



## Safeguarding Vulnerable Adults Policy

Document Control Information			
<b>Safeguarding Vulnerable Adults Policy, Issue 2 – August 2017</b>			
<b>Review Period</b> Every 3 years		<b>Review Committee</b> MAT Trustees	
Revision History			
Author	Summary of changes	Issue	Date Authorised
R Righini	New Policy	1	15 <sup>th</sup> March 2017
R Righini	Group policy audit	2	31 <sup>st</sup> August 2017
Authorisation			
<b>Approved By:</b>	<i>Trustees</i>		
<b>Date Approved:</b>	<i>31/08/2017</i>		
<b>Date of Next review:</b>	<i>31/08/2020</i>		
<b>Document Owner &amp; Reviewer:</b>	<i>Director of Behaviour and Emotional Wellbeing</i>		
Equality Impact			
<b>Statement</b>	<p>We welcome feedback on this document and the way it operates. We are interested to know of any possible or actual adverse impact that may affect any groups in respect of any of the Equality Act 2010 protected characteristics.</p> <p>The person responsible for equality impact assessment for this document is the Director of Equality and Diversity.</p>		
<b>Screening</b>	<p>This document has been screened by the Equality Team and the impact has been assessed as:</p> <p> <input type="checkbox"/> Not applicable  <input type="checkbox"/> Low  <input type="checkbox"/> Medium  <input type="checkbox"/> High </p>		

## **1. Purpose**

- 1.1. Spring Brook Upper School believes that the health, safety, welfare and care of all our vulnerable adults is paramount. We are therefore committed to the highest standards in protecting all vulnerable adults involved in courses or activities which come under the responsibility of Spring Brook Upper School.
- 1.2. Spring Brook Upper School will follow the procedures as laid down by the Oldham Adult Safeguarding Board (ASB) and will respect issues of confidentiality and will give priority to working together with other agencies to protect vulnerable adults in our care.
- 1.3. The vulnerable adult's policy detailed within this document deals with the protection of Vulnerable Adults, aged 18 years and over.
- 1.4. A separate policy covers Child Protection (under 18 years).
- 1.5. A vulnerable adult is someone who is aged 18 and over who may be unable to care for themselves, or protect themselves from harm or from being exploited. This may be because of their age, or because they have a mental health condition or a physical or learning disability.
- 1.6. A vulnerable adult may be at risk of abuse from people they know such as a relative, friend, neighbour or paid carer. Sometimes people can be abused by a stranger.

## **2. Scope of Policy**

- 2.1. We will ensure that arrangements are in place for:
  - 2.1.1. All reasonable measures to be taken to minimise the risks of harm to a vulnerable adult's welfare
  - 2.1.2. All appropriate actions to be taken to address concerns about the welfare of a vulnerable adult, working to agreed local policies and procedures in full partnership with other local agencies
  - 2.1.3. All new members of staff to be given a copy of our Safeguarding and Vulnerable Adults Policy and Procedures as part of their induction into Spring Brook Upper School and that all staff familiarise themselves with this policy.
  - 2.1.4. An interpreter to be made available to any vulnerable adult/family that requires this.
  - 2.1.5. We recognise that any vulnerable adult can be subject to abuse and all allegations of abuse will be taken seriously and treated in accordance with Spring Brook Upper School procedures. Spring Brook Upper School recognises that it is the responsibility of all staff to act upon any concern, no matter how small or trivial it may seem.

## **3. Reason for Review**

- 3.1. This is a new policy implemented as part of a Group audit.

## **4. Aim(s)**

- 4.1. In order to protect our vulnerable adults, we aim to:

- 4.1.1. Establish and maintain an environment where all our vulnerable adults can feel secure, valued and listened to
- 4.1.2. Ensure that all our vulnerable adults know that there are adults within Spring Brook Upper School whom they can approach if they are worried about any problems
- 4.1.3. Recognise signs and symptoms of abuse
- 4.1.4. Respond quickly and effectively to cases of suspected abuse
- 4.1.5. Monitor and support vulnerable adults at risk
- 4.1.6. Provide opportunities for vulnerable adults to develop an awareness of what puts them at risk and how to keep themselves safe
- 4.1.7. Work closely with parent/carers and support external agencies
- 4.1.8. Ensure that all adults within Spring Brook Upper School who have access to our young adults have been checked as to their suitability and checked against the Disclosure and Barring Service (DBS)
- 4.1.9. Ensure a copy of this policy is available on the website and in hardcopy format for all our parents and carers.
- 4.2. We will support all vulnerable adults by:
  - 4.2.1. Encouraging self-esteem and appropriate self-assertiveness whilst not condoning aggression or bullying
  - 4.2.2. Promoting a caring, safe and positive environment within Spring Brook Upper School
  - 4.2.3. Liaising and working together with all other support services and those agencies involved in the protection of vulnerable adults

## 5. Procedures and practice

### 5.1. Key Contacts within Spring Brook Upper School

- 5.1.1. Contacting the Safeguarding Team.
- 5.1.2. If you need any help or advice you can refer directly to a member of the Safeguarding team, who have undergone Designated Safeguarding Training, which is currently:

Senior Staff	Position	Contact Details
Graham Quinn	Executive Principal	07912 732749
Judith Lamb	Head of Site	0161 883 2401
Karen Bingley	Extended Schools Director (Holiday Club and After School Club Designated person)	0161 883 2401

Other Staff	Position	Contact Details
Wendy Warren	Executives Assistant	0161 883 2401
Richard Monaghan	KS5 Pastoral Lead – Medtia	0161 883 2403

<b>Nominated Safeguarding &amp; Children Looked After Governor</b>
Jean Webber

<b>Key Contacts outside of Spring Brook Upper School</b>	<b>Contact Details</b>
Multi-Agency Safeguarding Hub (MASH)	0161 770 7777
In an emergency telephone	999
For all other non-urgent police matters telephone	101
Vulnerable Adults who live in Oldham but have care and support funded by another local authority or NHS clinical commissioning group further on safeguarding arrangements can be found at; <a href="http://www.adass.org.uk/AdassMedia/stories/Policy%20Networks/Safeguarding_Adults/Key_Documents/ADASS_GuidanceInterAuthoritySafeguardingArrangementsDec12.pdf">www.adass.org.uk/AdassMedia/stories/Policy%20Networks/Safeguarding_Adults/Key_Documents/ADASS_GuidanceInterAuthoritySafeguardingArrangementsDec12.pdf</a>	

- 5.2. In order to fulfil our safeguarding responsibilities, we have a duty to ensure that the following are in place:
- 5.2.1. Clear lines of accountability for safeguarding vulnerable adults including clear procedures for staff to follow
  - 5.2.2. Recruitment and HR procedures that take into account the need to safeguard and promote the welfare of vulnerable adults
  - 5.2.3. Procedures for dealing with allegations of abuse against members of staff and volunteers in school
  - 5.2.4. Appropriate whistleblowing procedures and a culture that enables issues about safeguarding and promoting the welfare of young people to be addressed
  - 5.2.5. Arrangements to ensure that all staff undertake appropriate training
  - 5.2.6. Policies for safeguarding and promoting welfare that are in accordance with guidance and locally agreed inter-agency procedures
  - 5.2.7. Arrangements to work effectively with other organisations including arrangements for information sharing
- 5.3. **Roles and Responsibilities**
- 5.3.1. **Safeguarding is everyone's responsibility** - As adults and/or professionals or volunteers, everyone has a responsibility to safeguard vulnerable adults and promote their welfare.
  - 5.3.2. All staff at Spring Brook Upper School have a crucial role in helping to identify welfare concerns and indicators of possible abuse or neglect at an early stage.
- 5.4. **The Trustees will ensure that:**
- 5.4.1. Spring Brook Upper School has a vulnerable adults protection policy and procedures in place in accordance with locally agreed inter-agency

procedures and that the policy is reviewed annually and made available to parents on request

- 5.4.2. Spring Brook Upper School operates safe recruitment procedures and makes sure that all appropriate checks are carried out on staff and volunteers who work with vulnerable adults and that a single central record is maintained
  - 5.4.3. Spring Brook Upper School has procedures for dealing with allegations of abuse against staff and volunteers
  - 5.4.4. Staff undertake appropriate training and are aware of Spring Brook Upper School's policy and procedures in relation to safeguarding vulnerable adults
  - 5.4.5. A governor is nominated to be responsible for safeguarding
  - 5.4.6. Where services or activities are provided on Spring Brook Upper School premises by another body, the body concerned has appropriate policies and procedures in place in regard to safeguarding vulnerable adults and liaises with the school where appropriate
- 5.5. **The Executive Principal will ensure that:**
- 5.5.1. The policies and procedures adopted by the Trustees are fully implemented and followed by all staff
  - 5.5.2. Sufficient resources and time are allocated to enable the safeguarding team and other staff to discharge their responsibilities
  - 5.5.3. All staff and volunteers feel able to raise concerns about poor or unsafe practice and such concerns are addressed sensitively and effectively in accordance with agreed whistle blowing policies
- 5.6. **The Safeguarding Team will:**
- 5.6.1. Pass on any information about suspected abuse or neglect to the designated person as soon as it is known and where possible before passing any information to Adult Social Care.
  - 5.6.2. Pass on to the designated person any information given to them by the police or Social Care regarding or affecting any of our vulnerable adults
  - 5.6.3. Pass on information from any conversations with the police or Social Care regarding a young person being investigated by these agencies
  - 5.6.4. Attend meetings/conferences as appropriate and pass on records and minutes to the designated person at the earliest opportunity
  - 5.6.5. Attend refresher training every two years
  - 5.6.6. Keep accurate and secure records
  - 5.6.7. Ensure that all staff have training (including induction training for new staff and student teachers)

- 5.6.8. Ensure that all staff have access to and understand Spring Brook Upper School vulnerable adults protection policy
- 5.6.9. Recognise how to identify signs of abuse and when it is appropriate to make a referral
- 5.6.10. Refer cases of suspected abuse or allegations to the relevant investigating agencies
- 5.6.11. Act as a source of support, advice and expertise within Spring Brook Upper School
- 5.6.12. Adhere to the Oldham Adult Local Safeguarding Board and Spring Brook Upper School procedures with regard to referring a vulnerable adult if there are concerns about possible abuse
- 5.6.13. Keep written records of all concerns about a vulnerable adult even if there appears to be no need to make an immediate referral, ensuring that all such records are kept confidentially and securely and are separate from the vulnerable adult's educational records
- 5.6.14. Liaise and work in partnership with Adult Social Care, and other relevant agencies
- 5.6.15. Ensure that relevant safeguarding policies (e.g. child protection, safeguarding vulnerable adults policy, whistleblowing, allegations of abuse against staff policy) are updated and reviewed annually and work with governors regarding this
- 5.6.16. Ensure that parents are aware of the vulnerable adults protection policy which alerts them to the fact that referrals may be made
- 5.6.17. Attend refresher training every two years
- 5.7. **All staff and volunteers will:**
  - 5.7.1. Comply fully with Spring Brook Upper School policies and procedures
  - 5.7.2. Attend appropriate training and be aware of potential indicators of abuse
  - 5.7.3. Inform the safeguarding team of any concerns and follow agreed procedures for reporting
  - 5.7.4. Be open to hearing concerns from vulnerable adults and others, without seeking to investigate these concerns
  - 5.7.5. Be informed on how to report any concerns relating to the Principal
  - 5.7.6. Be discrete regarding any concern they may have or in a disclosure being made
- 5.8. **Forms of Abuse**
  - 5.8.1. Abuse is 'any act or failure to act, which results in a significant breach of the person's human rights or civil liberties, bodily integrity, dignity or

well-being; including sexual relationships and financial transactions to which the person has not or cannot validly consent’.

- 5.8.2. Abuse can take many forms and can be complex in nature but the following definitions of abuse are generally accepted, however not prescriptive and each suspected case will be considered on its own merit.
- 5.8.3. **Physical abuse** is deliberately physically hurting.
  - 5.8.3.1. Physical abuse may take a variety of different forms, including hitting, pinching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating.
  - 5.8.3.2. Physical abuse can happen in any family, but vulnerable adults may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens.
  - 5.8.3.3. Physical abuse can also occur outside of the family environment.
- 5.8.4. **Emotional abuse** is the persistent emotional maltreatment of a vulnerable adult.
  - 5.8.4.1. Emotional abuse is also sometimes called psychological abuse and it can have severe and persistent adverse effects on a vulnerable adult.
  - 5.8.4.2. Emotional abuse may also involve serious bullying (including cyberbullying), causing the vulnerable adult to frequently feel frightened or in danger.
- 5.8.5. **Sexual abuse** is any sexual activity with a vulnerable adult that was not consented.
  - 5.8.5.1. This can include rape and sexual assault or sexual acts to which the vulnerable adult at risk has not consented, could not consent or was pressured into consenting.
- 5.8.6. **Psychological abuse** includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- 5.8.7. **Financial or material abuse**, including theft, fraud, exploitation or pressure in connection to wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- 5.8.8. **Neglect and acts of omission**, 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.



- 5.8.9. **Discriminatory abuse**, including racist, sexist, abuse based on a person's disability and other forms of harassment, slurs or similar treatment.
- 5.8.10. **Honour Based Violence** encompasses crimes which have been committed to protect or defend the honour of the family and/or community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing
- 5.8.10.1. All forms of HBV are abuse (regardless of the motivation) and will be handled and escalated as such.
- 5.8.11. **Radicalisation & Extremism**
- 5.8.11.1. radicalisation is defined as the act or process of making a person more radical or favouring of extreme or fundamental changes in political, economic or social conditions, institutions or habits of the mind
- 5.8.11.2. Extremism is defined as the holding of extreme political or religious views
- 5.8.11.3. We will not tolerate extremist activity of any sort, which creates an environment for radicalising individuals and could lead them on a pathway towards terrorism (Counter-Terrorism and Security Act 2015). More detailed information can be found in the Anti-Bullying policy
- 5.8.11.4. On rare occasions, staff may have cause for concern regarding extremism due to a child's behaviour, comments or activities. All staff have a duty to ensure that extremism is not tolerated or promoted within the organisation. The DSL will be notified along with the Head of Site if any such concerns arise. Spring Brook Upper School will liaise with the appropriate authorities as may be necessary
- 5.8.11.5. From time to time, during the curriculum in different subjects references will be made to political matters. Staff are required to ensure that political matters of any description are only referred to in a balanced, unbiased way
- 5.8.11.6. Key staff will be aware of the Channel programme to make a referral with regards to radicalisation & extremism.
- 5.8.11.7. Key staff will undertake Prevent training
- 5.8.12. **Neglect and poor practice** also need to be taken into account, this may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as Institutional abuse.
- 5.8.13. **Stranger abuse** will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location,

nevertheless, in some instances it may be appropriate to use the locally agreed inter-agency adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other vulnerable people.

- 5.8.14. **Domestic abuse** – Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 or over, who are or have been intimate partners or family members regardless of gender and sexuality. Family members include mother, father, son, daughter, brother, sister, grandparents, whether directly related, in-laws and step family. The definition includes 'same sex' partners and ex partners (irrespective of how long they have been apart).

5.9. **Where can abuse occur**

- 5.9.1. Abuse can occur in any setting, it may be a public place or a private place, it can happen to a person who may be:

5.9.1.1. Living in a residential or nursing home

5.9.1.2. A patient in hospital

5.9.1.3. Living in their own home

5.9.1.4. In prison

5.9.1.5. Attending a day centre

5.9.1.6. Attending a social club

5.9.1.7. Without a permanent home

5.9.1.8. In reality abuse can occur anywhere

5.10. **The seriousness or extent of abuse**

- 5.10.1. The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness, the following factors need to be considered

5.10.1.1. The vulnerability of the adult.

5.10.1.2. The nature and extent of the abuse

5.10.1.3. The length of time it has been occurring.

5.10.1.4. The impact on the individual and

5.10.1.5. The risk of repeated or increasingly serious acts involving this or other adult at risks.

### 5.11. **Signs of Abuse**

- 5.11.1. Because vulnerable adults may not be able to report abuse themselves it is important that those working with them know what to look out for. (Appendix 1)
- 5.11.2. Look out for these signs of possible abuse but keep an open mind and try not to jump to conclusions.
- 5.11.3. If you are not sure if it is abuse or not, speak to a member of the Safeguarding team. You do not have to be certain that abuse is taking place before reporting it. Be particularly concerned if the vulnerable person appears distressed or frightened in the presence of the suspected abuser or if the suspected abuser has a history of violence or other personal problems. Record carefully what you see, what you hear and what you do.

### 5.12. **Who are the Abusers?**

- 5.12.1. Abuse can be perpetrated by a wide range of people including relatives, friends, other vulnerable people, paid or volunteer workers and can take place anywhere including in a person's own home or in a hospital or care home

### 5.13. **Finding out about abuse**

- 5.13.1. Vulnerable people may report abuse themselves (a disclosure of abuse) but often they do not report because they are frightened, they are ashamed or because they are unable to do so because of their disabilities or because they do not know how to ask for help.

### 5.14. **Training**

- 5.14.1. All staff will undertake the compulsory safeguarding training which is offered throughout the year as part of the Spring Brook Upper School CPD programme. Any changes to legislation will be reported to staff through whole school meetings.
- 5.14.2. Spring Brook Upper School will allow designated personnel to attend relevant safeguarding training.

### 5.15. **Supporting staff**

- 5.15.1. We recognise that staff working at Spring Brook Upper School, who have become involved with a vulnerable adult who has suffered harm, or appears to suffer harm may find the situation stressful and upsetting. We will support such staff by providing an opportunity to talk through their anxieties with a member of the Safeguarding team and to seek further support as appropriate.

### 5.16. **Safer Recruitment**

- 5.16.1. Spring Brook Upper School will ensure we practice Safe Recruitment by undertaking enhanced DBS checks of all staff and volunteers who work with our vulnerable adults. Recruitment adverts will highlight the priority that Spring Brook Upper School places on this and our commitments to safeguarding.
- 5.16.2. Spring Brook Upper School will follow the legal requirement that recruitment panels appointing paid staff and volunteers should include at least one person who has been trained in safer recruitment.

#### 5.17. **Reporting Procedure**

- 5.17.1. The purpose of these guidelines is to ensure that the rights of vulnerable adults are protected through staff awareness.
- 5.17.2. All concerns must be passed to a member of the safeguarding team who will seek advice/make a judgement as to whether a referral to Adult Social Care or the need for any other action be taken. (Appendix 2 – Procedures Flowchart)
- 5.17.3. All concerns and/or disclosures must be recorded on a referral form (forms are available at reception on all sites and from the Safeguarding team). Any notes to accompany the concern/disclosure should be attached securely to the referral form. All staff must be aware of the high level of confidentiality of notes and individual staff members should pass all notes and records onto a member of the Safeguarding team.
- 5.17.4. It is the responsibility of all staff working within New Bridge Group to record and report vulnerable adult protection concerns, i.e. where they believe a vulnerable adult has been or is at risk of abuse, or significant harm. This responsibility extends to all staff and not just those specifically working with vulnerable adults.

#### 5.18. **Stage 1 – Alert**

- 5.18.1. An alert is an adult safeguarding referral that is made when an adult at risk has been identified as possibly having been harmed, abused or neglected.
- 5.18.2. An allegation of abuse can arise from the following sources
  - 5.18.2.1. A direct disclosure by the vulnerable adult at risk
  - 5.18.2.2. Raised by staff or volunteers, others using the services of Spring Brook Upper School, a carer or a member of the public
  - 5.18.2.3. An observation of the behaviour of the vulnerable adult, of the behaviour of another person(s) towards the adult at risk or of one service user towards another

#### 5.19. **Criteria for an alert/referral**

- 5.19.1. A referral to the Oldham Adult Safeguarding Board (ASB) should be made if one or more of these factors apply:
- 5.19.2. The person is an adult at risk and there is a concern that they are being, or at risk of being, abused or neglected.
- 5.19.3. A crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made
- 5.19.4. The abuse or neglect has been caused by a member of staff or a volunteer (please following Spring Brook Upper School 'Procedures for allegations of abuse against staff')

- 5.19.5. Other people or children are at risk from the person causing the harm
- 5.19.6. The concern is about institutional or systemic abuse
- 5.19.7. The person causing the harm is also an adult at risk
- 5.20. Vulnerable adults can potentially be abused within the family, community and organisations by employees (including those employed to promote their welfare and protection from abuse), visitors, volunteers, and fellow vulnerable adults.
- 5.21. Once you suspect or know of any abuse of any vulnerable adult, you should immediately inform a member of the Safeguarding team. Even if you have only heard rumours of abuse, or you have a suspicion but do not have firm evidence, you should still contact them to discuss your concerns. You must not try to investigate the matter on your own. Staff are not equipped or qualified to do so.
- 5.22. **Responding to a disclosure**
  - 5.22.1. If a vulnerable adult comes to you with a report of apparent abuse, you should listen carefully to him/her, using the following guidelines. When listening to the vulnerable adult staff must:
    - 5.22.1.1. Allow them to speak without interruption
    - 5.22.1.2. Never trivialise or exaggerate the issue
    - 5.22.1.3. Never make suggestions
    - 5.22.1.4. Never lead the vulnerable adult in any way
    - 5.22.1.5. Reassure the vulnerable adult, let them know you are glad they have spoken up and that they are right to do so
    - 5.22.1.6. Always ask enough questions to clarify your understanding, do not probe or interrogate – no matter how well you know the vulnerable adult – spare them having to repeat themselves over and over
    - 5.22.1.7. Be honest – let the vulnerable adult know that you cannot keep this a secret, you will need to tell someone else
    - 5.22.1.8. Try to remain calm – remember this is not an easy thing for them to do
    - 5.22.1.9. Do not show your emotions – if you show anger, disgust or disbelief, they may stop talking. This may be because they feel they are upsetting you or they may feel your negative feelings are directed towards them
    - 5.22.1.10. Let the vulnerable adult know that you are taking the matter seriously
    - 5.22.1.11. Make the vulnerable adult feel secure and safe without causing them any further anxiety

**5.23. Immediate Preventative Action**

5.23.1. As soon as an allegation of abuse or concern arises, it is important in the first instance to assess what immediate action may be required to safeguard the interests of an adult at risk and to carry this out as soon as possible. The following actions should be considered:

5.23.1.1. Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger

5.23.1.2. Arrange any medical treatment including dialling 999 for an ambulance if it is a medical emergency

5.23.1.3. Do not disturb or move articles that could be used in evidence and secure the scene, for example, by locking the door to a room.

5.23.1.4. Make sure that no others are at risk

**5.24. Secondary Preventative Action**

5.24.1. Whilst immediate risks have to be managed as a matter of urgency, the following processes should be prioritised alongside or shortly after initial risks have been managed.

**5.25. Preserving Evidence**

5.25.1. This practice should be considered in most situations, but particularly where there may have been a crime committed and police are called. It is important that forensic and other evidence is collected and preserved, and agencies and individuals can play an important part in ensuring that evidence is not contaminated or lost. The scene should not be disturbed and should be secured until police arrive or other forms of investigation are agreed.

**5.26. Responding to an adult at risk**

5.26.1. Sensitivity and care must be taken when an adult at risk has chosen to make a disclosure or when they have been harmed. It is important to assure them that their allegation will be taken seriously, but that complete confidentiality cannot be promised in the interests of safeguarding the individual and possibly other vulnerable adults.

**5.27. Responding to an alleged perpetrator**

5.27.1. Do not discuss the concern with the person alleged to have caused harm, unless the immediate welfare of the vulnerable adult makes this unavoidable.

**5.28. Making a record**

5.28.1. An accurate record at the time of the disclosure or cause for concern should be made. It is important that any recordings made should be stored in a safe place as it may be necessary to make the records available as evidence and to disclose them to a court. The report should be factual and should not include opinions or personal interpretations of the facts presented. The report should contain as much detail as possible, including any apparent physical signs of abuse or other circumstances which led to your suspicions, or the account given to you of abuse by the vulnerable adult concerned, as accurately as you are

able to record it. The report should be signed, dated and a copy stored with the Safeguarding team.

## 5.29. **Supporting an adult at risk**

### 5.29.1. An adult at risk:

5.29.1.1. should be assured that any safeguarding concerns are taken seriously

5.29.1.2. should be involved in decisions about what will happen, and if this is not possible because they lack mental capacity, their best interests will be fully considered.

5.29.1.3. will be provided with support and information in a way that is most appropriate to their needs.

## 5.30. Supporting an adult at risk through Referral, Triage and Strategy Discussion Stages

### 5.30.1. Where possible, the following should be undertaken

5.30.1.1. Speak to the adult at risk in a private and safe place

5.30.1.2. Get their views and feelings on what has happened and what they want done about it

5.30.1.3. Give them information about the Safeguarding Adults process and how that could help to make them safer

5.30.1.4. Support them to ask questions about issues of confidentiality

5.30.1.5. Identify communication needs, personal care arrangements and access requests

5.30.1.6. Explain how they will be kept informed and supported

5.30.1.7. Discuss what could be done to ensure their safety.

5.30.2. If it is felt that the adult at risk may not have the capacity to understand the relevant issues and to make decisions, attempts must still be made to explain to them as far as possible until capacity can be formally assessed.

## 5.31. **Consent and Capacity Issues**

5.31.1. The right of consent for an adult at risk to make decisions about their own care is fundamental to upholding their human rights and is therefore central to the adult safeguarding process. Consent to make a referral should be obtained from the adult at risk at the earliest opportunity. There will be occasions when a referral will need to be made without consent or by overriding the wishes of the individual, and Spring Brook Upper School will need to be clear in those cases as to why such action has been deemed necessary.

5.31.2. The presumption should always be that a person has capacity, but where there is doubt, a mental capacity assessment should be carried

out. It may be necessary to check whether there is already a legal representative in place to act in the best interests of the vulnerable adult.

- 5.31.3. The key development affecting this area of work is the implementation of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions. It makes it clear who can take decisions in which situations how they should go about this.
- 5.32. The five key principles in the Act are:
  - 5.32.1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
  - 5.32.2. A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
  - 5.32.3. Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
  - 5.32.4. Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
  - 5.32.5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.
- 5.33. **Examples of when consent is required**
  - 5.33.1. Consent should be informed, not implied or given under duress. It should be sought from an adult at risk for:
    - 5.33.1.1. an activity that may be abusive, but is acceptable to the adult at risk
    - 5.33.1.2. proceeding with each stage in the safeguarding adults procedure
    - 5.33.1.3. where an adult at risk has capacity and they do not want action to be taken and there are no public interest or vital interest considerations
    - 5.33.1.4. the recommendations of an individual protection plan being put in place
    - 5.33.1.5. a medical examination
    - 5.33.1.6. an interview
    - 5.33.1.7. sharing confidential information
- 5.34. **Guidance on adults at risk who have capacity**
  - 5.34.1. Where an adult at risk has capacity to make decisions, they should be respected and fulfilled. There are circumstances when this may need to be overridden and practitioners will need to carefully evaluate each



situation on its own merits. Examples of when to override the wishes of an adult at risk who does not consent to safeguarding action are:

- 5.34.1.1. when other adults at risk or members of the public are at risk
- 5.34.1.2. when children are involved
- 5.34.1.3. when the allegation involves a staff member or volunteer
- 5.34.1.4. when a crime has been committed
- 5.34.1.5. when consent was given under duress or was not informed

**5.34.2. Guidance on adults at risk who lack capacity**

5.34.2.1. If, on the balance of probabilities, an adult at risk appears to lack capacity, those acting on his or her behalf must do so in the person's best interests. This means that they must do what is necessary to promote the health or wellbeing of the person, or prevent deterioration.

5.34.2.2. A capacity assessment will be required if the adult at risk is unable to:

- a) Understand the information relevant to the decision
- b) retain the information
- c) evaluate information as part of the process of making a decision
- d) communicate his/her decision as a result of mental impairment

5.34.2.3. Capacity assessments if required will normally be undertaken after a safeguarding referral is received and is assessed in terms of a functional deficit in regards to specific decisions they are required to make. Guidance on undertaking practice around 'best interests' and the Mental Capacity Act will usually be led by the local authority or NHS. Detailed guidance on the Mental Capacity Act is provided in a statutory Code of Practice which can be found at <http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act>

**5.35. Information Sharing and Confidentiality**

5.35.1. Information sharing between organisations is essential to safeguarding adults at risk of abuse, neglect and exploitation. In this context, organisations required to share information will cut across statutory, voluntary and independent sectors, housing authorities, the police and CPS, and organisations which provide advocacy and support.

5.35.2. No Secrets (Department of Health, 2000) recognises that there are circumstances in which it will be necessary to share confidential information in safeguarding an adult at risk. In summarising the

Caldecott principles, No Secrets states that information will only be shared on a need-to-know basis when it is in the best interest of the service user; it must be justified, and person identifiable information must be kept to a minimum and only used where absolutely necessary.

- 5.35.3. Information sharing should also be guided by the Data Protection Act (1998) in that information should be obtained, processed and stored using only lawful means.
- 5.35.4. Under English common law, an individual has the right to expect that personal information about him or her will be kept confidential. The exception to this is if it is considered to be in the public interest, and in relation to safeguarding this may include:
  - 5.35.4.1. In the interests of national security or public safety
  - 5.35.4.2. For the prevention or detection of crime, apprehension of offenders, the administration of justice
  - 5.35.4.3. In maintaining public safety, the protection of health or moral
  - 5.35.4.4. For the protection of the rights or freedoms of others
  - 5.35.4.5. For the safeguarding of the welfare of vulnerable children and adults.
- 5.35.5. Other circumstances when information can be shared are if the person to whom the duty of confidentiality is owed has given informed consent, or if disclosure is required by court order or other legal obligation.
- 5.35.6. Decisions about what information is shared and with whom should be taken on a case by-case basis. In general, one of the following conditions must be satisfied before proceeding
  - 5.35.6.1. a criminal offence has taken place
  - 5.35.6.2. it may prevent a crime
  - 5.35.6.3. the alleged victim is at risk of harm
  - 5.35.6.4. staff, other service users, or the general public may be at risk of harm
  - 5.35.6.5. for early intervention and identification of abuse
  - 5.35.6.6. for investigations under Safeguarding Adults procedures.
- 5.35.7. The person's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those agencies with responsibility for safeguarding adults at risk.

- 5.35.8. The process of sharing information should be guided by the legal context outlined above. Broadly, information shared should be
  - 5.35.8.1. necessary for the purpose for which it is being shared
  - 5.35.8.2. shared only with those who have a need for it
  - 5.35.8.3. be accurate and up to date
  - 5.35.8.4. be shared in a timely fashion
  - 5.35.8.5. be shared accurately
  - 5.35.8.6. be shared securely.
- 5.36. Information Sharing Examples - Here is a selection of examples when it is appropriate to share information:
  - 5.36.1. Records may be disclosed in court as part of the evidence in a criminal action/case or may be required if the regulatory CQC authority decides to take enforcement action against a provider.
  - 5.36.2. Records kept by providers of services should be available to service commissioners and regulatory authorities.
  - 5.36.3. Agencies should identify arrangements, consistent with the principle of fairness, for making records available to those affected by, and subject to, investigation with due regard to confidentiality.
  - 5.36.4. If an assessment is made that the individual still poses a threat to other service users, this must be included in any information passed on to service providers.
  - 5.36.5. Those cases where there is a request from the CHC Restitution Panel.
- 5.37. **Stage 2 – Reporting of allegations**
  - 5.37.1. A member of the Safeguarding team may need to
    - 5.37.1.1. Seek further advice or make an alert to the Triage Officer within the Adult Safeguarding Team
    - 5.37.1.2. Report the incident to a designated Social Worker
    - 5.37.1.3. Report the matter to the police if a crime is suspected
- 5.38. **What is Triage**
  - 5.38.1. Triage is the process of screening a safeguarding alert to establish whether it meets the criteria and threshold to be progressed on to the next stage of the adult safeguarding process. The addition of this stage is to:
    - 5.38.1.1. Quickly identify those alerts that may not be an adult safeguarding issue and refer/signpost them on to more appropriate services

- 5.38.1.2. Log those alerts that are a cause for concern but do not meet the threshold for any form of intervention at the present time
- 5.38.1.3. Ensure that all referrals are quality assured and have gathered sufficient information to move on to the next stage of the safeguarding procedure

#### 5.38.2. **Triage Role and Responsibility**

- 5.38.2.1. The triage role is fulfilled by an appointed Triage Officer within the Adult Safeguarding Team.
- 5.38.2.2. This officer is a qualified social worker fully trained in Oldham's Adult Safeguarding procedures, and is experienced in duty and intake work. They will act as the front door/single point of contact for all adult safeguarding alerts and ensure that the procedure up to the conclusion of the strategy meeting is carried out thoroughly and in accordance with the responsibilities and timescales of the safeguarding procedures.

#### 5.39. **Outcome**

- 5.39.1. Following an alert to the Triage Officer and the gathering of information, the outcomes may be:
  - 5.39.1.1. No further action
  - 5.39.1.2. Referral to other agencies
  - 5.39.1.3. Service specific actions
  - 5.39.1.4. Adult Safeguarding Pathways

#### 5.40. **Whatever happens, you should always be open and honest with the vulnerable adult if you intend to take the case further.**

- 5.40.1. Staff must not discuss the case with anyone other than those involved in the case. If staff have any concerns about the progress of the case or have any other concerns these must be discussed with a member of the safeguarding team.

#### 5.41. **Management of Records**

- 5.41.1. Throughout the Safeguarding Adults procedure, detailed factual records must be kept, including hand written notes/records; this includes the date and circumstances in which conversations and interviews are held and a record of all decisions taken. The views and wishes of the adult at risk should be fully documented through the key decision making stages.

#### 5.42. **Legal Procedures**

- 5.42.1. In all recording, proper consideration must be given to the requirements of the Data Protection legislation and therefore should not breach a person's legal rights whether they are an adult at risk, alleged perpetrator, or anyone else. Information should be held, used and stored which complies with these statutory obligations, and which does not impede the Freedom of Information Act 2000.

**5.43. Allegations against staff**

5.43.1. Please refer to the allegations against staff policy.

**5.44. Guidance**

5.44.1. The Group follows the Public Health Authority's Guidance on infection control in schools and other childcare settings (see Appendix 1). Always contact your doctor if you have any concerns regarding your child's health. A member of the Group's healthcare team is also available to discuss any matters regarding your child's health.

**6. Other useful documents**

6.1. Allegations of Abuse policy

**7. Monitoring**

7.1. This policy will be monitored through the Group's accountability framework.

## Appendix 1 – Possible Signs and Symptoms of Abuse/Neglect

Form of Abuse	Possible Signs of Abuse
Physical	<ul style="list-style-type: none"> <li>Unexplained injuries or burns, particularly if they are recurrent</li> <li>Refusal to discuss injuries</li> <li>Improbable explanations for injuries</li> <li>Untreated injuries or lingering illness not attended to</li> <li>Admission of punishment which appears to be excessive</li> <li>Shrinking from physical contact</li> <li>Fear of returning home or of parents being contacted</li> <li>Fear of undressing</li> <li>Fear of medical help</li> <li>Aggression/bullying</li> <li>Over compliant behaviour or a 'watchful attitude'</li> <li>Running away</li> <li>Significant changes in behaviour without explanation</li> <li>Deterioration in work</li> <li>Unexplained pattern of absences which may serve to hide bruises or other physical injuries</li> <li>Untreated medical problems</li> <li>Unexplained weight loss</li> </ul>
Sexual	<ul style="list-style-type: none"> <li>Bruises, scratches, burns or bite marks on the body</li> <li>Scratches, abrasions or persistent infections in the anal or genital regions</li> <li>Pregnancy</li> <li>Frequent public masturbation</li> <li>Attempts to teach other vulnerable adults about sexual activity</li> <li>Refusing to stay with certain people or go to certain places</li> <li>Aggressiveness, anger, anxiety, fearfulness</li> <li>Withdrawal from friends</li> <li>Changes in behaviour</li> </ul>
Emotional	<ul style="list-style-type: none"> <li>Continual self-deprecation</li> <li>Fear of new situations</li> <li>Inappropriate emotional responses to painful situations</li> <li>Self-harm or mutilation</li> <li>Compulsive stealing/scrounging</li> <li>Drug/Solvent abuse</li> <li>Neurotic behaviour – obsessive rocking, thumb sucking and so on</li> <li>Air of detachment – 'don't care' attitude</li> <li>Social isolation – does not join in and has few friends</li> <li>Desperate attention-seeking behaviour</li> <li>Eating problems, inducing overeating and lack of appetite</li> <li>Depression, withdrawal</li> <li>Sleep disturbances</li> <li>Unexplained gifts of money</li> <li>Changes in behavior</li> </ul>
Financial	<ul style="list-style-type: none"> <li>Unexplained or sudden withdrawal of money from accounts, inability to pay bills, an unusual interest in vulnerable person's assets, failure to explain financial transactions by person managing the vulnerable person's money</li> </ul>

Neglect	<p>Constant hunger          Poor personal hygiene          Inappropriate/dirty clothing          Frequent lateness or non-attendance          Untreated medical problems          Low self-esteem          Poor social relationships          Compulsive stealing or scrounging          Constant tiredness          Living conditions are filthy/cold</p>
Discriminatory	<p>the vulnerable person is excluded from activities; there is no attempt to address their communication needs or provide food or care that meets their cultural needs.</p>
Institutional	<p>repeated concerns about poor care or ill-treatment, lack of flexibility about waking/bedtimes, no respect of privacy, poor bedding or heating, lack of individual care planning, inadequate provision and choice re. food and drink</p>

## Appendix 2 Vulnerable Adults Safeguarding Procedure – Flowchart

