



## **SAFEGUARDING VULNERABLE ADULTS**

### **INTRODUCTION**

The safeguarding of adults from harm and abuse is an absolute priority for Volunteer Uttlesford, its staff, trustees and volunteers. Ignoring abuse is never an option.

This policy outlines our commitment to, and recognition of, responsibility for the protection of the people we work with through our services, who may be vulnerable.

#### **What is abuse?**

"Abuse is a violation of an individual's human and social rights by any other person or persons"

We will endeavour to safeguard vulnerable adults by:

- Adopting 'safeguarding adults' guidelines through a code of behaviour for staff and volunteers.
- Sharing information about adult protection and good practice with staff and volunteers.
- Sharing information about concerns with agencies (eg Social Care/Essex Police) that need to know, and involving clients as appropriate.
- Providing effective management for staff and volunteers through supervision, support and training.

### **DEFINITIONS OF ABUSE**

Within this policy the following are regarded as abuse:

|                |                    |
|----------------|--------------------|
| Physical       | Neglect            |
| Sexual         | Financial/Material |
| Emotional      | Institutional      |
| Discriminatory |                    |

Many situations involve combinations of abusive elements.

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## **EXPLANATIONS AND POSSIBLE SIGNS**

**Physical abuse** - these include:

- Physical injuries which are not explained satisfactorily.
- Knowledge or suspicion that injury was inflicted intentionally by the violence of others.
- Lack of care for the person by formal or informal carers or by others who have responsibility, charge, or care of the individual.
- Pushing, pinching, slapping, hitting, burning, force feeding or force medication and restraint of a person might be included under this heading. The extent to which they have occurred and the circumstances in which they have taken place will need to be taken into account.

### **Sexual abuse**

Sexual abuse is considered to be the involvement of vulnerable individuals in sexual activities to which they have not given or were unable to give their consent, or which violate the law.

Sexual abuse includes:

- Contact abuse – touch eg. of breast, genitals, arms, mouth etc, masturbation of either or both persons, penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers or other objects.
- Non-contact abuse – looking, photography, indecent exposure, harassment, serious teasing or innuendo.

### **Neglect**

Vulnerable people who have been, or are suspected of being physically neglected by either formal or informal carers or any other person who has responsibility, charge or care for the person, to the extent that their health and/or development are significantly impaired. For example this would include a vulnerable person who is unable or observed to be unable to self-medicate and is not receiving their medication in an appropriate manner, or any person who has responsibility or charge for a person who fails to safeguard their living arrangements.

### **Emotional abuse**

Vulnerable people who have been physically abused either by acts of omission or commission on the part of others resulting in humiliation or harassment, for example swearing at, ignoring and denial of their rights. This could include making the individual feel ashamed of involuntary behaviour, blaming them for actions or events beyond their control, or ridiculing them for their conduct; also included could be deprivation of normal social contact and inadequate or improper supervision.

Harassment could comprise of bullying, being threatened, or intimidated, or being made to fear for their health and wellbeing.

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### **Financial/Material abuse**

Vulnerable people who suffer material exploitation at the hands of any other person through the misuse or theft of their money, property, possessions, or by having their access to material goods restricted by another person.

For example, this includes the misappropriation of benefits due to the individual or preventing access to such benefits.

### **Institutional abuse**

Abuse may take place in residential care or nursing homes. The policies of all establishments should ensure that the routines do not neglect people's ability to receive personal and individualised care and that their rights to privacy, dignity, independence, choice and fulfilment are met. Abuse may be influenced by factors wholly or partly outside the staff member's immediate control (e.g. staffing levels, health and safety issues etc.)

Poor practice in any institutional setting is abuse, and should be challenged through the use of whistle blowing, and guidelines for allegations against staff.

### **Discriminatory abuse**

May include racist or sexist remarks or comments based on a person's impairment, Disability, age or illness, and other forms of harassment, slurs or similar treatment.

## **RECOGNITION - Indicators of Possible Abuse**

The following indicators are signs and symptoms which may suggest that some form of abuse might have been, or is, taking place. Caution suggests against establishing adult abuse merely due to the presence of one or more of these indicators without further detailed investigation.

### **Physical abuse**

- History of unexplained falls or minor injuries.
- Bruising, in well protected areas, e.g. inside thigh, inside upper arm, on soft parts of the body, clustered as from repeated striking.
- Finger marks.
- Burns of an unusual kind or in unusual places.
- Injuries, bruises, found at different stages of healing or those where it is difficult to suggest an accidental cause.
- Injury shape similar to an object.
- Injuries to head or face.
- History of changing GP or reluctance to seek GP/services help.
- Accounts of events which may vary with time and are inconsistent with the physical evidence.
- Frequent attendance at hospital accident and emergency departments.
- Malnutrition when not living alone.

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- Quiet and subdued when in the presence of carers, or flinching movements when approached.
- Ulcers, pressure sores and being left in wet clothing.

### **Sexual abuse**

- Withdrawal, choosing to be alone, unwillingness to make eye contact.
- Explicit or untypical sexual/language/behaviour by the vulnerable adult.
- Self-inflicted injury.
- Disturbed sleep pattern.
- Difficulty in walking or sitting.

### **Neglect**

- Inadequate physical care (of the individual and the environment) and inattention to the person's basic needs, including appropriate food, clothing and shelter.
- Medical needs of person unmet – including failure to seek medical advice for illnesses.
- Failure to supply essential social stimulation.
- Repeated failure to prevent (accidental) injury.

### **Emotional abuse**

- Inability to sleep.
- Change in appetite.
- Unusual weight gain or loss.
- Fearfulness/agitation.
- Unexplained uneasiness.
- Low self-esteem.
- Confusions.

### **Financial abuse**

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- Unwillingness by the vulnerable adult, relative to consider any assistance requiring expenditure beyond natural thriftiness or privacy, and when finances are not a problem.
- Unusual interest by family members and other people in the vulnerable adult's assets.

### **Discriminatory abuse**

- Withdrawal, choosing to be alone.
- Low self-esteem.
- Agitation.
- Unexplained/unusual non-attendance at work, social clubs, voluntary work etc.

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## **GUIDELINES FOR WORKING WITH SAFEGUARDING ADULTS**

Volunteer Uttlesford recognises that staff and volunteers may also be vulnerable in their work with vulnerable adults. The following guidelines aim to provide advice and guidance to help protect both clients and staff and volunteers who may be vulnerable to suspected allegations:

- Meetings and interviews with potential volunteers should take place as openly as possible. If privacy is needed, other staff members should be informed of the meeting.
- When conducting home visits, staff should ensure the details are left with their line manager or in their office diary and they should follow the procedure as set out in the Health and Safety policy.
- Staff and volunteers should ensure they keep detailed case notes of home visits or contact with clients, which give an accurate reflection of the meeting, and the work that has taken place.
- Any member of staff who feels uncomfortable in any situation should raise this with their line manager and arrange to undertake the home visit with another member of staff.
- Staff and volunteers should not meet with clients outside of organised work activities /time unless it is with the knowledge and consent of the person in charge of the organisation.
- Any person who has found him or herself in a potentially vulnerable situation should report the circumstances to their line manager immediately.

### **Reporting Abuse**

It is expected that all staff follow the SET Safeguarding Adults Guidelines (for full set of procedures see [www.essexsab.org](http://www.essexsab.org)).

- If staff suspects a vulnerable person is being abused or is at risk of abuse, they are expected to report concerns to a line manager (unless they suspect that the line manager is implicated – in such circumstances the whistle blowing policy should be followed).
- If at any time staff feel the person needs urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.

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- If at the time staff have reason to believe the vulnerable person is in immediate and serious risk of harm or that a crime has been committed the police must be called.
- A SET SAF 1 form must be completed where there are allegations of abuse and sent to the relevant Social Care area. Guidance notes are available on [www.essexsab.org](http://www.essexsab.org).

All service users need to be safe. Throughout the process the service users needs remain paramount. This process is about protecting the adult and prevention of abuse.

### **Alleged abuser and victims who are both service users**

It is important that consideration be given to a co-ordinated approach and partnership working, where it is identified that both the alleged abuser and alleged victim are service users.

Where both parties are receiving a service, staff should discuss cases and work together, however meetings with both the alleged abuser and alleged victim in attendance, are not considered appropriate.

### **Allegation of abuse staff member**

Employees should be aware that abuse is a serious matter that can lead to a criminal conviction. Where applicable VU's disciplinary policy should be implemented.

### **Confidentiality and information sharing**

'No Secrets' [DH 2000] states that the government expects organisations to share information about individuals who may be at risk from abuse. This is also stressed by Safeguarding Adults [ADSS 2005] the framework for good practice. It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with in a timely manner. Confidentiality must never be confused with secrecy. Staff have a duty to share information relating to suspected abuse with Social Care and Essex Police.

Consent is not required to breach confidentiality (capacity issues must be considered) and make a safeguarding referral where;

- A serious crime has been committed.
- Where the alleged perpetrator may go on to abuse other adults.
- Other vulnerable adults are at risk in some way.
- The vulnerable adult is deemed to be in serious risk.
- There is a statutory requirement e.g. Children's Act 1989, Mental Health Act 1983, Care Standards Act 2000.
- The public interest overrides the interest of the individual.
- When a member of staff of a statutory service, a private or voluntary service or a volunteer is the person accused of abuse, malpractice or poor professional standards.

If a worker has any doubt about the legality of sharing information, they must in the first instance consult their manager.

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## **MANAGEMENT AND SUPERVISION OF STAFF AND VOLUNTEERS**

Volunteer Uttlesford's commitment to protecting vulnerable adults from abuse includes ensuring that relevant staff and volunteers are supervised and supported in their work with service users. With this in mind:

- (New) staff and volunteers will be familiarised with policies, procedures and our expectations of them.
- Staff and volunteers' progress will be reviewed after a three month period and finally after a six month probationary period.
- Staff and volunteers will receive regular supervision.
- Where appropriate, staff and volunteers are provided with opportunities for training and learning.

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Volunteer Centre Uttlesford  
C/O Uttlesford District Council Offices  
London Rd  
Saffron Walden  
CB11 4ER

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