



## Safeguarding Vulnerable Adults Policy

### Introduction

Befriended is committed to safeguarding people who use our Befriending service. We have referred to the people we visit as service users throughout this document.

Safeguarding means protecting an adult's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is being promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances. *Care Act 2014-updated March 2016*

“Abuse is the violation of an individual's human and civil rights  
by any other person or persons”.

**Abuse** is harm caused to a vulnerable person by an act, or failure to act, on the part of another person or organisation or neglect. Abuse may be a single act or repeated acts over any period of time. Abuse may happen to an individual or to more than one person and in any relationship. Abuse can occur in any situation and by anyone. A person is at their most vulnerable when others assume that abuse could not take place. Abuse can leave those who have suffered it permanently damaged. It is essential that we work together to protect those who rely on us for support.

### Values

Befriended aims to support older people to live ordinary lives within their own community.

Befriended upholds the rights of older people using services from Befriended to live free from fear and exploitation. It is the duty of all staff and volunteers to understand the need to protect people who use our service by being familiar with signs of abuse and taking prompt action where abuse is suspected.

Befriended works with a number of local authorities and is committed to working within their Multi-Agency Safeguarding Vulnerable Adults Policies and Guidelines set out for each area. Relevant copies will be held in each service.

## Safeguards

All staff and Volunteers are recruited in accordance with the Recruitment and Selection Policy prior to working/visiting with service users. All staff and volunteers will be required to undergo a Disclosure & Barring Service (DBS) check.

All Coordinators will have training in the safeguarding of vulnerable adults as part of Common Induction Standards (CIS) and will attend or complete an online version of 'Level 1 safeguarding vulnerable adults training' before commencing their role as coordinator. We highly recommend that all volunteers attend 'Level 1 safeguarding vulnerable adults training' within three months of commencing visits. All volunteers **must** attend induction training, which includes a section on safeguarding, before visiting can begin. Training will be valid for a period of three years and must then be repeated in order to be kept up to date.

A visiting pack/handbook will be given to all volunteers before their first visit. The pack includes a section on different types of abuse with indicators, and a guide to **Recognising. Reassuring, Responding Recording and Reporting** (5 R's) to any concerns, allegations and disclosures of abuse.

## Confidentiality

Service Users have a right to expect confidentiality from Befriended. We cannot, however, give assurances of confidentiality about allegations of abuse. Where a person is unable to act for him or herself we have a duty of care to act on information given to us. It may also be that the abuse goes beyond the individual and we have a wider duty to protect others as well. We will strive to ensure that a person's dignity is upheld at all times during investigations of abuse allegations.

All those involved in abuse issues, whether hearing an allegation or conducting an investigation, will maintain confidentiality. At all times the Confidentiality Policy should be adhered to.





## **Types of Abuse**

There are a number of different types of abuse as detailed below.

### **1. Physical Abuse**

Physical abuse is the deliberate infliction of pain, physical harm or injury to another. Deliberate striking of a person is always abusive even if no apparent pain, physical harm or injury is seen. Failure to provide essential care and support is also abusive, including failing to follow correct procedures/ plans which puts the person at risk of harm. Misuse of restraint and medication is also physical abuse.

Some possible indicators of physical abuse:

- Unexplained bruising;
- Cowering or flinching;
- Discoloured skin, e.g. black eyes;
- Unexplained physical injuries e.g. broken bones or burns;
- Unexplained reactions to particular individual;
- Unexplained reactions to a particular setting, or changes in behaviour.

### **2. Domestic Abuse**

Domestic abuse is any threatening behaviour, violence or abuse between adults who are or have been in a relationship, or between family members. It can affect anybody regardless of their age, gender, sexuality or social status.

Domestic abuse can be physical, sexual or psychological, and whatever form it takes, it is rarely a one-off incident. Usually there is a pattern of abusive and controlling behaviour where an abuser seeks to exert power over their family member or partner.

### **3. Financial or Material abuse**

The extortion or manipulation of a person's legal or civil rights including persuading a person to hand over monies or goods, theft or misuse of money, property or personal possessions.

Some possible indicators of financial or material abuse:

- Changes in spending patterns;
- Lack of money for essential items;

- Absence of property and possessions from the service user's home;
- Absence of credit/debit cards which were previously in the service user's possession.

#### 4. Sexual abuse

Any sexual act carried out to which the vulnerable adult did not or could not consent and/or was pressured/coerced into consenting to; involvement in a sexual activity which is unwanted or not understood. Sexual abuse could be a physical act or coercing a person into looking at sexual activity, e.g. books, videos.

Some possible indicators of sexual abuse:

- Mood changes;
- Sexualised behaviour;
- Pain;
- Bruises or bleeding in the genital or anal areas;
- Changes in behaviour during personal care;
- Inappropriate use of sexual vocabulary;
- Excessive washing;
- Self-neglect;
- Unexplained incontinence;
- Persistent urinary tract infections;
- Unexplained change of reaction to a person or place;
- Insomnia;
- Nightmares.

#### 5. Psychological or Emotional Abuse

This includes the use of threats or inducing of fear; behaviour on the part of another which causes distress; failure to treat with respect; causing the loss of self-esteem. Withholding of a service or right is abusive as it causes harm whether physical or psychological.

Some possible indicators of psychological or emotional abuse:

- Withdrawal;
- Depression;
- Fearfulness;
- Changes in behaviour;
- Tearfulness;
- Changes in self-care and appearance;
- Lack of appetite.





## 6. Modern slavery

This 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 abuses, servitude and inhumane treatment.

## 7. Neglect and Acts of Omission

Neglect whether deliberate or accidental is also abusive.

Neglect includes the intentional or unintentional ignoring of medical, physical or emotional needs. This may include failure to provide appropriate food, clothing, attention or care and support.

Self-neglect occurs when an older adult fails or refuses to address their own basic physical, emotional, or social needs in a way that threatens his/her own health and safety. Examples of such needs include self-care tasks such as nourishment, clothing, hygiene, and shelter; proper/appropriate use of medications; and managing or administering one's finances. This excludes situations in which a mentally competent older adult, who understands the consequences of his/her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/her health or safety as a matter of personal choice

Some possible indicators of neglect:

- Poor hygiene;
- Inappropriate clothing;
- Malnutrition;
- Hunger;
- Dehydration;
- Generally unkempt appearance;
- Poor health;
- Effects of failure to take medication, e.g. seizures usually controlled;
- Loss of self-esteem.

## 8. Discriminatory Abuse

Discriminatory abuse is any type of abuse motivated by prejudice against a person because of their gender, sexual orientation, race, religion, disability, age or other difference from the perpetrator.

## 9. Institutional/ organisational Abuse (if your client lives in a care home)

Institutional abuse occurs where the rituals and routines in use force service users to sacrifice their own values and life styles to the needs of the organisation/service. Neglect and poor professional practice may lead to other forms of abuse as defined above.

Some possible indicators of institutional/organisational abuse:

- Rigid and insensitive routines;
- Unskilled, intrusive or invasive interventions;
- Failure to provide adequate privacy or physical comfort;
- Lack of consultation with service users;
- Dictating when basic needs are provided e.g. food/ drinks, personal care, etc.

## 10. Rights Abuse

A person with a disability has the same Human Rights as any other person. It is an abuse of these rights not to protect these. Failure to inform a person of their rights and failure to obtain consent is abusive.

Some possible indicators of rights abuse:

- Service users agreeing to do something even though they do not want to;
- Lack of signed consent forms.

## 11. Spiritual Abuse

The inappropriate use of religious belief or practice; coercion and control of one individual by another in a spiritual context. The abuse of trust by someone in a position of spiritual authority (e.g. minister/leader).

The person experiences spiritual abuse as a deeply emotional personal attack.

- Forcing religious ideas or practices onto people, particularly those who may be vulnerable to such practices;
- Extreme pastoral interference in personal matters – reducing individual choice and responsibility;
- The misuse of scripture or power to control behaviour and pressure to conform;
- The requirement of obedience to the abuser, or the suggestion that the abuser has a “divine” position;
- Intrusive healing and deliverance ministries, which may result in people experiencing emotional, physical or sexual harm;
- The denial of the right of faith or opportunity to grow in the knowledge and love of God;





## **12. Historic Abuse**

Historic abuse is the term used to describe disclosures of abuse that were perpetrated in the past. Many people who have experienced abuse don't tell anyone what happened until years later, with around one third of people abused in childhood waiting until adulthood before they share their experience.

Although the abuse may have taken place many decades ago, volunteers need to inform their Coordinators. Professional intervention may still be required and/or support in the form of counselling/therapy from an outside agency offered.

## **Increased Vulnerability**

There may be times when a service user appears to be more vulnerable or at risk than usual; e.g. if a service user's health physical or mental deteriorates; develops a relationship which gives cause for concern; abuses alcohol or substances; changes in behaviour which makes for higher risk than usual. The list is not exclusive and Coordinators/volunteers who know the service user well will be able to identify such changes and increased vulnerability.

When there is an increased vulnerability, the Chief Executive should be informed and additional risk assessments must be undertaken and all involved Coordinator/volunteers and other services need to be aware of the situation.

## **Procedure for Reporting and Dealing with Concerns**

Concerns that a service user may have been abused can be felt by anyone i.e. family members, volunteers and Coordinators. Volunteers raising concerns should be encouraged to report concerns as soon as possible to the Coordinator or another senior person. If the case of either the Chief Executive or another senior person not being available to talk to, all volunteers must report any concerns, allegations or disclosures directly to the social services safeguarding team. (the safeguarding duty team numbers are at the back of the visiting pack)

Each person could have a different point at which they become concerned for themselves or another person. Some concerns may be easily explained by looking at incident reports e.g. a fall may account

for bruising. The bigger picture should, however, be taken into consideration. The following may indicate that abuse has taken place, if a person appears to be:

- Frightened
- Feeling unsafe
- Covering up or secretive about an incident
- Behaving in a way that is not normal for him/her
- Giving inconsistent accounts of an incident

Situations that give cause for concern may include:

- Someone being hurt, bullied, frightened or intimidated
- Someone not being allowed to make their own choices or decisions
- Someone being made to do things against their will
- Someone never being allowed to see another person alone
- A bruise/injury that cannot be accounted for
- Service users being supported to spend their money inappropriately

All concerns are valid and must be reported immediately following the procedure below:

Contact the Chief Executive at Befriended. For out of hours concerns contact the Emergency Duty Team. (See page 13 for contact Details) immediately to report your concerns or the concerns of another person.

Record concerns on an incident form (Appendix 1); include a detailed description of any injuries. Pass this report to the Chief Executive. Now that you have reported your concerns the relevant person will deal with the concerns raised.

## **Procedure for Reporting and Dealing with Disclosure of Abuse**

A service user may disclose abuse. This should always be taken seriously and appropriate action taken as outlined in this policy. As we work with vulnerable adults who may not be able to protect themselves from significant harm or exploitation we have a duty to act.







**If a person discloses or makes allegations of abuse:**

**Do:**

- Reassure them
- Listen to them
- Let them use their own words
- Respond sensitively
- Repeat back to them what they have said and ask them to confirm it
- Record what is said, if that is not insensitive, while the person is present, or at the earliest moment
- Tell them that you have to tell someone else
- Explain what you are going to do next
- Preserve any physical evidence
- Maintain confidentiality between yourself, the service user, Coordinator or senior person from your church to whom you report and others involved in the investigation
- Make a careful record of the person's general condition and any injuries.

**Do not:**

- Promise to keep secrets
- Appear shocked or disgusted
- Disturb forensic evidence
- Ask too many questions
- Put words into their mouths
- Jump to conclusions
- Encourage too lengthy a description – Social services will deal with this
- Give a promise of confidentiality
- Be judgemental
- Give the person the impression they are themselves responsible for the abuse
- Talk to other members of the public about what you have heard
- Tell the alleged abuser what you have heard.

**In any situation where a vulnerable adult is in immediate danger contact the emergency services on 999.**

Staff/Volunteers must ensure the vulnerable person's safety and wellbeing. If the accused person is in the house at the time of the allegation contact the Chief Executive immediately or if out of hours, the Emergency Duty Team. Where possible, ensure that the person stays with you until help arrives.

Inform and notify the Chief Executive /or the Emergency Duty Team;-

See below Section 13 for contact details.

Information they will need: Details of the disclosure - use the words of the person who made the disclosure and do not add your own interpretation. Details of the alleged abuser – if an allegation has been made against a volunteer, this must be made clear to the Chief Executive who takes the call The Chief Executive will make the necessary arrangements to manage the situation

- 1.1** If urgent medical attention is needed this must be sought by calling 999 or the service users GP. Remind medical staff of the need to preserve evidence – see section 9 below.
- 1.2** Volunteers **MUST** report actual or alleged abuse immediately. Using the Volunteer safeguarding/incident log, (Appendix 1) record all information. If the alert has been received over the phone from the volunteer, the Chief Executive must fill out the “Safeguarding of Vulnerable Adults log” (Appendix 2 ). The following information must be clearly recorded: (see section 12, guidelines for writing reports)
  - Record the date and time of reporting and to whom the call was made.
  - Record clearly on the “Safeguarding of Vulnerable Adults log” what has been said, where it was said and who was present. Include questions you have asked and try to record the actual words the person used.
  - Record location of injuries using a body map on the “Injury Chart Form” (Appendix 3)
  - Sign and date the form
- 1.3** Where a criminal act may have taken place the Chief Executive receiving the call must contact the local police.

Once all information has been taken, the Chief Executive will notify the Duty Team social worker as soon as possible ensuring that all information has been passed to them and they are fully aware of the situation.





## **Preserving Evidence**

In most circumstances you may not need to do anything except record the events. If you are waiting for the police to arrive leave things as they are and do not touch things.

Dependent on the situation you may need to:

- Keep all written information/records in a secure place
- In cases of physical or sexual assault encourage the person not to wash where they might need a medical examination
- If appropriate and possible, place any discarded clothing in a plastic bag, touching it as little as possible

## **Support for the abused person**

It is important to ensure the abused person is supported appropriately. If there is to be a criminal prosecution it is sometimes not possible for a person to begin therapy until after the trial. This may be a long time after the event. Professional advice needs to be taken on how best to support the service user.

## **Investigations**

Any investigation by the police will be completed before any other investigations. No internal investigations will take place while the police are involved or without their permission, but strategy meetings led by the local authority will take place. Investigations will be conducted within the Investigation Guidelines of and in complete co-operation with the appropriate local authority.

Where an external investigation is required Social Services will appoint an Adult Social Care Manager/Investigating Officer who will lead the investigation.

The purpose of the investigation is to protect the person from serious harm and ensure their welfare is paramount.

## Guidelines for Writing Reports

Remember any notes taken may be part of a subsequent criminal investigation. They should be in black ink and legible. Never use correction fluid or an eraser. If a word is written wrongly put a single line through it. Write down what you hear. If that is only single words write them down. An explanation can be added subsequently, e.g. "x was crying at this point and I could only hear the occasional word". Sign, date and time the notes.

The Chief Executive dealing with the incident may need to write a full report. This should include:

### The vulnerable person

- The situation in which they are living
- Details of their family or significant other people
- Their mental capacity/disability/sensory impairment
- Whether they are aware that a referral has been made
- Their view of the situation and what action they would like taken
- Services received/agencies that have contact with them including the GP.

### Details of alleged abuse

- The reasons/incidents that are causing concern and that have led to the referral
- The degree of immediate danger that the referred perceives the vulnerable person to be in.

### The alleged abuser

- Their relationship to the vulnerable person
- Their mental capacity/disability/sensory impairment
- Their whereabouts and the likelihood of contact or the risk to others
- Services received/agencies that have contact with them including the GP.

### The referrer's judgement of the situation

- Action already taken
- Any immediate action that the referrer thinks should be taken
- The perceived risk to others including children.

### Other agencies already involved

- Information about any actions taken by health care professionals
- Any other agencies that have been involved in the identification of abuse.





## Contact Information

### Befriended

Gail Millar 07900 215600. Chief Executive

Will Kemp 07411 343151. Chairman of Trustees

Joy Dawes 07951422513

Befriended phone 0300 772 7703

### Other Contact Points

WSSC Social Services for Adults between 9am and 5pm 01243 642121

Out of Hours Emergency Duty Team for the West Sussex County Council (WSSC) area 0330 222 7007

ESSC Social Services for Adults between 8am and 8pm 0345 6080191

Out of Hours Adult Social care East Sussex 01323 636 399

### Document Revision

Policy agreed by trustees on 10<sup>th</sup> March 2019

Reviewed August 2021

**Appendix 1**

**VOLUNTEER SAFEGUARDING/ INCIDENT LOG**

Ref No:

Date:

Time:

Client's name

Volunteer's name

Volunteer Role:

**Summary of incident or Allegation:**

*Include all details, what was said, what staff/volunteer said times, other people involved*





Reported to

Signature of volunteer

Date Reported:

Time Reported:

## Appendix 2

### STAFF SAFEGUARDING OF VULNERABLE ADULTS LOG

Ref No:

Date:

Time:

Client's name

Staff name Reporting:

Reporting Volunteer's Name

#### **Summary of Allegation:**

*Include all details, what was said, what staff/volunteer said, times, other people involved*







Signature of Manager/Coordinator

Date Reported:

Time Reported:

Name Reported to:

Role:

**Actions by the Chief Executive the incident was reported**

Was this reported to social services? **YES/NO**

*If NO, explain reasons*

*If YES, note outcome*

Date Reported:

Time Reported:

Name of person reported to:

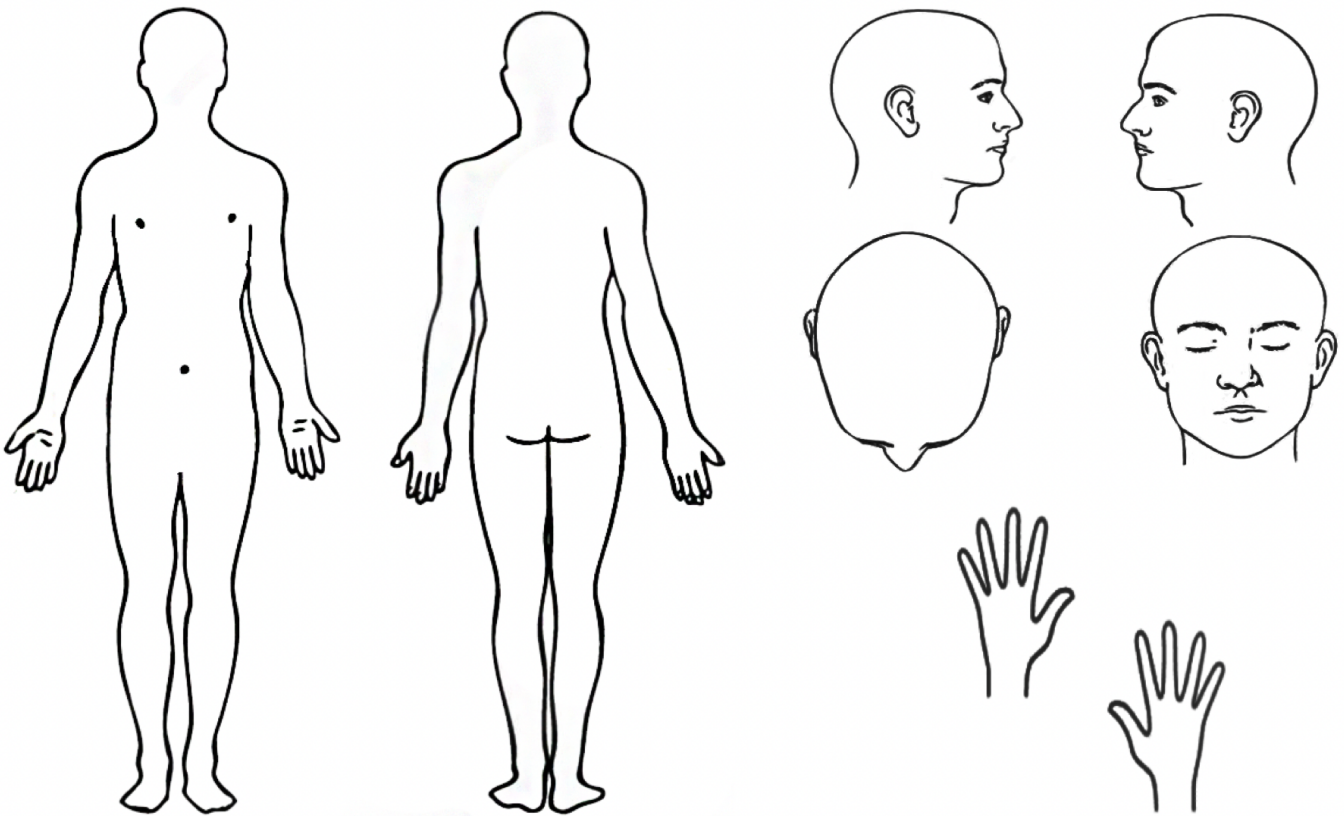
Role:



## Appendix 3

### INJURY CHART FORM

Mark position on body, note colour of injury, whether skin broken and anything else relevant.



Client's Name:

Name of person reporting:

Signature