

		Safeguarding Vulnerable Adults (Adults at Risk) Policy
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Introduction

Adults may be abused regardless of their age, gender, religious belief, racial origin, culture or disability. They are usually (but not always) abused by people they know and trust.

The purpose of this policy and procedure is to:

- help protect the vulnerable adults CLEAR comes into contact with
- ensure that all employed and sessional staff are aware of issues that can cause adults harm
- ensure that all employed and sessional staff know how to respond to concerns relating to the possibility of a vulnerable adult suffering harm.

SECTION 1: VULNERABLE ADULTS SAFEGUARDING POLICY STATEMENT

1.0 Scope

This Vulnerable Adult Safeguarding Policy is intended to cover all functions and services of CLEAR where there is the potential for direct or indirect contact with vulnerable adults.

1.1 Who is a vulnerable adult (adult at risk)?

A vulnerable adult is any person aged 18 or over who is, or may be, unable to take care of him or herself against significant harm or exploitation.

This may be because he or she has a mental health problem, a disability, a sensory impairment, is old or frail, or has some form of illness.

Because of their vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other institutional setting.

1.2 Staff roles and responsibilities

CLEAR staff (employed and sessional) and volunteers have a duty to adhere to the Vulnerable Adults Safeguarding Policy and Procedures and to notify their Safeguarding Officer on any matters regarding safeguarding vulnerable adults. Staff and volunteers are also responsible for ensuring that they undertake the relevant training identified for their post.

1.3 Training and Support

CLEAR will provide suitable training in vulnerable adult safeguarding to staff working or coming into contact with vulnerable adults. CLEAR delivers a Level 3 Qualification in Safeguarding Children and Vulnerable Adults that all staff and volunteers can access. Working with clients is not permitted until relevant and up to date training has been undertaken.

CLEAR personnel will be supported by a team of Safeguarding Officers. A named Safeguarding Officer will be available each day from 9am to 6pm.

SECTION 2: WHAT IS ABUSE OF VULNERABLE ADULTS?

2.0 What constitutes abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. Many incidents of abuse are criminal acts.

The abuse of vulnerable adults is defined as: *'The physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by another person'*. It may be a single act or repeated over a period of time, and may take one form or multiple forms. The lack of appropriate action can also be a form of abuse.

It can occur in a relationship where there is an expectation of trust and can be perpetrated by a person or persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff, family members or others. It can also occur outside such a relationship.

Abuse can be either deliberate or the result of ignorance, or caused by a lack of training, knowledge or understanding. Often if a person is being abused in one way, they are also being abused in other ways. Abuse can take many forms including the following:

Physical abuse

Hitting, slapping, pushing, burning, shaking, poisoning, drowning, restraint
Possible signs - fractures, bruising, burns, pain, marks, not wanting to be touched.

Sexual abuse

Forcing or enticing a vulnerable adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not the individual is aware of what is happening. This includes physical contact and non-contact activities.
Possible signs – fear of medical examinations, changes in mood or sudden withdrawal from activities, loss of appetite, compulsive eating, fear of being alone.

Domestic Abuse

Physical, sexual, psychological or emotional abuse between people aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. Exposure to domestic abuse can include seeing or hearing the ill-treatment of others.
Possible signs – as for physical, sexual, psychological abuse. Absence from work, fear of being late, not joining in social activities.

Emotional or psychological abuse

The persistent emotional maltreatment of a vulnerable adult such as to cause severe and persistent effects on mental health and self-esteem

Possible signs - being withdrawn, too eager to do everything they are asked, showing compulsive behaviour, not being able to do things they used to, not being able to concentrate or focus.

Financial or material abuse

This may involve theft, fraud, exploitation, pressure in connection with wills, property or inheritance, financial transactions or the misuse or misappropriation of property, possessions or benefits.

Possible signs - having unusual difficulty with finances, not having enough money, being too protective of money and things they own, not paying bills, not having normal home comforts.

Modern Slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude.

Traffickers and slave masters use whatever means at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Possible signs – unwillingness to provide basic details about self, lack of awareness of local environment, poor dishevelled appearance.

Discriminatory Abuse

This may involve types of harassment or insults because of a person's race, gender, gender identity, age, disability, sexual orientation or religion.

Possible signs – sub-standard service offered to an individual, lack of respect to an individual, repeated exclusion from rights afforded to citizens (e.g. health, education, employment, civic status, criminal justice)

Organisational or Institutional Abuse

This may include neglect and poor care in an institution or care setting, or if an organisation provides care in someone's home.

Possible signs – repeated failures by an organisation despite warnings and agreement to improve, routine acceptance of poor practice.

Neglect or Acts of Omission

This may include ignoring medical or physical needs, failure to provide access to appropriate health, social care or education services, withholding of medication, nutrition and heating.

Possible signs – failure to thrive, constant hunger/tiredness, malnutrition, poor hygiene, low self-esteem

Self-Neglect

This covers a wide range of behaviour or care for one's personal hygiene, health and surroundings. This includes where a mentally competent older person makes a conscious, voluntary decision to engage in acts that threaten their health or safety

Possible signs – very poor personal hygiene, malnutrition, dehydration, hoarding, non-compliance with health or care services, unwillingness to treat injury.

2.1 Where might abuse occur?

Abuse can happen anywhere and be perpetrated by anyone who has contact with the vulnerable person. It could be a partner, spouse, child, relative, friend, informal carer, a healthcare, social care or other worker, a peer or, less commonly, a stranger.

- In the person's own home.
- At a carer's home.
- Within day care, residential care, nursing care or other institutional settings.
- At work or in educational settings.
- In rented accommodation or commercial premises.
- In public places.

SECTION 3: CONCERNS AND DISCLOSURES

3.0 How to deal with a concern

When there are concerns or where a disclosure or allegation is made people often feel anxious about passing on the information to anyone else. Concerned individuals may ask themselves, 'What if I'm wrong?' and this may hold them back from taking action. It is important for CLEAR staff and volunteers to know that they are neither responsible for deciding whether abuse has occurred or not; nor are they responsible for conducting any investigations (this is the role of the appropriate authorities). However, they do need to pass on any concerns they have through the Vulnerable Adults Safeguarding reporting procedures. It is crucial that staff members do not attempt to deal with the situation alone.

3.1 How can you be alerted to signs of abuse or neglect?

There are a variety of ways that you could be alerted that a vulnerable adult is suffering harm:

- A vulnerable adult may tell you.
- Someone else may tell you of their concerns or something that causes you concern.
- A vulnerable adult may show some signs of physical injury for which there does not appear to be a satisfactory or credible explanation.
- A vulnerable adult's demeanour/behaviour may lead you to suspect abuse or neglect.
- The behaviour of a person close to the vulnerable adult makes you feel uncomfortable (this may include another staff member, peer or family member).
- Through general good neighbourliness and social guardianship.
Being alert to potential abuse plays a major role in ensuring that vulnerable adults are safeguarded and it is important that all concerns about possible abuse are reported.

3.2 What if a vulnerable adult discloses abuse?

In cases where a vulnerable adult discloses abuse to a staff member they should react appropriately, according to the following guidelines:

Do

- Remain calm.
- Listen and hear.

- Express concern and sympathy about what has happened.
- Reassure the person – tell the person that s/he did the right thing in telling you.
- Let the person know that the information will be taken seriously and give information about what will happen next.
- Ensure the safety of the person
- If urgent medical/police help is required, call the emergency services.
- Record in writing using the Vulnerable Adults Safeguarding Report form, date and sign your report, and give it to your Safeguarding Officer at the earliest possible time.
- Act without delay.

Do not

- Stop someone disclosing to you.
- Promise to keep secrets.
- Press the person for more details or make them repeat the story.
- Gossip about the disclosure or pass on the information to anyone who does not have a legitimate need to know.
- Contact the alleged abuser.
- Attempt to investigate yourself.
- Leave details of your concerns on a voicemail or by email.
- Delay.

3.3 Checking out

There may need to be some initial ‘checking out’ with the vulnerable adult who has disclosed information to you in order to ensure his/her safety, for example, if a staff member notices a bruise on a vulnerable adult’s arm, it would be appropriate to ask, ‘I see you have a bruise on your arm. How did that happen?’ However, be careful not to start investigating.

It is important that staff understand the clear distinction between ‘checking out’ and investigating. Staff should not begin to investigate alleged or suspected abuse by asking questions that relate to the detail, or circumstances of the alleged abuse, beyond initial listening, expressing concern and checking out.

SECTION 4: PROCEDURES FOR REPORTING AND RECORDING

4.0 Reporting and recording

Basic response procedure/action

- All concerns, disclosures, allegations and suspicions should be recorded on the CLEAR Safeguarding Notification Form (Appendix 2) and upload onto the CLEAR secure client database
- Where a staff member reports their concerns or a disclosure to a line manager, the line manager should advise them to report to the Safeguarding Officer immediately.
- We recommend that ‘if in doubt, report it’.
- There may be emergency situations where it is appropriate to contact social services, Crisis Mental Health Team and seek medical attention immediately.

- Whatever the circumstances of the concern, disclosure, allegation or suspicion, it is vital that the staff member and volunteer records the details and reports to the Safeguarding without delay.
- Not every report results in a full investigation. Individual reports are accumulated to build a picture about a particular situation. It may be that a report by a CLEAR employee/volunteer may provide the necessary or decisive final piece of information.

4.2 Response to a vulnerable adult making an allegation of abuse

The following points are a guide to help you respond appropriately:

- Listen carefully to what the person is telling you.
- Find an appropriate early opportunity to explain that it is very likely that what they are telling you will need to be shared with others.
- Ask questions for clarification only - never ask leading questions that suggest a particular answer.
- Reassure the person that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information they have given you will be shared.
- Complete a Safeguarding Notification Form ([Appendix 2](#)) as soon as possible, giving all the details that you are aware of and what was said using the vulnerable adult's own words.

Forward the report to the Safeguarding Officer as soon as possible, through the CLEAR database. This will alert the safeguarding team that a notification has been received. If for any reason access to the database is not possible, send the notification through the CLEAR secure email system with a 'read receipt' option.

After discussion with the Safeguarding Officer further actions will be agreed upon and recorded on the CLEAR database. A new risk assessment should also be completed. The CLEAR safeguarding team will review notifications, practice and resolution across all safeguarding concerns on a periodic basis, feeding lessons learned, trends and any generic concerns into our safeguarding updates and across our networks including the Local Safeguarding Adults Board.

First Disclosures

'If a person discloses events for the first time to a therapist, the therapist would potentially be a 'First Disclosure Witness' and could be asked to make a witness statement if the victim chooses to report an offence to the police (and could ultimately be required to give evidence in court). It is important to be aware that the notes recorded by the therapist in this scenario have the potential to be a valuable source of evidence for the prosecution case.' **CPS Pre-Trial Therapy Accompanying Note for Therapists 2022'**

If we are the first professional person that the client has disclosed to, then we need to record and write it down what is said in a factual way, verbatim (in exactly the same words as were used originally by the client). This should be recorded on the First Disclosure Form ([Appendix 3](#)) **This disclosure needs to be recorded whether or not the client wants to report an incident to the police.**

APPENDIX 1: DESIGNATED SAFEGUARDING OFFICERS

CLEAR Adult Safeguarding Lead: Dr.Lexi Painter

Adult Safeguarding Officers – Please refer to monthly safeguarding rota for daily cover

Lexi Painter

l.painter@clearsupport.net

07483 956519

Jenny Trevethan

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Maria Adams

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07860 941585

APPENDIX 2: CLEAR SAFEGUARDING NOTIFICATION FORM

Counsellor:		Date:	
Client Code:			
Referrer/Referral Pathway:			

Name of Safeguarding Officer informed:	
Details of Safeguarding Concern	
Recommendation(s) from Safeguarding Officer	
Actions Taken	
Any Outstanding Actions	

Please email completed form to Safeguarding Lead (Child or Adult Clinical Lead) and upload to the CLEAR database.

Appendix 3: CLEAR Client First Disclosure Form

Date:		Time:	
Client Code:			
Counsellor:			
All the names of people present at time of disclosure			

Details of Disclosure (Only include facts and direct quotes from client if possible)

Is there any current risk? (To report to safeguarding officer and follow up if yes)

Any Actions Taken as a result of this disclosure

Any Outstanding Actions

Tick box to the right to confirm you are the first person this client has disclosed to	
Tick box to the right to confirm that the client has a copy of the note keeping fact sheet and is fully aware that this disclosure form may be shared in relation to a corresponding court case in the future if requested	

Please email completed form to Safeguarding Lead (Child or Adult Clinical Lead) and upload to the CLEAR database.