**SAFEGUARDING**

**SAFEGUARDING OF VULNERABLE ADULTS**

This policy was updated: 7th November 2023

Review date: November 2024

**Statement of Intent**

38.1 Hessle Road Network recognises that we have a responsibility 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.

**The purpose of the policy**

38.2 To provide protection for vulnerable adults who receive Hessle Road Network’s services.

38.3 To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect a vulnerable adult may be experiencing, or be at risk of, harm.

38.4 This policy applies to all staff, Directors, volunteers, sessional workers, students or anyone working on behalf of Hessle Road Network.

38.5 We will seek to safeguard vulnerable adults by:

* Valuing, listening to and respecting them.
* Recruiting staff and volunteers safely, ensuring all necessary checks are made.
* Sharing information about concerns with agencies that need to know.
* Providing effective management for staff and volunteers through supervision, support and training.

38.6 All staff members and volunteers who are in contact with vulnerable adults during the course of their employment must provide or obtain an enhanced disclosure from the Disclosure and Barring Service (DBS). The individual must allow Hessle Road Network sight of the enhanced disclosure and Hessle Road Network will record details which will include the date of check, level of check, whether any barred lists have been checked, certificate number and any relevant cautions, convictions, reprimands or warning that would affect their employment.

38.7 Where it would hinder the performance of a contract to await receipt of an enhanced disclosure for a member of staff, it will be permissible for those subject to the disclosure to commence work, if, on the basis of previous checks (such as taking up of references) the Chief Officer is satisfied that it is safe to do so.

38.8 Where a member of staff commences work prior to us having reviewed their enhanced disclosure, they must be supervised at all times as far as their role requires them to be in contact with vulnerable adults.

38.9 If, at any stage, a member of staff or a volunteer is suspected of abuse in connection with a vulnerable adult, that employee or volunteer must be removed immediately from the activity which involves contact with the vulnerable adult and the Multi Agency Safeguarding Hub must be notified immediately. The Chief Officer will consider making a referral to the Disclosure and Barring Service.

**Responsibility of agencies**

The Safeguarding Lead within the organisation is: **Julie Robinson (Chief Officer)** in her absence any concerns/queries would be dealt with by **Michelle Wilson (Deputy Chief Officer/Finance Director)**. In the event that an allegation or concern is in relation to the Safeguarding Lead then the member of staff should contact **Roger Elliot (Director)** whose details are below (under Contacts).

38.10 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). We will work to the following key principles (taken from the Safeguarding Adults Board Safeguarding Procedures – Post Care Act 2014):

**Empowerment** – People being supported and encouraged to make their own decisions and 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. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

**Accountability** – Accountability and transparency in delivering safeguarding.

**The rights of vulnerable adults**

38.11 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 investigation into abuse.

38.12 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 abuse 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.

**Definitions: Vulnerable Adult, Abuse, Types of Abuse and Predisposing Factors**

38.13 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.

**Vulnerable Adult (Referred to as adult people with care and support needs)**

38.14 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)*.

A vulnerable or at risk adult is a person aged 18 years or over who -

* has needs for care and support whether or not the local authority is meeting any of those needs
* is experiencing or is at risk of abuse or neglect
* as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect

An adult with care and support needs may be someone who -

* has a physical or learning disability or a sensory impairment
* is elderly
* has mental health needs, such as dementia or a personality disorder
* misuses substances or alcohol to the extent that it affects their ability to manage day to day living
* has a long term health condition
* is providing unpaid care to a family member or friend

38.15 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, intellectual, 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.

**Abuse**

38.16 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”.*

38.17 The Council of Europe definition is given as:

*“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*
* *inequities 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”.*

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

38.19 A vulnerable adult may be abused by a wide range of people including relatives, professional staff, paid care workers, volunteers, other service users, neighbours, and friends etc. – in other words anyone!

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

**Types of Abuse**

38.21 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.

38.22 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.

38.23 Listed below in brief are types of abuse and some definitions (this is not an exhaustive list):

**Physical**

Injuries are not always caused with intent or by neglect or abuse. It can often be the case that there is no real explanation so it is important not to jump to conclusions. However the following may be possible indicators of abuse -

* history of unexplained falls
* unexplained bruising - in well protected areas or soft parts of the body or in different stages of healing
* unexplained burns, fractures or marks on the body possibly shaped like an object
* untreated medical problems
* weight loss due to malnutrition or dehydration

**Sexual**

Sexual abuse is the involvement of vulnerable adults in sexual activities, which -

* they do not fully understand so are unable to give consent to
* they object to
* may cause them harm

The following list may be indicators of sexual abuse but may also be indicator to many other

problems. Some of the indicators could be a:

* sudden change in behaviour, confusion or withdrawal
* incontinence
* overt sexual behaviour/language by the vulnerable adult
* self-inflicted injury
* disturbed sleep pattern/poor concentration
* difficulty in walking
* torn, stained underwear
* love bites
* pain or itching, bruising or bleeding in the genital area
* sexually transmitted disease / urinary tract / vaginal infection
* bruising to upper thighs and arms
* frequent infection
* severe upset or agitation when being bathed etc.
* pregnancy in a person unable to consent

**Financial**

Financial or material abuse can take the form of -

* fraud
* theft
* using of the vulnerable adults property without their permission.
* this could involve large sums of money or just small amounts from a pension or allowance each week. It is important not to jump to the wrong conclusions too quickly, however the following is a list of possible indicators of financial abuse -
* sudden inability to pay bills
* sudden withdrawal of money from an account or the purchase of items that the individual does not require or use, as well as unreasonable and inappropriate gifts
* person lacks belongings that they can clearly afford
* unwillingness to accept unnecessary expenditure by the person's relatives
* power of attorney obtained when the person is unable to understand what they are signing
* extraordinary interest by family members in the vulnerable adults assets
* recent change of deeds to the house
* the person managing the finances is evasive and uncooperative
* reluctance to accept care services
* personal items going missing

**Emotional or psychological**

This can include -

* intimidation or humiliation
* shouting or swearing
* emotional blackmail
* denial of basic human rights
* using racist language
* preventing someone from enjoying activities or meeting friends

The following may be indicators of many different problems, it is important not to jump to the wrong conclusions too quickly -

* ambivalence about carer
* fearfulness, avoiding eye contact, flinching on approach
* deference
* insomnia or need for excessive sleep
* change in appetite leading to unusual weight loss / gain
* tearfulness
* unexplained paranoia
* low self esteem
* confusion, agitation
* coercion
* distress caused by being locked in a home or car etc.
* isolation - no visitors or phone calls allowed
* inappropriate clothing
* sensory deprivation
* restricted access to hygiene facilities
* lack of personal respect
* carer does not offer personal hygiene, medical care, regular food/drinks

**Neglect or self-neglect**

A person can suffer because their physical and/or psychological needs are being neglected by a carer. This could include failure to keep someone warm, clean and well- nourished or neglecting to give prescribed medication. The following may be evidence of neglect -

* inadequate heating and lighting
* poor physical condition of the vulnerable adult
* persons clothing is ill fitting, unclean and in poor condition
* malnutrition
* failure to give prescribed medication properly
* failure to provide appropriate privacy and dignity
* inconsistent or reluctant contact with health and social care agencies
* isolation - denying access to callers or visitors

Self-neglect – this covers a wide range of behaviour; neglecting to care for one’s personal

hygiene, health or surroundings and includes behaviour such as hoarding.

**Discriminatory**

Discriminatory abuse is often on the grounds of: age, gender, race, culture, religion, sexuality or disability. It also incorporates Hate crime and Mate crime. Mate crime occurs when vulnerable adults are "befriended" with the intention to abuse.

Discriminatory abuse can be -

* derogatory comments
* harassment
* being made to move to a different resource/ service based on age
* being denied medical treatment on grounds of age or mental health
* not providing access

**Organisational**

Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

The following list may be possible indicators of institutional abuse -

* no flexibility in bed time routine and/or deliberate waking
* people left on the commode or toilet for long periods of time
* inappropriate care of possessions, clothing and living area
* lack of personal clothes and belongings
* un-homely or stark living environments
* deprived environmental conditions and lack of stimulation
* inappropriate use of medical procedures e.g. enemas, catheterisation
* 'batch care' - lack of individual care programmes
* illegal confinement or restrictions
* inappropriate use of power or control
* people referred to, or spoken to with disrespect
* inflexible services based, on convenience of the provider rather than the person receiving services
* inappropriate physical intervention
* service user removed from the home or establishment, without discussion with other appropriate people or agencies, because staff are unable to manage the behaviours

**Domestic Abuse** – An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It includes psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence; Female Genital Mutilation and forced marriage. Many people think that domestic abuse is about intimate partners, but other family members are included.

**Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Radicalisation –** including being influenced or encouraged in views which could be termed extremist in any local, national or international manner. The Prevent Duty is not about preventing people from having political or religious views and concerns, but about supporting them to address these concerns or act on them in non-extremist ways.

**Predisposing Factors**

38.24 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 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.

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

* Serial abuse where a 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 abuse.
* Opportunist abuse, e.g. theft of property left lying about.
* Situational abuse resulting from a build-up of stress or because of challenging behaviour.
* Neglect if carer cannot respond to care needs.
* Institutional abuse (see paragraph 4c – ‘organisational abuse).
* 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.

**Hessle Road Network procedure on reporting suspected abuse on vulnerable adults**

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

38.27 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.

38.28 Staff should:

* Know and recognise signs of abuse.
* Be alert to and aware of signs of abuse at all times.
* Inform a senior member of staff immediately if they suspect abuse has taken place.
* Inform another manager or Director immediately if they suspect the abuser is their line manager.
* Use the Whistleblowing Policy.

**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 abused.**

* + - 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, sensitive and attentive
		- Give reassurance but do not:
		- press for more detail
		- make promises that cannot be kept
	+ Explain that you cannot keep information about alleged or suspected abuse confidential. Remember it is inappropriate for agencies to give assurances of confidentiality where there are concerns of alleged or suspected abuse
		- Explain that a line manager must be informed
		- Seek the person’s consent to share this information
		- Offer future support from yourself or others
		- Make a complete and accurate record of events as soon as possible. Record facts not opinions. Use person’s own words, taking care to record the timing, setting and people present, as well as what was said.
	+ Preserve evidence
	+ The Safeguarding Lead or other appropriate manager must be informed as soon as possible
	+ 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 Care 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
	+ Where appropriate the Safeguarding Lead will report the alleged abuse within 24 hours to The Multi Agency Safeguarding Hub or the Police or the out of hours Social Care Emergency Duty Team
	+ Concerns can be recorded via the [Worried about an adult - raise a concern | Hull](https://www.hull.gov.uk/safeguarding/worried-adult-raise-concern#:~:text=You%20can%20contact%20them%20on%20telephone%2001482%20616,You%20can%20also%20contact%20using%20the%20email%20adultsafeguarding%40hullcc.gov.uk)
	+ Where appropriate the Safeguarding Lead will implement our Disciplinary Procedure when the alleged abuser is a staff member. This may include making a referral to the Disclosure and Barring Service.

**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.

38.29 Dependent 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 Safeguarding Lead, who should consult with Social Care for advice. Advice may be sought without giving any details of the vulnerable adult that would breach confidentiality.

38.30 It is not the role of the Safeguarding Lead to undertake an investigation into concerns or allegations of harm.

38.31 It is the role of the Safeguarding Lead to collate and clarify details of the concern or allegation and to provide this information to the MASH.

38.32 The Safeguarding Lead will act on behalf of Hessle Road Network in referring concerns or allegations of harm to MASH.

38.33 The Safeguarding Lead with contact staff from the MASH to discuss our concerns and get guidance and support and to agree the next steps before making a referral.

38.34 The person making the referral should gain as much information as possible and then use the Hull Safeguarding Adults Partnership Board ‘Worried about an adult’ form.

38.35 If the Safeguarding Lead is concerned that an individual may be high risk they may decide to request support through a Vulnerable Adults Risk Management (VARM) process [Vulnerable adults risk management meeting | Hull](https://www.hull.gov.uk/safeguarding/vulnerable-adults-risk-management-meeting) which is a multi-agency procedure to:

* discuss, identify and document risks for high risk adult safeguarding cases
* form an action plan identifying appropriate agency responsibility for actions
* provide a tool for review and re-evaluation of the action plan

The VARM meeting will consider cases in respect of adults aged 18 years or over, where existing mechanisms within agencies for resolving or minimising risk have not been achieved.

There are a few individuals who have many needs and may be at risk of serious harm who fall outside the criteria for Adult Safeguarding enquiries, or who have made a decision not to engage:

* a person must have the mental capacity to make decisions and choices regarding their life
* there is a risk of serious harm or death by -
	+ self-neglect
	+ fire
	+ deteriorating health condition
	+ non-engagement with uncontrolled lifestyles
	+ hoarding
	+ alcohol & substance misuse
* there is a public safety interest
* high levels of concerns from partner agencies

38.36 In some cases the Safeguarding Lead may consider it appropriate to make a ‘Making Every Adult Matter’ (MEAM) Referral [Making Every Adult Matter (MEAM) Referral | Hull](https://www.hull.gov.uk/making-every-adult-matter-meam-referral). MEAM is a coalition of national charities that represents over 1,300 frontline organisations across England.

Working together they support local areas across the country to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage such as -

* homelessness
* substance misuse
* contact with the criminal justice system
* mental ill health

Adults experiencing this combination of problems may fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives.

The MEAM approach provides an opportunity to bring together key local stakeholders across all sectors, to focus on fresh thinking towards identifying new approaches to tackling multiple and complex needs in Hull.

When making a referral into the MEAM project we must be prepared to be involved in the service users care plans. Referrals are discussed and agreed by stakeholders at weekly operational meetings.

38.37 When appropriate a referral should be made to the local Police Prevent team if there are concerns about vulnerable individuals being exploited by extremist beliefs.

**Contact Details**

**Hessle Road Network**

Julie Robinson – julie@hesslerdnetwork.karoo.co.uk tel: (w) 07516030879

Michelle Wilson – michelle@hesslerdnetwork.karoo.co.uk tel: (w) 07516030873

Roger Elliot - rogeratcott@hotmail.co.uk tel: 01482 842429

**Multi Agency Safeguarding Hub (MASH)**

Kenworthy House,

98-104 George Street,

Hull,

HU1 3DT

Tel: 01482 616092 - ask for the adults safeguarding team duty officer

Tel: 01482 300304 - after 5:00pm or during weekends

Email: adultsafeguarding@hullcc.gov.uk

On-line portal - [Worried about an adult - raise a concern | Hull](https://www.hull.gov.uk/safeguarding/worried-adult-raise-concern#:~:text=You%20can%20contact%20them%20on%20telephone%2001482%20616,You%20can%20also%20contact%20using%20the%20email%20adultsafeguarding%40hullcc.gov.uk)

**Prevent** 0800 011 3764

[Refer someone to the Prevent Team | Humberside Police](https://www.humberside.police.uk/advice/advice-and-information/t/prevent/prevent/beta/prevent-team-referral/)

To report online material promoting terrorism or extremism - [Report online material promoting terrorism or extremism - GOV.UK (www.gov.uk)](https://www.gov.uk/report-terrorism)