

SAFEGUARDING VULNERABLE ADULTS POLICY AND PROCEDURE

1. Policy Statement

Sheffield Mind works with vulnerable adults and as such has a duty of care to ensure their safety and protection. Any allegation, suspicion or report of abuse will be dealt with promptly and effectively.

This policy sets out Sheffield Mind's commitment to the safety and wellbeing of vulnerable adults and states what measures are in place to ensure the prevention of and protection against abuse of vulnerable adults. It also gives guidance on dealing with concerns and reports of abuse.

This policy sits alongside the *South Yorkshire Safeguarding Adults Procedure*. All staff¹ must be aware of this protocol, a copy of which is on Sheffield Mind's policy server, is available to download from <https://www.sheffield.gov.uk/caresupport/adult/adult-abuse/professionals/procedures.html>.

2. Definitions

Sheffield Mind recognises that the abuse of vulnerable adults is a problem that is frequently unrecognised and unreported in our society. Abuse can take place in any setting and as an agency working with vulnerable adults Sheffield Mind has a responsibility to ensure safe effective services. There is a duty to facilitate the prevention and early detection of abuse and ensure appropriate protective action is taken.

A vulnerable adult

Vulnerable adults are people who:

- are aged 18 years or over
- are in receipt of, or eligible for community care services, because of illness, disability, age or personal circumstances.
- may be unable to take care of themselves or family
- may be unable to protect themselves or family from significant harm or exploitation.

Therefore a vulnerable adult is someone who suffers or is at risk of suffering serious harm or exploitation either as a result of their actions, or failure to act, or because of the acts or failures of others.

¹ The term 'staff' in this policy is used to mean paid staff, Board of Trustees, volunteers and students.

Abuse

The *No Secrets* document produced by the Department of Health in 2000 defines abuse as:

‘A violation of an individual’s human and civil rights by any other person or persons.’

Abuse can be the result of a single act or may continue over months or years. It can result from intentional or unintentional acts or omissions. The majority of abusers are people known and trusted by the adult. This includes family members, carers and workers. Some people will deliberately abuse adults who they see as easy targets.

Abuse may be:

Physical – including hitting, punching, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions or female genital mutilation.

Psychological – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation and the unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions and the misuse or misappropriation of property, possessions or benefits.

Sexual – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into.

Discrimination - forms of harassment, slurs or similar treatment because of;

- race
- sex
- gender reassignment
- age
- disability
- sexual orientation
- religion / belief
- marriage and civil partnership
- pregnancy and maternity

Discriminatory abuse can take the form of derogatory comments, harassment, being made to move to a different resource/service based on discrimination, being denied medical treatment on grounds of discrimination and/or not providing access.

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

Modern Slavery – encompassing slavery, human trafficking and forced labour or domestic servitude.

Neglect or acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services and the withholding of the necessities of life, such as medication, or adequate nutrition and heating.

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.

Domestic abuse – including psychological abuse, physical abuse, sexual abuse, financial abuse, emotional abuse and so called 'honour' based violence.

Hate Crime - any crime (actual criminal offences) targeted at a person because of hostility or prejudice towards that person's;

- disability (the definition of disability hate crime would include anyone who was targeted as a result of his or her disability or impairment, as defined by the EA, including those diagnosed with HIV, cancer and multiple sclerosis);
- race or ethnicity;
- religion or belief;
- sexual orientation;
- transgender identity.

This can be committed against a person or property.

Mate Crime - a form of hate crime defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends'. People with disabilities, particularly those with learning disabilities, are often the targets of this type of crime.

An Abuser

Is not confined to any section of society and may be a person who holds a position of trust, power or authority in relation to the vulnerable adult. A person who abuses may be a spouse, relative or member of the vulnerable person's social network. It may be a neighbour, member of the public or stranger, another client or vulnerable adult, a volunteer, staff member or service manager.

3. Principles of good practice

Sheffield Mind will:

- In accordance with all organisations in Sheffield, work to the Safeguarding Adults Procedures for South Yorkshire.
- Promote the general welfare, health and full development of vulnerable people and protect them from harm.
- Train staff and volunteers to be aware of the risks to and needs of vulnerable people with whom they have contact.
- Adopt and consistently apply a thorough and clearly defined method of recruiting and selecting staff and volunteers.
- Plan the work of the organisation so as to minimise opportunities for vulnerable people to suffer harm whilst using the organisation's services.
- At all times work to ensure that the rights of vulnerable adults are recognised, promoted and respected.

4. Recruitment, Selection and Training of Staff

Sheffield Mind ensures that its recruitment and selection process takes into account the need to protect vulnerable adults. References are always taken up and all staff must have DBS checks.

All staff are given an induction into the organisation and are required to familiarise themselves with the relevant policies and procedures, including the protection of vulnerable adults. All staff have a designated line manager or supervisor who will provide appropriate ongoing support and supervision. Initial and refresher training on vulnerable adults will be sourced through the Sheffield Safeguarding Adults Partnership (see www.sheffield.gov.uk/caresupport/adult/adult-abuse/partnership/html).

5. The Role of Staff

All staff have a responsibility to act on any allegation, report or concern of abuse of a vulnerable adult to ensure that the situation is assessed and investigated immediately a concern arises. Staff are encouraged to share their concerns with colleagues and should report to their line manager immediately.

6. The Role of Managers

It is the line manager's responsibility to decide what action is to be taken. They are responsible for ensuring procedures are followed and for notifying and consulting with other agencies. They must:

- Deal with immediate needs to ensure the safety of the vulnerable adult.
- Clarify the facts and decide if it falls under this procedure.
- Inform the Head of Operations and the Chief Executive Officer and other relevant agencies as required.

- Ensure the incident is fully documented.

7. The Role of the Safeguarding Guardian

The head of Operations acts as the Safeguarding Guardian and has a key role, along with the rest of the Senior Management team, in raising the profile of safeguarding in the organisation and providing advice and support to staff in relation to any safeguarding concerns they may have.

8. Staff members or volunteers as abusers

Any allegations or concerns of abuse by staff will be reported immediately to the Chief Executive Officer or a Board member and be investigated thoroughly. The staff member may be suspended whilst the investigation takes place. If substantiated evidence is found that abuse has occurred this is defined as gross misconduct and will be dealt with according to Sheffield Mind's disciplinary procedure.

If an offence has been committed the police will also be informed.

9. Dealing with allegations, reports or concerns of abuse

All allegations or suspicions will be treated seriously. No abuse is acceptable and may be a criminal offence. To determine the appropriate action it is important to consider the following factors:

- The vulnerability of the individual
- The nature and extent of the abuse
- The reliability of the reporting process (e.g. whether third party, the circumstances of the disclosure, are allegations past or present etc)
- The length of time the abuse has been occurring
- The impact on the individual and/or others
- The risk of repetition or escalation of the abuse
- Whether the vulnerable adult gives permission for further action

The primary responsibility is to protect the vulnerable adult if they are at risk.

If an incident has taken place in the presence of a Sheffield Mind staff member, efforts should be made to preserve any evidence. In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. police or ambulance). Make sure the person concerned is safe. Record everything you are told carefully, using the person's own words. Clarify the basic facts and don't ask leading questions. Preserve any evidence you are aware of.

Issues of confidentiality need to be clarified as soon as possible. The vulnerable adult may express a wish for concerns not to be pursued and this should be respected wherever possible. However any decision regarding this must take into account the level of risk to the vulnerable person and to others and the person's capacity to make an informed

decision. Staff must make it clear that they will discuss the concerns with their manager or supervisor.

In some circumstances the vulnerable person's wishes may be overridden for their protection and safety. Any such decision will be made in accordance with Sheffield Mind's confidentiality policy.

10. Reporting abuse of vulnerable adults

In emergency situations or where the vulnerable adult is at serious risk contact the police either by ringing 999 or contacting South Yorkshire Police on 0114 220 2020.

Details of the procedure for reporting abuse or suspected abuse of vulnerable adults can be found at:

<https://www.sheffield.gov.uk/caresupport/adult/adult-abuse/professionals/reportabuse.html>

The Adult Access Team can be contacted on 0114 273 6870. For more information email: safeguardingadults@sheffield.gcsx.gov.uk

11. Recording

A Sheffield Mind risk form (Appendix 1) must be completed and passed to the Service Manager.

A full and accurate record must be made of the incident and include date, time, and/or the grounds for suspecting abuse. All people informed and agencies contacted should be recorded and should include names of people spoken to, dates and times. Any action taken and follow up required must be fully documented.

All policies must be agreed by the Board of Trustees.	
Policies will be reviewed every two years or when changes in practice or legislation require incorporation into existing policies.	
Agreed by Board of Trustees	October 2010
Reviewed	June 2017
Next review due	June 2018

This Policy to be reviewed annually to update contact details.



Appendix 1

RISK FORM

Time and Date:	Name of person dealing with risk situation:
Caller's name and contact details:	
GP name and contact details:	
Any other services involved: Agency/worker name and contact details:	
Details of situation:	
Risk factors identified:	
Action taken:	
Follow up required:	