Protection of Vulnerable Adults Policy

(Anyone aged over 18)

Owner: Barny Guthrie

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Clinical Partners

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Contents

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1. Introduction

Everyone has the right to live their lives free from violence and abuse, and any type of exploitation. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens and specifically for care agencies in the Care Act 2014 and its statutory guidance document.

Abuse of adults is the violation of an individuals civil or human rights by others. Such violations may be intentional or unintentional and may be a single act or repeated over a period, by one person or several people. The purpose of this policy is to enable those working with adults at risk to be able to recognise instances of abuse and to address them effectively. This involves the prevention of abuse, early detection, protection and work with those adults following interventions to combat further abuse.

N.B Adult 'Safeguarding' is a term used in England, Northern Ireland and Wales, whereas Adult 'Protection' is the term used in Scotland. For the purposes of this policy the term safeguarding will be used.

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether the local authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect
- Because of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Care Act (2014) promotes the idea of adult wellbeing and indicates that all agencies, such as the Clinical Partners, who are involved in caring for adults at risk, and therefore, in safeguarding them, must focus on joining up around an individual, making the service user the starting point for planning, looking at the service holistically. It is not possible to promote adult wellbeing without establishing a foundation where service users are safe, and their care is on a secure footing.

Wellbeing as described in the Care Act, broadly covers the following areas:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day to day life (including over care and support provided and the way it is provided)
- Participation in work, education, or recreation
- Social and economic wellbeing
- Domestic, family and personal
- Suitability of living accommodation
- The individual's contribution to society

NB: It must be remembered that Safeguarding is not a linear process imposed on adults at the risk of abuse or neglect, but rather a series of steps, considerations, and decisions made with the service user and other representative, where appropriate, and that it is proportionate to the concern

The aim of adult safeguarding is to:

- Stop abuse or neglect wherever possible
- Reduce the risk of abuse or neglect to service users, reducing the circumstances that may lead to vulnerability and risk, including isolation, by adopting preventative strategies
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote service users wellbeing by adopting an approach that concentrates on improving life for the adults concerned
- Provide information and support in accessible ways to help service users understand the different types of abuse, how to stay safe and what to do to raise a concern

2. Purpose

In line with Government guidance, Clinical Partners will work in partnership with local statutory agencies and other relevant agencies to protect adults at risk of abuse and provide an effective response to any circumstances giving ground for concern, complaints or expressions of anxiety.

The commitment of Clinical Partners is to make prevention of abuse one of its priorities and to have robust procedures in place for dealing with incidents of abuse where the prevention strategy has not been effective.

Clinical Partners is committed to upholding and following the six key principles that underpin all adult safeguarding work, as laid out by the Department of Health in their guidance on the Care Standards Act 2000. These are:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

All colleagues must work within the framework of the law and behaviour which is unlawful will not be condoned. Appropriate action will be taken against colleagues behaving outside the framework of the law. Colleagues should be alert to indications of possible abuse of adults and understand how to raise concerns appropriately. Safeguarding procedures should be an integral part of the philosophy and working practices within Clinical Partners.

Immediately any concerns of possible abuse are raised the primary concern must be the safety and interests of the individual or group of individuals. Adults have a right to have their decisions respected, even if this involves taking risks, so careful assessment of the individuals mental capacity in relation to making decisions about the specific issue is essential to protect these rights.

Adults have the right to independent support at any stage of the process if they so wish. If the adult has substantial difficulty in being involved, and where there is no one appropriate to support them. Then the local authority must arrange for an independent advocate to represent them for the purposes of facilitating their involvement.

All Clinical Partners staff will receive safeguarding adults training and those working directly with adults at risk will receive further training appropriate to the level of their responsibilities.

Clinical Partners will work closely with local authorities to provide multi-agency approach to the prevention, detection and enquiry into abuse. The service user should always be involved from the beginning of any enquiry and anything that happens as a result, wherever possible, must reflect the service users wishes, as stated by them or by their representative or advocate. If they lack capacity a 'Best Interests Decision' on how to proceed must be taken following a Mental Capacity process.

Colleagues must be sensitive to diverse cultural, religious and ethnic identities of service users in all aspects of adult safeguarding work. Where English is not the adults' primary language, or they communicate non-verbally, the assistance of appropriate interpreters will be used to ensure people's needs are being met and their views heard.

3. Responsibilities

Overall responsibility for Clinical Partners arrangements to safeguard adults at risk ultimately lies with the Chief Executive in conjunction with all Board Members.

It is the responsibility of all practioners' to ensure they have adequate and up to date training on adult safeguarding. Clinical Partners will ensure safe recruitment procedures are in place and that all colleagues read this policy and understand their role in safeguarding measures and processes.

Colleagues are responsible for maintaining clear and professional boundaries between themselves and the service users. These boundaries define the limits of behaviour that allow colleagues and service users to engage safely in a therapeutic relationship. The boundaries are based on trust, respect and appropriate use of power, with the focus on the needs of the service user. Any blurring of these boundaries and moving the focus away from the service users' needs can lead to confusion and the possibility of the development of abuse. Personal relationships with service users are never acceptable.

It is the responsibility of all colleagues to advise the safe guarding lead of any concerns they have about the safety and wellbeing of service users. If colleagues do not feel their concerns are being taken seriously or sufficiently responded to within Clinical Partners, they should follow the guidelines set out in the Whistleblowing Policy. In matters of safeguarding it should never be assumed that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.

4. Prevention

Safer Recruitment policies to ensure all practioner's and support staff have the relevant level of Disclosure and Barring Service (DBS). Employers are required to make referrals to the DBS about individuals they believe to pose a risk of harm to vulnerable groups. The DBS in turn keeps a list of all those who work with children and vulnerable adults who have been barred from working with this group of people. All vetting and barring schemes are linked so that they can identify when an individual has been negatively reported in the system of any country in the UK.

It is the responsibility of Clinical Partners to notify the specific regulatory body (GMC/NMC) and the DBS if an employee is dismissed on safeguarding grounds. The CEO of Clinical Partners should be consulted on all notifications.

It is important to recognise the importance of multi-agency co-operation in adult safeguarding. No effective safeguarding process can work unless those concerned are committed to the concept of multi-agency and multi-professional working. All agencies involved, private or public bodies, should

have the wellbeing, rights and safety of the adult at risk as the priority. Multi-agency co-operation is aimed at sharing information, improving joint working and addressing barriers.

Where intervention is necessary this should be commensurate with the level of concern and the least restrictive and intrusive into people lives. Support should be aimed at enabling the person to achieve the highest level of independence, and should be in partnership with the local authorities, the adult at risk and the carers where appropriate.

Information shared between agencies, including the local social services department and the police must be treated with the strictest confidentiality. The safety of the adult at risk, however, depends on the willingness of those agencies or organisations to share and exchange relevant information when there is concern. Early sharing of information is the key to providing an effective response where there are emerging concerns. Where there is a general non-specific safeguarding concern, it is good practice to convene a professionals' meeting with other external agencies.

5. Training

It is the practitioner's responsibility as part of the Terms and Conditions of working with Clinical Partners to have up to date and of an appropriate level safeguarding training. This will be checked by Clinical Partners from time to time.

The designated safeguarding lead at Clinical Partners is trained to level 3 and is a qualified teacher.

6. Recognition of Abuse

Abuse may occur in any context or environment and by any person, professional colleagues, care workers, volunteers, other service users, family, friends, neighbours, or strangers. Abuse may be deliberate or unintentional or result from a lack of knowledge. It can also occur as the result of neglect or poor professional practice, which could be isolated incidences or poor or unsatisfactory professional conduct through to pervasive ill treatment or gross misconduct.

Although difficult to detect in a care environment, colleagues should be alert to the possibility of abuse/exploitation from strangers, especially in places where adults at risk are attending a Clinical Partners facility.

Colleagues should also be aware that the perpetrator could be another service user. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may experience mental health, low self-esteem and may also become perpetrators of abuse against others. It is important to understand that an adult at risk of abuse may also be abused by another adult at risk of abuse.

Alleged perpetrators of abuse, who are themselves adults at risk, should be assured of their right to the support of an 'appropriate adult' whilst being questioned by the police under the Police and Criminal Evidence Act 1984 (PACE).

Colleagues should be aware that some adults at risk, especially older people, may not be aware that they are being abused, for instance when they become dependent on colleagues, friends, and carers allowing them to take control of their finances and physical environment. They may be reluctant to assert themselves for fear of making the situation worse.

Some instances of abuse will constitute a criminal offence. Adults in need of or in receipt of community care services, are entitled to the protection of the law in the same way as any other member of the public. The responsibility for taking the lead on enquiry of a crime rests with the Police. Decisions regarding prosecution are the responsibility of the Crown Prosecution Service. The early involvement of the Police is essential when there is reason to believe that a crime has been committed.

7. Types of Abuse

Government guidance issues in the document 'Care and Support Statutory Guidance (Issues under the Care Act 2014) sets out ten categories of abuse:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, female mutilation (FGM)
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressurised into consenting
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – 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 abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender, and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home for example, or in relation to the care provided in one's home. This may range from one off incidents to on going ill treatment. It can be through neglect or poor professional practice because of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self – neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

Sexual Exploitation is a form or sexual abuse and suspicions should be reported to the Police. The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of performing, and/or others performing on them, sexual activities. Sexual exploitation can occur using technology without the persons immediate recognition. It can include being persuaded to post sexual images on the internet/mobile phone with no immediate payment or being sent an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. There is an increasing body of evidence that adults with learning disabilities are vulnerable to being targeted by perpetrators of such abuse.

Forced marriage and 'Honour-based' violence – A forced marriage is a marriage in which one or both spouses do not (or, in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical or psychological, financial, sexual and emotional pressure. The terms 'honour crime', 'honour-based violence' or 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder, where the person is being punished by their family or their community. They are being punished for, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family.

Multiple Forms of Abuse – More than one form of abuse may occur to one person or groups of people. It is important for colleagues to look beyond single incidents or breeches in standards to underlying dynamics or patterns of harm.

All professionals working in regulated professions (healthcare workers, teachers, and social care workers), have a statutory duty to notify the Police if they discover that an act of FGN appears to have been carried out on a girl who is under the age of 18 years (or if they suspect the child may be at risk).

8. Internal Reporting

Any suspicions, allegations or disclosures of abuse or neglect must be reported immediately. Colleagues who suspect any form of abuse or safeguarding issue must discuss their concerns with the Designated Adult Safeguarding lead, or in their absence discuss with a senior colleague, immediately or within a maximum of 4 hours.

All safeguarding incidents and allegations of abuse must be reported as an Incident. A note will be made of whether the incident is disclosure of a historical event or whether it is a current issue that has happened whilst the person has been receiving treatment through Clinical Partners. A note should also be made in the service users care records.

The disclosure of a historical event is an incident which needs reporting, so that a proportionate notification and enquiry can take place to establish the facts and ascertain whether it is indeed historical and not continuing or current. There would be a risk in not reporting such incidents, since assumptions might be made, and transparency may be compromised. The response should be proportionate and least intrusive to the risk presented, and in consideration of the wishes of the individual concerned.

External reporting should be in accordance with the requirements of the local safeguarding team. If an incident has been discussed with the local safeguarding team, a note must be kept of their response. Confirmation should be sent to them either by letter or email according to their requirements, stating whether they required it to be reported to them or not, and any advice that they gave. Action will then be taken according to the advice given. A register of all safeguarding incidents will be kept by the Safe guarding lead electronically.

9. Disclosure or Discovery of Abuse or Allegations of Abuse

Where there is a reasonable suspicion that a criminal offence may have occurred, it is the responsibility of the police to investigate and decide about any subsequent action. The police should always be consulted about criminal matters.

The service user must be attended to, comforted and supported and any physical injuries taken care of.

- Listen carefully to what the person has to say, but do not ask leading questions about the alleged abuse.
- Advise the person of the procedures which will follow
- If you are going to take notes tell the person first and keep your original notes to give to the Designated Safeguarding Officer as they will be required if a case goes to court.
- Report any allegations or suspicions of abuse to the Designated Safeguarding lead immediately. In their absence refer to a senior colleague.
- Record the following information as soon as possible (signed by the person alleging the abuse if possible): details of the alleged abuse, including location, time, dates and conversations/telephone calls. Include names of colleagues present at the time and other relevant information.

In the event of allegations, disclosure, suspicion or knowledge of abuse of service users, consult with the Designated Adult Safeguarding lead or senior colleague who will liaise with the local safeguarding team to seek their advice or to make a referral. The Designated Adult Safeguarding lead is responsible for ensuring that the following procedures are carried out where abuse is witnessed, suspected or alleged.

- Record in detail the circumstances, including the nature and extent of any injuries and action taken
- If appropriate inform and reassure the service user, their GP and family that the situation is being dealt with
- Keep records up to date to evidence outcomes or further work required
- Refer the case to the local Safeguarding Service and/or seek guidance on what to do next, this alert must be done as soon as practicable or within 24 hours maximum
- Ensure evidence is not contaminated and wait until the local Safeguarding service has given consent before commencing the enquiry.

The Designated Safeguarding lead will, in consultation with the CEO, decide whether it is appropriate to move or suspend colleagues pending formal disciplinary procedures. The CEO should advise the regulatory body or relevant professional body if any suspension is made.

The Designated Safeguarding lead will be the point of contact for all matters concerning a case and he/she will liaise with the local Safeguarding team and co-ordinate any actions they prescribe or recommend.

The Designated safeguarding lead will ensure that concerns are fully and accurately recorded, and an Incident report completed. This along with other reports and documentation will be kept securely and confidentially by the Designated Safeguarding lead. The CEO will be kept informed throughout the safeguarding process.

10. Referrals to The Local Safeguarding Service

Clinical Partners will ascertain the preferred method of reporting a referral and what documentation the local safeguarding team requires and complete this and return to a designated email address.

If the person thought to be experiencing the abuse has capacity, then consent for the referral should be gained. However, this is not necessary if there is an overriding public duty to act such as the likelihood of the perpetrator abusing others, or if gaining consent would put the person at further risk.

Where an adult does not have mental capacity to make decisions about the protection from abuse action should be taken to protect them. Any such action must be proportionate to the level of risk and take any knowledge of the persons previously expressed wishes into account.

Any referral that is made to the local Safeguarding service must also be notified to the relevant regulatory body using the appropriate notification forms provided by the regulatory bodies.

11. References and Relevant Legislation and Guidance Documents

Care Act 2014

Care Standards Act 2000

Human Rights Act 1998

Mental Capacity Act (including DoLs 2007) & Code of Practice

Safeguarding Vulnerable Groups Act 2006

CQC (2015) Statement on CQC's Roles and Responsibilities for Safeguarding Children and Adults

CQC (2015) Specialist Mental Health Services: Provider Handbook

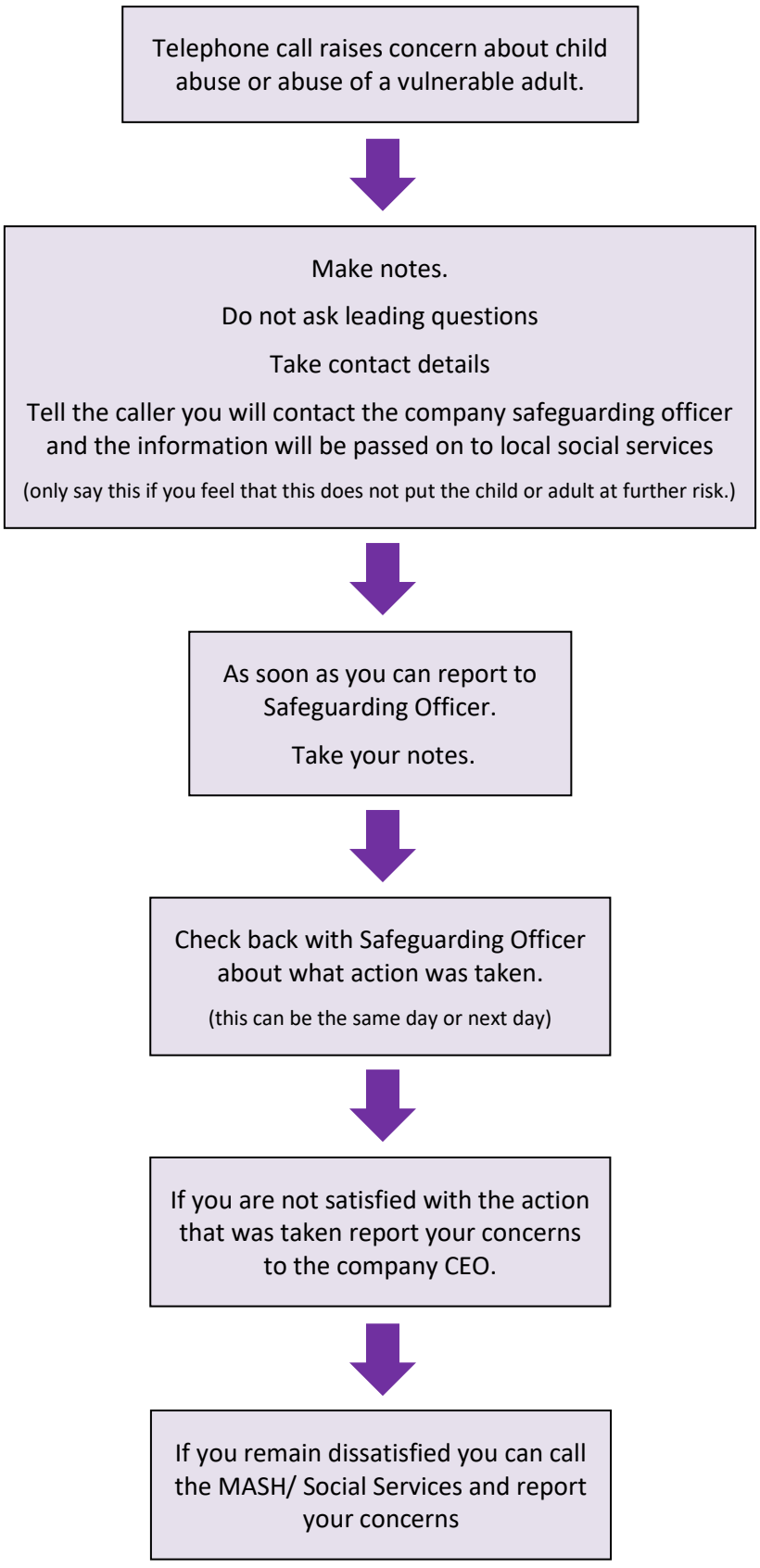
CQC (2013) Our Safeguarding Protocol: The Care Quality Commission's responsibility and commitment to safeguarding

DH (2011) Safeguarding Adults: The role of the health service practitioners

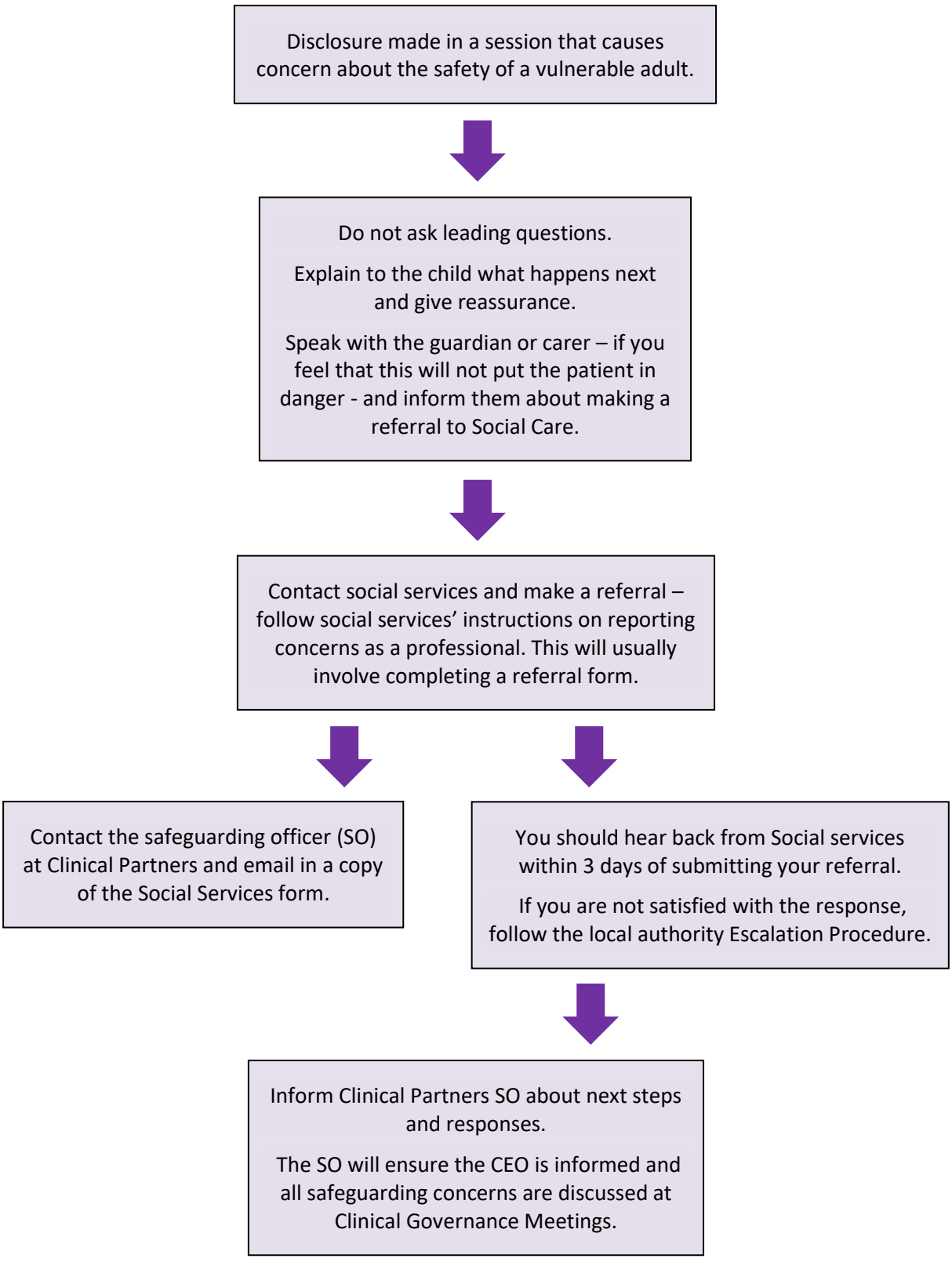
DH (2013) Domestic Violence and Abuse: the role of the health service practitioners

DH (2013) Statement of Government Policy on Adult Safeguarding

Appendix A - Safeguarding Procedure, Vulnerable Adults, For Triage and Office Staff



Appendix B, Safeguarding Procedure, Vulnerable Adults, For Clinical Partners



Appendix C, If you have a concern about a member of staff or Clinical Partner

If abuse is suspected by a member of staff or clinical partner report this immediately to the Safeguarding Officer (SO) or CEO.

SO will ensure CEO is informed and then contact will be made with the Local Authority Safeguarding Officer (LADO) in the area of the country where the incident took place.

The LADO will issue instructions which must be followed.

This may include suspension of the adult, reporting to OFSTED or CQC or police.

The CEO will instigate an internal investigation into the allegations.

A Company investigation will take place irrespective of whether the member of staff or clinician resigns from post.

HR will be involved to support the member of staff or partner through the process.