguarding Policy.
- All paid staff and volunteers attend regular ongoing safeguarding training appropriate to their role.



- All paid staff and volunteers receive an induction, which includes information on all the organisation's policies and procedures.

3. Training

Salford Dadz – Little Hulton will promote awareness of Adult Safeguarding issues, to its Trustees, Staff, Volunteers, broader membership and services users

Officers, Staff and Volunteers will receive Adult Safeguarding training appropriate to their role.

Salford Dadz – Little Hulton will also ensure that there is awareness within their staff team of issues that impact on Adult Safeguarding including:

- Links to Child Protection and Safeguarding
- Domestic Abuse
- Institutional Abuse
- Honor Based Violence and Forced Marriage
- Adult Exploitation- Slavery Trafficking

4. Definition of a Vulnerable Adult

The "No Secrets" guidelines (Department of Health 2000) define a Vulnerable Adult as:

"A person who is or may be in need of community care services by reason of mental or other disability, of 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". ("No Secrets" guidelines, Department of Health 2000)

Salford Dadz – Little Hulton recognises that some members of our community are potentially more vulnerable and that we have a general duty to protect and support vulnerable people in the community.

These include:

- Adults with physical or learning disabilities or mental health problems;
- Adults with hearing or visual disabilities;
- Older people;



- Adults with drug or alcohol problems;
- Vulnerable adults who are unable to manage their lives without some intervention.

We also recognise that care leavers may be vulnerable adults and may need support during the transition from children's to adult's services and beyond.

5. Definition of Abuse

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse or neglect of a vulnerable adult is caused by inflicting harm, or by failing to act to prevent harm. Vulnerable adults may be abused or neglected by anyone else in their home or in an institutional or community setting, by those known to them or more rarely by a stranger.

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. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Unfortunately there are many forms of abuse that vulnerable adults may suffer. The types of abuse are:

- **Physical abuse including:** Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions; Medical/healthcare maltreatment.
- **Sexual abuse including:** 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 made to witness sexual acts and encompasses sexual harassment and non-contact abuse
- **Psychological/emotional including:** Threats of harm, controlling, intimidation, coercion, and harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks; humiliate; bullying, shouting, and swearing.



- **Neglect including:** Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services; withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **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, possessions or benefits.
- **Discriminatory Including:** Racist, sexist, or discrimination based on a person's abilities, and other forms of harassment, slurs or similar treatment.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm.

Some instances of abuse will constitute a criminal offence, such as assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds. When complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference should be made to the police as a matter of urgency.

Neglect and poor professional practice also need to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at 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.

Patterns of abuse: Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- serial abusing, in which the perpetrator seeks out and 'grooms' vulnerable individuals; sexual abuse usually falls into this pattern, as do some forms of financial abuse
- long-term abuse in the context of an ongoing family relationship, such as domestic violence between spouses or generations
- opportunistic abuse, such as theft occurring because money has been left around



- situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour
- neglect of a person's needs because those around them are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems
- failure to access key services such as health care, dentistry, prostheses
- misappropriation of benefits and/or use of the person's money by other members of the household
- fraud or intimidation in connection with wills, property or other assets

6. Awareness

Individuals within the organisation need to be sensitive to the potential abuse or neglect of vulnerable adults, both within their own homes and also from other sources – including abuse by Directors, staff or volunteers. They also need to be vigilant about their own actions, so that they cannot be misinterpreted.

The organisation should know how to recognise and act upon indicators of actual or potential abuse or neglect involving vulnerable adults. Appropriate checks (including through the Criminal Records Bureau) should be made before anyone works with vulnerable adults, and appropriate training opportunities should be made available.

It is good practice to be as open and honest as possible with carers about any concerns. However, you must not discuss concerns with carers where:

- the carer is suspected of abusing the vulnerable adult
- organised or multiple abuse is suspected
- fictitious illness by proxy (also known as Munchausen's Syndrome by proxy) is suspected
- contacting carers would place a vulnerable adult, yourself or others at immediate risk.

6.1 What to do if vulnerable adults talk to you about abuse or neglect

A vulnerable adult may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations, you must:

- listen carefully to the person; but DO NOT directly question them
- give the person time and attention



- allow the person to give a spontaneous account; do not stop a person who is freely recalling significant events
 - make an accurate record of the information you have been given taking care to record the timing, setting and people present, the person's presentation as well as what was said; do not throw this away as it may later be needed as evidence
 - use the person's own words where possible
 - explain that you cannot promise not to speak to others about the information they have shared
 - reassure the person that: you are glad they have told you; they have not done anything wrong; what you are going to do next
 - explain that you will need to get help to keep the person safe
 - do NOT ask the person to repeat their account of events to anyone.
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- Where there may be a problem with communication, every attempt should be made to provide the person with an independent advocate who has appropriate skills and experience.

6.2 Intervention

What degree of abuse justifies intervention? "Harm" includes not only ill-treatment 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.

In making an assessment, these factors should be considered:

- the vulnerability of the individual
- the nature and extent of abuse
- the length of time it has been occurring
- the impact on the individual
- the risk of repeated or increasingly serious acts involving this or other vulnerable adults.

6.3 Values underpinning intervention.

This Policy promotes the right of all individuals to live their lives free from violence and abuse. Protection from abuse should be available to all individuals covered by this policy. However other values must also underpin interventions:

Self-determination: Where an individual who is experiencing abuse appears able to make an informed choice regarding their present and future



circumstances, they should receive information about the choices available to them. Their wishes must be respected unless a statutory responsibility to override them exists.

Individuals who have a limited ability to understand must be given the appropriate support to enable them to make choices and decisions. It must not be assumed that they do not have the capacity for self-determination.

Least Disruptive Alternative: Where intervention is necessary to reduce risk and is acceptable to the individual, action should be pursued which, while reducing the risk, disrupts the individual's life as little as possible.

Clear Information: The person experiencing the abuse should be given clear information about the adult protection enquiry. Where the person has limited ability to understand the enquiry process, they should be given information and

support that enables them to understand as much as possible about what is happening.

Where the person has a severe learning difficulty, such that they are unable to provide information or give consent, then the decisions taken on their behalf should be made in consultation with the key people that support the person, such as relatives, support workers, or advocates.

Needs of Carers: Needs of carers must be taken into account. The caring role brings with it considerable stresses which may be alleviated by the provision of services or other forms of support. These stresses may prevent the carer from understanding the impact of their own behaviour on the vulnerable person.

Although the focus must always be on the vulnerable person, it must be recognised that carers have their own needs, which must be acknowledged and supported if a change is going to occur.

Safety: Priority must be given to the immediate safety of the person experiencing abuse and anyone else at risk.

6.4 Consent and Capacity to Consent

Consenting relates to making a decision to accept what is being proposed. **Capacity** relates to having the ability and knowledge to make that decision.



A key principle of the law is that every adult has the right to make their own decisions, and is assumed to have the capacity to do so unless it is proved otherwise.

Under English Law, NO ONE, not even a spouse, partner, parent or child, can give consent on behalf of an adult who is unable to give valid consent.

Some people may need help or support to be able to understand the decision they are being asked to make, to know how to make a choice, or to be able to communicate. The need for help and support does not remove their right to make their own decisions.

For a person to have capacity, the individual must be able to comprehend and retain the material information, especially related to the consequences of accepting or refusing what is proposed. The individual must also be able to "weigh up" the information in the decision making process. Capacity is 'decision-specific', so it may be that an individual has the capacity to make some decisions, but not others.

If doubt exists over the person's capacity to consent, then further advice should be obtained (for instance from a medical practitioner, psychiatrist, or psychologist)

6.5 Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a vulnerable adult and decide what action is necessary.

You may become concerned about a vulnerable adult who has not spoken to you, because of your observations of, or information about them.

It is good practice to ask a vulnerable adult why they are upset or how a cut or bruise was caused, or respond to a vulnerable adult wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a vulnerable adult you must share your concerns. Initially, you should talk to the person designated as responsible for adult protection within the organisation. If that person is implicated in the concerns, you should discuss these directly with the duty social worker at Social Services.

You should consult with the duty social worker at Social Services when:



- you remain unsure after internal consultation as to whether adult protection concerns exist
- there is disagreement as to whether adult protection concerns exist
- you are unable to consult promptly or at all with the designated internal contact for adult protection for the organisation
- the concerns relate to any of the designated internal contacts

Consultation is not the same as making a referral, but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

7. Making a referral

A referral involves giving Social Services or the Police information about concerns relating to an individual so that enquiries can be made by the appropriate agency followed by any necessary action.

Only ask the person suspected of being abused sufficient questions to determine whether something has happened. These questions should be asked in a safe setting.

Ensure that this person or others is not in immediate danger. If they are in danger, immediately contact the designated adult protection contact or a director and ensure the person is protected by taking appropriate action.

In consultation with the adult protection contact (or in their absence, a director/senior officer), decide whether an Adult Protection referral is appropriate.

Be clear about confidentiality. If an individual discloses abuse to you, then you need to inform them that this information will need to be passed on in accordance with these procedures.

Carers should be informed if a referral is being made except where:

- the carer is suspected of abusing the vulnerable adult
- organised or multiple abuse is suspected
- fictitious illness by proxy (also known as Munchausen's Syndrome by proxy) is suspected
- contacting carers would place a vulnerable adult, yourself or others at immediate risk.



However, inability to inform carers for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the carers should be approached and by whom.

Telephone the duty officer of the Social Services team where the adult is resident within 24 hours. Ensure that this is described as an adult protection referral.

Cooperate with all investigation arrangements. These may include:

- attending a strategy meeting
- participating in interviews
- contributing to the planning for the vulnerable adult's future care

7.1 Information required

Keep written records at all times. This should include what information is known, how it came to be known, and what actions were taken. Records should be dated and signed.

Be prepared to give as much of this information as possible:

- your name, telephone number, position and request the same of the person to whom you are speaking
- full name and address, date of birth and telephone number of the vulnerable adult
- gender, ethnicity, first language, any special needs
- names, dates of birth and relationship of household members and any significant others
- the names of professionals known to be involved with the person and their carer(s), such as G.P. or social worker
- the nature of the concern, and the foundation for them
- an opinion on whether the vulnerable adult may need urgent action to make them safe
- your view of what appears to be the needs of the person and their carer(s)
- whether the consent of the person has been given to the referral being made.

In emergency situations, not all of this information may be available. Unavailability of some information should not stop you making a referral.



7.2 Action to be taken following the referral.

Ensure that you keep an accurate record of your concern(s) made at the time.

Put your concerns in writing to Social Services following the referral (within 48 hours).

Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

7.3 Confidentiality

The "Caldicott principles" should be applied in adult protection situations. These may be summarised as:

- Information about the alleged abuse should be shared on a "need to know" basis when it is in the best interests of the vulnerable adult
- confidentiality must not be confused with secrecy
- Informed consent should be obtained but if this is not possible and other vulnerable adults are at risk it may be necessary to over-ride the requirement

- Agencies should not give assurances of absolute confidentiality where there are concerns about abuse, as, in circumstances where the abuse is a criminal act or placing other vulnerable people at risk, the information must be disclosed.
- In certain circumstances, it will be necessary to exchange or disclose personal information, which will need to be in accordance with the Data Protection Act 1998.
- The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place.

If in doubt, consult.

8. Reporting procedures

The following procedure refers to abuse or suspicion of abuse of a vulnerable adult that staff and volunteers become aware of during their work Salford Dadz – Little Hulton



Any member of staff or volunteer who becomes aware that a vulnerable adult is, or is at risk of, being abused should raise the matter immediately with their supervisor /or with the designated safeguarding lead. A decision will be need to be made in regard to whether the person is a vulnerable adult and whether they are at risk of abuse/experiencing abuse. If it is a case of abuse towards a vulnerable adult, a decision will be made about what action will need to be taken and how to inform the (vulnerable) adult.

Salford Dadz – Little Hulton will.

- Inform the adult of the action we propose to take.
- Seek their agreement for any referral.
- Ensure that they are kept informed about what will happen next, so they can be reassured about what to expect.
- Endeavour to ensure that they are safe and supported before proceeding with any other action.
- Inform the adult if Salford Dadz – Little Hulton are planning to seek advice from or report concerns to an external agency.

In most situations there will not be an immediate threat and the decision about protecting the vulnerable person will be taken in consultation with themselves and/or Social Services.

- **Reporting line: 0161 909 6517**
From 8.30am to 4.30pm from Monday to Friday
Email: worriedaboutanadult@salford.gov.uk
- **Salford Social Services Emergency Duty Team (out of hours)**
Telephone: 0161 794 8888 (4.30pm to 8.00am weekdays and 24 hours over weekends and bank holidays)

There are some cases that require an urgent response

- If you suspect a serious criminal act has taken place, telephone 999. Tell them if you think it might be adult abuse.
- If the individual is injured seek immediate medical treatment. Tell the ambulance personnel or A&E staff that this is a potential adult abuse situation.



9. Child Protection

If at any time you become concerned that a Child might be at risk you need to follow the Child Protection Procedure outlined in *Salford Dadz – Little Hulton’s Safeguarding Children*.

10. Recording

A written record must be kept in regard to any concern regarding a vulnerable adult. This must include details of the person involved, the nature of the concern and the actions taken.

The recordings must be signed and dated. All records must be securely and confidentially filed.

11. Designated Safeguarding Leads

Name	Contact Details

12. Comments, Compliments & Complaints Policy

We have a written Comments, Compliments & Complaints Policy and procedure so that children and young people, and staff and volunteers can make any necessary comment, compliment or complaint.