



Safeguarding Policy- Adults

Date of implementation: January 2019

Date of review: January 2025

Date of next review: January 2026

Person responsible for policy implementation and review: Clinical Director

Document Control

Version Date	Version	Amendment details	Reviewed by	Ratified by
January 2019	v001	Policy implemented	Patrick Kwesiga	N/A
January 2021	v003	Policy reviewed, no major changes	Patrick Kwesiga	N/A
January 2025	v004	Policy reviewed, no major changes	Patrick Kwesiga	Holly Beedon, Lucy Squire, Ben Howells

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1. References

- 1.1. Main reference: Birmingham adult safeguarding board:
<https://www.bsab.org/>
- 1.2. Associated reference, NHSE safeguarding framework:
<https://www.england.nhs.uk/safeguarding/about/>

2. Report adult safeguarding concerns to:

- 2.1. Email: ACAP@birmingham.gov.uk
- 2.2. Telephone: 0121 303 1234
- 2.3. Text Relay: dial 18001 followed by the full national phone number
- 2.4. Online:
https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/111/report_possible_abuse_or_neglect_of_an_adult_with_care_and_support_needs

3. Aim of this policy

- 3.1. The aim of this policy is to outline the practice and procedures for paid and voluntary LWC staff to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected. It is aimed at protecting the vulnerable adult and the worker.
- 3.2. The policy covers all staff and volunteers whose work requires regular contact with vulnerable adults.

4. Definition of vulnerable

- 4.1. A 'Vulnerable Adult' is defined as someone over 16 who is or may be in need of care services because of mental or other disability, age or illness and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation.

5. Definition of abuse

- 5.1. 'Abuse' is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse (in many cases, it is a criminal offence).

6. Types of abuse

- 6.1. Physical abuse:
 - Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
 - Bodily impairment e.g. malnutrition, dehydration, failure to thrive
 - Medical/healthcare maltreatment

6.2. Sexual abuse:

- 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.

6.3. Psychological/emotional abuse includes:

- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing etc.

6.4. Neglect:

- 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.

6.5. Financial or material:

- Including theft and fraud
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

6.6. Discriminatory:

- This may involve race, gender, disability, or any of the [protected characteristics of the Equality Act](#). Examples of discriminatory abuse might involve harassment, slurs, or similar treatment based on the difference or perceived difference.

6.7. Multiple forms of abuse may occur in an ongoing relationship or abusive service setting to one person or to more than one person at a time. It is important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

6.8. No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible.

7. Rights and Responsibilities

7.1. Responsibilities of LWC:

- To ensure staff and volunteers are aware of the adult protection policy and are adequately trained.
- To notify the appropriate agencies if abuse is identified or suspected.
- To support and, where possible, secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability.
- To DBS check volunteers and employees that have access to or work with Vulnerable Adults.

7.2. Responsibilities of LWC employees and volunteers:

- To be familiar with the adult protection policy and procedures.
- To take appropriate action in line with the policies of LWC.
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

7.3. All those making a complaint or allegation or expressing concern, whether they are staff, service users, carers or members of the public should be reassured that:

- They will be taken seriously.
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk.
- If service users, they will be given immediate protection from the risk of reprisals or intimidation.
- If staff, they will be given support and afforded protection, if necessary, in line with the Public Interest Disclosure Act 1998.

7.4. The Vulnerable Adult has the right:

- To be made aware of this policy.
- To have alleged incidents recognised and taken seriously.
- To receive fair and respectful treatment throughout.
- To be involved in any process as appropriate.
- To receive information about the outcome.

8. Good practice

8.1. Recruitment of staff and volunteers

- Follow LWC recruitment procedures and policies, including:
 - Risk assessment of role to assess need for DBS Disclosures.
 - Completion of an LWC application form.
 - Check references thoroughly including appropriate Disclosure.

- All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

8.2. Training:

- Familiarisation with all BMHC policies and procedures during induction.
- Access to the Vulnerable Adult reference guide provided by the City Council, which covers all aspects of Adult Protection. This reference guide is aimed to contribute to the on-going practice development of staff whether in the workplace or as a tool whilst undertaking qualifying courses.
- Further training, dependent on nature of role, e.g. Risk assessment & management, Types of abuse and recognising signs of abuse, Keeping appropriate records, Listening skills.

8.3. Management and Supervision:

- It is the line manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

8.4. Record Keeping:

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person and will be kept for as long as deemed necessary, in line with Data Protection principles. (please refer to Confidentiality & Data Protection Policy)
- All incidents should be discussed in supervision with line manager.
- Records kept by workers about vulnerable adults should only include contacts made.
- Referrals made, including date, time, reason and referral agency.
- LWC may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

8.5. Planning:

- Wherever possible paid staff and volunteers should avoid lone working with a vulnerable adult. However, if unavoidable, one-to-one contact should take place in an environment where other staff or volunteers are present or within sight. (further guidance can be found in the LWC Lone Worker policy).

8.6. Access to an independent person:

- Any vulnerable adult who encounters LWC staff or volunteers regularly should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration/referral process.

9. Identification of abuse

9.1. Physical abuse signs:

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts that vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bedsores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions.
- Note: Some ageing processes can cause changes that are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

9.2. Sexual abuse signs:

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting.
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state.

9.3. Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smelly.
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite

- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self-esteem
- Confusion

9.4. Neglect signs:

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

9.5. Financial or material signs:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets.

9.6. Discriminatory signs:

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, justice.

9.7. Other signs of abuse:

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

10. People who might abuse

10.1. Abuse can happen anywhere and can be carried out by anyone e.g.:

- Informal carer's, family, friends, neighbours
- Paid staff or volunteers
- Other service users or strangers

11. What to do?

- 11.1. All allegations or suspicions are to be treated seriously. No abuse is acceptable, and some abuses are criminal offences and must be reported to the Police as soon as possible. To determine the appropriate action, it is important to consider the following:
- Risk: Does the vulnerable adult, staff member or volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
 - Self-determination: Is the vulnerable adult able to make their own decisions and choices, and do they wish to do so?
 - Seriousness: A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors Informing assessment of seriousness will include:
 - The perception by the individual and their vulnerability.
 - The extent of the abuse.
 - The length of time it has been going on.
 - The impact on the individual.
 - The risk of repetition or escalation involving this or other vulnerable adults.
 - Is a criminal offence being committed?

12. Summary

- 12.1. The employee or volunteer's primary responsibility is to protect the vulnerable adult if they are at risk.
- 12.2. Each employee or volunteer has a duty to take action.
- 12.3. Employees or volunteers should not have to cope alone.

13. Practical guide- Actions and Considerations

- 13.1. The first priority should always be to ensure the safety and protection of vulnerable adults. To this end, it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.
- 13.2. In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- 13.3. Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- 13.4. Listen to the vulnerable adult, offer necessary support and reassurance.
- 13.5. Issues of confidentiality must be clarified early on. For example, staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- 13.6. Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their

capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.

- 13.7. Decisions to override the vulnerable adult's wish not to take the matter further should, if possible be the product of discussion with appropriate line management.
- 13.8. Note your concerns and any information given to you or witnessed by you.
- 13.9. Report concerns to the appropriate line manager.
- 13.10. REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE. By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.
- 13.11. Understand the need not to contaminate, or to destroy evidence if a crime may have been committed.

14. Practical guide- Discussion and decision-making

- 14.1. Information should be shared with your line manager, who must approve any actions to be taken. Employees with concerns should discuss them with their line manager on the same day. If the line manager is not available, then any concerns should be discussed with the Clinical Director or a member of the Senior management team (SMT).
- 14.2. Volunteers with concerns should discuss these discreetly with their co-ordinator or Line Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable, then any concerns should be discussed with the Clinical Director or SMT. These should be addressed initially with the Line Manager, but if this is not possible or the concern is about the Line Manager or other Senior member of staff, then any concerns should be discussed with the Clinical Director or SMT.

15. Practical guide- To refer or not to refer?

- 15.1. The decision to refer or not to refer should be made by the Team leader and the chief executive/SMT should be informed.
- 15.2. When considering the decision as to whether to refer elsewhere (e.g. To police, Social Services, National Care Standards Commission-NCSC) the following should be taken into account:
 - The wishes of the vulnerable adult, & their right to self-determination
 - The mental capacity of the vulnerable adult
 - Known indicators of abuse
 - Definitions of abuse
 - Level of risk to this individual
 - The seriousness of the abuse
 - The effect of the abuse on the individual

- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. NCSC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation.

16. Issues of mental capacity and consent

16.1. The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests.
- Others may be at risk
- A crime has been committed

17. Who to refer to or report concerns to

17.1. Relevant hospital Social Services team if vulnerable adult is in hospital

17.2. Community Mental Health Team where the vulnerable adult has an ongoing mental health need.

17.3. National Care Standards Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.

17.4. The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime.

18. Information, if known, which will be required when you make a referral or report your concerns:

- Details of alleged victim – name, address, age, gender, ethnic background, principal language spoken and details of any disability.
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there any concerns/doubts about this?)
- If appropriate advice agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.
- Also, any relevant information, for example:
 - Reasons for concerns and therefore this referral
 - Details of how these concerns became known
 - Specific information relating to these concerns
 - Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken.
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult

- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends.
- INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE CONFIRM IN WRITING INFORMATION GIVEN VERBALLY.

19. Dos and Don'ts

19.1. Staff members or volunteers should:

- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen, immediately in the issue log.

19.2. Staff members or volunteers should not:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgments other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

19.3. Discuss with the Relevant Manager who will:

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures.
- Where abuse is suspected, conclude that a referral be made to the appropriate agency.

20. Flow chart

