



SAFEGUARDING VULNERABLE ADULTS

ASD Helping Hands

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1. Introduction

ASD Helping Hands is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults, engaged in the breadth of its activities.

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of ASD Helping Hands in relation to the protection of vulnerable adults from abuse.

All adults have the right to be safe from harm and should be able to live free from fear of abuse, neglect and exploitation.

The key objectives of this policy are:

- To explain the responsibilities ASD Helping Hands and its staff, volunteers and trustees have in respect of vulnerable adult protection.
- To provide staff with an overview of vulnerable adult protection
- To provide a clear procedure that will be implemented where vulnerable adult protection issues arise.

2. Context

For the purpose of this document 'adult' means a person aged 18 years or over.

Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to abuse. The broad definition of a 'vulnerable adult' referred to in the 1997 Consultation Paper 'Who decides?' issued by the Lord Chancellor's Department, is a person:

"Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".

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 (see the Public Interest Disclosure Act 1998) and to pass on their concerns to a responsible person/agency.

For purposes of ensuring consistent and widely understood terminology, these policy and procedures will use the phrase 'Vulnerable Adults' to identify those eligible for interventions within the procedures.

3. Legal framework

This guidance reflects the principles contained within the Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998.

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

4. The role of staff, volunteers and trustees

All staff, volunteers and trustees working on behalf of ASD Helping Hands have a duty to promote the welfare and safety of vulnerable adults.

Staff, volunteers and trustees may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues.

5. What is abuse?

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

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

The Department of Health in its 'No Secrets' report suggests the following as the main types of abuse:-

- **Physical abuse**- including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual abuse**- including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- **Psychological abuse**- including 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.
- **Financial or material abuse**- including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **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.
- **Discriminatory abuse**- including racist, sexist, that based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment.

6. Procedure in the event of a disclosure

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused.

Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused,

the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

7. Responding to an allegation

Any suspicion, allegation or incident of abuse must be reported to a member of staff or volunteer as appropriate.

The nominated member of staff/ volunteer shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

8. Responding appropriately to an allegation of abuse

In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for Support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

DONT

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult Protection Officer.

9. Confidentiality

Vulnerable adult protection raises issues of confidentiality which should be clearly understood by all.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result.

Staff should assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

10. Safeguarding Co-ordinator

The nominated safeguarding co-ordinator for ASD Helping Hands is:

Julie Adcock on (01362) 853018/07770249218

Room 219

Breckland Business Centre

St Withburga Lane

Dereham

Norfolk

NR19

11. Further Contact Details

The relevant contact details for the Multi-Agency Safeguarding Hub (referrals and consultation), the Police and the NSPCC are:

NORFOLK

Norfolk Multi-Agency Safeguarding Hub

The MASH Team Manager

Floor 5

Vantage House

Fisher's Lane

Norwich

NR2 1ET

Norfolk MASH helpline: **0344 800 8020**

E mail: mash@norfolk.gcsx.gov.uk

For Police advice

Contact the Duty Detective Sergeant within MASH

Direct dial: 01603 276151

Email: MASHsupervisors@norfolkpnn.police.uk

SUFFOLK

Suffolk Multi-Agency Safeguarding Hub

Landmark House

4 Egerton Road

Ipswich

IP1 5PF

Suffolk MASH Helpline: **0808 800 4005**

NSPCC

Child Protection Helpline Tel: 0808 800 5000

E mail: help@nspcc.org.uk

www.nspcc.org.uk

Confidentiality and Sharing of Information

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only, i.e. the Safeguarding Co-ordinator, the MASH Team, the Police.

It is extremely important that allegations or concerns are not discussed, as any breach of confidentiality could be damaging to the adult or the person whom the allegation is being made against and any investigations that may follow.

Any individual under suspicion has the right to be notified about the cause for concern. This should be done in joint consultation with the MASH Team and the Police. It is important that the timing of this does not prejudice the investigation.

Recorded information should be stored in a secure place with access limited to Safeguarding Co-ordinators, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure). If enquiries arise from the public branch of the media, it is vital that all staff, elected members and volunteers are briefed so that they do not make any comments regarding the situation. All media enquiries should be directed through the usual channels e.g. the Administration Manager and team.