

VULNERABLE ADULTS SAFEGUARDING POLICY

CONTEXT “affection, protection, direction”

The Black-E (Connecting artists and communities) aims in its work to provide a safe context - an oasis - where vulnerable adults and young people are freed from the pressures, stresses, and abuses of contemporary Britain. This aim is summed up by The Last Poets (the legendary forefathers, or grand fathers, of today's rap generation) in their memorable affirmation of “affection, protection, direction”. This affirmation confirms that vulnerable adults are:

- * To be respected and welcomed (affection),
- * To be made to feel safe and secure (protection), and when the above are in place vulnerable adults may choose
- * To take part in activities, and accept counselling and guidance (direction).

1).STATEMENT OF INTENT

In order to realise these aims - and recognising that the safety and well being of the vulnerable adult is paramount - The Black-E has drawn up a Vulnerable Adults Safeguarding Policy. A comprehensive set of procedures is associated with this Policy which has been determined to protect vulnerable adults and staff. Detailed guidance in respect of this Policy is provided by 13 individual policies, policies and practice, and guidelines (see Appendix C).

The creation of this Policy was initiated through a risk analysis covering all (and more) of the areas of risk outlined in the foregoing Context.

All members of this organisation are required to adhere to this policy.

The development of this Vulnerable Adults Safeguarding Policy is ongoing, and is supported by appropriate training, monitoring and evaluation.

This policy will be reviewed annually. Where vulnerable adults are at risk The Black-E recognises the following definitions and analysis of abuse.

2). DEFINITIONS OF ABUSE

A vulnerable adult is considered to be abused or at risk of abuse when basic needs are not met through avoidable acts of either commission or omission. In other words there is a recognition that abuse is not necessarily a physical act but can occur in a variety of ways including through omitting to act.

The latter is particularly prevalent in cases of neglect and failing to act when it is known (or suspected) that a vulnerable adult is being abused.

“Abuse concerns the misuse of power; control and/or authority and can manifest itself as:

- Domestic Violence, sexual assault or sexual harassment
- Institutional abuse
- Forced Marriages
- Hate Crimes which includes abuse or discrimination on the basis of:
 - * any incident which may or may not constitute a criminal offence, which is perceived by the victim or other person as being motivated by prejudice or hate
 - * the prejudice or hate can be based on any identifying factor including disability, physical and /or sensory impairment, race, colour, ethnic origin, nationality or national origins, religion, sexual orientation, gender or gender identity.

Harm is defined as:

- Ill treatment both physical and emotional
- Impairment of physical or mental health
- Avoidable deterioration in physical, emotional, social or behavioural development

Perpetrators:

It must be acknowledged that perpetrators of abuse can be any of the following:

- Informal carers, including neighbours, friends and relatives
- Partners, ex-partners and other family members
- People in position of trust
- People paid to provide care or services
- Other users of services
- Strangers
- Organisations by the way they conduct their day to day practice can, and do, abuse and cause harm
- Those who deliberately target others, whom they perceive as vulnerable, in order to exploit them”

City of Liverpool Safeguarding Adults A Framework For Action

3). TYPES OF ABUSE

We recognise SIX main areas, which cover most if not all abuse:-

i) PHYSICAL ABUSE

Any form of physical injury to a vulnerable adult, where there is a definitive knowledge or a reasonable suspicion that injury was inflicted or knowingly not

prevented by a person having contact with the vulnerable adult. It is recognised that the seriousness of the injury is in itself an unreliable indicator of the risk to the vulnerable adult and actual diagnosis of abuse may require diagnosis made by professional workers.

ii) VERBAL ABUSE

This may take the form of direct sexist or racist comments, or abuse relating to religious beliefs or disability etc. It may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and /or oppressive language. Such abuse may also be tacit or covert, or revealed through tone and articulation rather than the words themselves. Such abuse may also be revealed through silence - for example, through an adult speaking to one vulnerable adult while ignoring another.

iii) NEGLECT

Also known as failure to thrive. Persistent or severe neglect of a vulnerable adult (e.g. cold, starvation, or over-feeding through disregard of diet) which results, either actually or potentially, in seriously impairing the vulnerable adult's health. Diagnosis may require the attention of professional workers.

iv) EMOTIONAL ABUSE

Behaviour on the part of an adult which seriously limits the vulnerable adult's emotional well-being. This may include:-

- * Persistent hostility
- * Persistent failing to respond to the vulnerable adult
- * Serious unrealistic expectations (these may be over or under expectations)
- * Extremely inappropriate stimulation of a vulnerable adult's sexuality or aggression
- * The serious exploitation of a vulnerable adult to gratify another's needs
- * Grossly inconsistent care

"It includes the intentional or unintentional withholding of information, for example, information not being available in different formats/languages. Discrimination on a basis of dress, diet or specific religious observations relating to the adult's background or culture." *City of Liverpool Safeguarding Adults A Framework For Action*

v) SEXUAL ABUSE

Sexual abuse is defined as any form of sexual activity that the vulnerable adult does not want and to which they have not consented, or to which they cannot give informed consent or was pressured into consenting. It includes: rape, incest and inappropriate touching. Coercing a vulnerable adult into participating in or watching pornographic photographs, videos or DVDs,

misuse of internet sites. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other, for example a day care worker/ social worker will be regarded as sexual abuse.

vi) SELF ABUSE

Self abuse by vulnerable adults includes self harm, substance abuse, drug addiction, and eating disorders. Diagnosis and treatment is most likely to require the attention of professional workers.

IN CONCLUSION, THESE CATEGORIES ARE NOT MUTUALLY EXCLUSIVE AND A VULNERABLE ADULT MAY BE AT RISK FROM ONE OR MORE FORMS OF ABUSE.

Some forms of abuse - for example physical abuse - may be immediately recognised as abuse by a vulnerable adult. Other forms of abuse - for example receiving inappropriate messages from an internet site - may not be recognised as abuse by a vulnerable adult without appropriate guidance from a responsible adult.

MINIMISING RISK GUIDELINES have been accepted as follows:-

a) Avoid putting vulnerable adults or member of staff in a position of vulnerability.

Workers should endeavour to ensure that they are not left alone with vulnerable adults where there is little or no opportunity for the activity to be observed or visited by others. This approach requires careful planning and use of facilities to ensure that others can observe or visit the activity.

b) Avoid working in a way which involves ongoing term isolation of any individual from other members of staff, and vulnerable adults.

c) Ensure that a first aid trained member of staff is present at all times.

d) Ensure safety and security when transporting vulnerable adults, including vehicle safety and appropriate staff presence.

e) Avoid inappropriate physical contact between staff and vulnerable adults.

f) Avoid, wherever possible, disciplining vulnerable adults through physical contact or extreme language.

g) All vulnerable adults should be made aware of the Vulnerable Adults Safeguarding Policy (see section 2 above), and there is a designated member of staff/management on hand should a vulnerable adult want to specifically

discuss anything contained in the document or raise an issue in relation to adult protection.

h) All would-be staff and volunteers are treated as job applicants for all positions involving contact with vulnerable adults.

All applicants for paid work are appointed through a structured interview, and volunteers travelling from outside the area are interviewed on arrival (following earlier correspondence and submission of c.v.). Where possible (e.g., it is not always practical with volunteers or staff from abroad) enquiries are conducted to find out whether an applicant has any conviction or a record of criminal offences against adults.

This is done through an appropriate agency such as the Criminal Records Bureau.

ALL PAID AND VOLUNTARY APPOINTMENTS ARE CONDITIONAL ON THE SUCCESSFUL COMPLETION OF AN APPROPRIATE PROBATIONARY PERIOD. A MIDTERM REVIEW TAKES PLACE DURING THIS PROBATIONARY PERIOD, AND A FINAL REVIEW CONCLUDES A SUCCESSFUL PROBATIONARY PERIOD.

Where a volunteer is involved in a short term engagement, they are assigned a finite task or tasks, and supervised as though it were a probationary period.

4). DISCLOSURE AND CONFIDENTIALITY

See also Appendices A and B.

GUIDELINES have been accepted as follows in relation to disclosure and confidentiality:-

Stay calm, DO NOT express shock or embarrassment

DO NOT promise to keep a secret

DO convey to the vulnerable adult that you believe her / him

Do use simple language

Do reassure the vulnerable adult that she / he is behaving appropriately in making the disclosure

Listen, but initially do not ask leading questions or probe for information

Explain what you will do next in a way that the vulnerable adult can understand

Follow procedure and report as soon as possible

Record fully all that was said.

APPENDIX A

Please note the term MEMBER OF STAFF refers to both paid and unpaid workers.

1. WHAT TO DO IFThere is a suspicion of abuse but NO DIRECT DISCLOSURE (i.e.: if a member of staff or management has suspicion)

ACTION

1i) Discuss with the staff team. Using the team's knowledge of the vulnerable adult and her / his circumstances, try to establish if there is a satisfactory explanation for the concern. If this is the case then no action may taken. If the concern continues then

1ii) Observe what you see and hear. Record it accurately, sign and date the record.

liii) Inform your line manager/designated contact person

liv) Contact Social Services. Clarify whether they will report back to you on their actions. Record all conversations, social workers' names and date and sign them.

2. WHAT TO DO IF The vulnerable adult discloses abuse (as a victim) to a member of staff or management.

ACTION

2i) Listen carefully and sympathetically to what the vulnerable adult says. DO NOT make comments.

2ii) Do not make the vulnerable adult tell anyone else at this point. The vulnerable adult however NEEDS to know that he / she will have to speak with others about the allegation in the future.

2iii) Do not question the vulnerable adult except to clarify what they have said.

2iv) Record exactly what has been said, sign, date and record.

2v) Inform you line manager / designated contact person.

2vi) Inform Social Services; they will advise you what action they will take and what you should do next.

2vii) Do not assume that a carer is or is not part of the abuse. However, if a carer is involved in the abuse and is aware that the vulnerable adult has told someone, pressure may be applied on the vulnerable adult to retract the disclosure.

2viii) The Police and Social Services may identify you as a trusted adult to support the vulnerable adult through the investigation. This would always involve the vulnerable adult's consent.

2ix) Make clear notes with the dates of conversations, events and actions, and sign and date all the records.

3. WHAT TO DO IFA disclosure of known abuse of a vulnerable adult is made by a carer or relative to a member of staff or management

ACTION

3i) If it is a vulnerable adult disclosing (not as a victim) then follow the procedure as in 2 above. Be aware of the possibility that the vulnerable adult disclosing may themselves have been abused and may be in need of support.

3ii) If it is an adult disclosing then you should explain your role and that Social Services will need to be involved. If an adult discloses but refuses to contact Social Services then YOU should contact Social Services.

3iii) Inform your line manager / designated contact person.

3iv) Your role should be supportive, to encourage or go along with the person to Social Services.

3v) The responsibility then becomes that of the Social Services. The member of staff should be part of any interview that may follow.

3vi) Clear, signed records of conversations / events should be taken and dated.

4. WHAT TO DO IF... The suspicion or knowledge of abuse is voiced by a third party (including another vulnerable adult)

ACTION

4i) Share and discuss in the team.

4ii) If it is a vulnerable adult voicing suspicion follow the disclosure procedures as in 2 above.

4iii) If an adult has voiced suspicions encourage them to inform Social Services (using the Project's resources). If an adult feels unable to or refuses to inform Social Services of their suspicions then you should inform Social Services without identifying the individual.

4iv) Explain what will happen next.

4v) Clear, signed records of conversations / events should be taken and dated.

4. WHAT TO DO IF... An adult or vulnerable adult discloses that they are abusing a vulnerable adult.

ACTION

5i) Explain that you cannot keep such disclosures confidential.

5ii) Explain what will happen next.

5iii) Make clear notes with dates and times of all discussions and actions, date and sign.

5. WHAT TO DO IF A member of staff has an allegation made against them.

ACTION

6i) If the allegation is from a vulnerable adult follow procedure 2.

6ii) If it is from an adult tell them what will happen next. Record, date and sign all information.

6iii) Record details of the allegation.

6iv) Inform your line manager / designated contact person immediately
WITHOUT PREJUDICE

6v) **DO NOT** inform the staff member concerned that an allegation has been made against them at this stage.

6vi) Social Services should be contacted and an investigation undertaken by the appropriate agencies.

6vii) There should be no financial implications for the member of staff throughout the investigation.

6viii) The member of staff should not return to the site, subject to the outcome of the investigation.

NOTE a) 6iv) and 6vi) should be dealt with as quickly as possible and must take priority over all other work.

b) Strict confidentiality should be maintained (see appendix B). The line manager / designated contact person should be the point of contact during the initial investigations. Management committees will need to be informed that an investigation is taking place, but details need not be made available to them.

7. WHAT TO DO IF.....There is a suspicion that a vulnerable adult is themselves an abuser.

ACTION

7i) If the disclosure is from a vulnerable adult then follow the procedure 2.

7ii) If the disclosure is from an adult, then follow the procedure 4.

7iii) If the suspicion is from a member of staff then follow procedure 1

7iv) If the concern continues follow procedure 1 APPENDIX B –

CONFIDENTIALITY

1 If a vulnerable adult approaches you, you are the individual to take the disclosure. DO NOT involve another member of staff.

2. All records are to be kept locked & no general access.

3. In vulnerable adults protection issues NEVER identify the vulnerable adult by name and always maintain a separate locked file with no general access.

4. Family members etc., should not be granted access to these files.

5. NO SECRETS

The vulnerable adult needs to know that you CANNOT keep secrets. You can however involve people who can make the situation better. Always reassure that anything the vulnerable adult says will only be made available to those involved in making the situation better.

8. Contacts

SOCIAL SERVICES CONTACT: CARELINE ADULT SERVICES

24 Hours a day, 7 days a week on: 0151 233 3800

Or online: <http://liverpool.gov.uk/contact-us/liverpool-direct/careline-adults-and-older-people/>

“We work with older people, disabled people with a physical and/or sensory impairment, people with learning disabilities, people with mental health needs and their carers.

Contact Careline adult services if you or someone you know needs help or advice with any of the following:

- Adult protection issues.
- Drugs and alcohol.
- Help for carers.
- Help with care and independence.”

NATIONAL CENTRE FOR VOLUNTEERING: Publications and advice on volunteer based issues Carriage Row, 183 Eversholt Street, London NW1 1 UB.

APPENDIX C

Informing and guiding the Vulnerable Adults Safeguarding Policy are:-

Policies and Practices

- I. Working Alone In Safety
- II. Code Of Professional Conduct
- III. Developing Safe Working Practices
- IV. Health And Safety
- IV. Staff Development
- V. Safe From Harm
- VI. Sexuality
- VII. Drugs And Alcohol
- VIII. Violence At Work Educational Visits Health And Safety Policy Statement And Guidance I.

This document was written to be in-line with the City of Liverpool Safeguarding Adults framework.