



CHUMS

**Mental Health and
Emotional Wellbeing
Service for Children
and Young People**

Safeguarding Vulnerable Adults Policy

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Safeguarding Vulnerable Adults



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Introduction

The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of the organisation in relation to Safeguarding Vulnerable Adults.

All adults over the age of 18 years have the right to be safe from harm and must be able to live free from fear of abuse of any kind and all complaints, allegations or suspicions must be taken seriously.

A person can be vulnerable for many reasons and at different times and situations in their life; it may be that they are unable to protect themselves or are dependent upon others. The abuse may not always be deliberate and can sometimes happen when others are trying their best but do not know the right thing to do and this may cause harm.

This could include people with learning or physical disabilities, mental health problems, older people or people with an impairment. It may also include victims of domestic abuse, anti-social behaviour or even hate crime. There may be drug or alcohol problems, poverty or homelessness.

Adult abuse can vary from not treating someone with respect and dignity affecting their quality of life to causing actual physical harm, violating a person's human and civil rights. Abuse can happen anywhere i.e. at home, work, in the community.

Who Might be causing the Abuse

The person responsible for the abuse is usually known to the person/s being abused and can be: A relative, friend, carer, colleague, health professional, social care professional, paid or unpaid volunteer or neighbour. The person being abused may be worried about what will happen if they speak out and must be reassured it is okay to speak out.

The Role of Staff

All staff, volunteers and trustees working on behalf of CHUMS have a duty to promote the welfare and safety of everyone.

Staff, volunteers and trustees may receive disclosures of abuse or witness vulnerable adults who may be at risk. This policy will enable all personnel to make informed and confident responses if they feel another person is at risk of harm.

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Procedures if Adult Abuse is Disclosed or Discovered

Categories and Signs of Abuse

The following signs MAY indicate abuse, BUT – there could be other explanations:-

Physical

Physical abuse can occur where there is no satisfactory explanation given. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, using restraint, hair pulling. Physical abuse is any deliberate act to cause physical harm.

Signs: Unexplained cuts, bruises or fractures to any part of the body especially, in well protected areas. Slap, kick or finger marks, object shaped injuries, weight loss due to malnutrition/dehydration, untreated medical problem, and unexplained burns – the location of the burn/s and the type of burn.

Emotional/Psychological

Emotional abuse can include humiliation, shouting, swearing, intimidation, emotional blackmail, denial of human rights, using racist language, prevention of seeing family and friends, controlling, harassment, threatening or verbal behaviour.

Signs: Flinching, avoiding eye contact, fearfulness, low self-esteem, tiredness or insomnia, tearfulness, appetite changes, weight loss or weight gain, isolation, lack of personal hygiene and respect, confusion.

Sexual

Sexual abuse involves forcing or enticing an adult to take part in sexual activities and can be committed by either a man or woman and in some cases a child. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex). They may also include sexual acts that the adult has not or cannot consent to.

Signs: Sudden changes in behaviour, poor concentration, disturbed sleep, incontinence, withdrawal, self-harm, bruising to upper arms and inner thighs, torn, stained or bloody underwear, recent difficulty in standing/walking.

Neglect or Acts of Omission

Neglect is when a person is suffering due to their physical, physiological or medical needs not being met by a carer preventing access to services such as health, social care or educational services. This could include withholding food, drink or heating.

Signs: Poor living conditions, isolation, inadequate heating and lighting, changes to physical state i.e. unclean, ill-fitting clothes, malnutrition

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Financial or Material

Financial abuse can take place in the form of theft, fraud, exploitation, taking or misusing possessions/property without permission.

Signs: Inability to pay bills, personal items going missing, person/s managing finances being evasive or uncooperative, unexplained funds missing from bank account, sudden interest by family/friends.

Institutional or Organisational

This abuse is different from other categories of abuse because it is about who abuses and how they have abused, rather than the types of harm. Abuse occurs in relationships, families, a service or institution such as hospital, nursing home/residential setting. The perpetrator can be a single person or a group of people.

Signs: Unhomely or stark living conditions, lack of clothes and belongings, illegal confinement or restrictions.

Discriminatory

May be discrimination due to ethnicity, disability, faith or religious beliefs, culture or sexuality.

Signs: Withdrawn, socially isolated, fear, anxiety, support offered not suitable to individual needs.

Modern Slavery

Includes slavery, human trafficking, forced labour and domestic slavery. Traffickers and slave masters use whatever means they have at their disposal to bully, deceive and force individuals into a life of abuse, servitude and cruel treatment.

Signs: Physical or emotional abuse, unkempt appearance or withdrawn, living in dirty or cramped conditions, lacks of personal effects or identification documentation, frightened of talking to strangers

Self neglect

When someone neglects to care for their own personal hygiene, health or surroundings and includes behaviour such as hoarding.

Signs: Poor personal hygiene, unkempt appearance, lack of essential foods, living in unsanitary conditions, hoarding, non compliance with services

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Recognising Abuse

- The person may disclose themselves that they are being abused
- The person may make a chance remark
- The abuser may disclose it
- You may be witness to the abuse
- You may see physical signs of abuse
- A third party may disclose that someone is being abused

If abuse is disclosed, discovered or suspected

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

Write down what you have been told and keep it factual, include the date, time, where abuse took place, names of others involved and a description of injuries if seen

Do not delay

Do not act alone

Do not start to investigate

Consult with the Safeguarding Lead

DO's:

- Make sure the individual is safe
- Remain calm and do not show shock or disbelief
- Listen carefully to what is being said and repeat back what is being said as this will confirm your understanding and that the person is being listened to
- Explain that all information given will be treated seriously
- Record clear and concise facts as soon as possible
- Report to your Line Manager at the earliest opportunity
- Consult with your Safeguarding lead
- If there is reason to believe that a crime has taken place, seek the Vulnerable Adults agreement to inform the Police. The preferred option is for the Vulnerable Adult themselves to make the report to the Police themselves with support.

DON'T:

- Be judgmental or voice your own opinion or panic
- Ignore the allegation
- Ask leading questions
- Make false promises
- Make statements such as 'I am shocked, don't tell anyone else'

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Confidentiality

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults where necessary and on a need to know basis.

All records will be kept securely within our electronic client record database (PCMIS) and monitored via the incident tracker process.

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

Consent should be obtained from the vulnerable adult before sharing personal information with social care or other agencies unless there is an added safety risk. In the case of young adults with disabilities the professional should consider whether a conversation with the parent/carer should be undertaken in the first instance.

Safeguarding Vulnerable Adults with Suicidal Ideation

CHUMS supports adults who may be suffering with low mood. Clinical risk within most CHUMS services remains with the G.P. It is however, imperative that a clinical risk assessment is undertaken for all vulnerable adults to ensure that safety plans are in place for people with protective factors and high suicidality. This may include, but is not exclusive to, informing the G.P. of the current risk. In cases where there is immediate risk the clinician should contact the appropriate adult service or community mental health team. Where there is a raised level of risk but no immediate risk the clinician should ensure that the vulnerable adult knows what to do should the level of risk escalate. Each clinician is responsible for talking to their clinical supervisor and/or the relevant safeguarding lead where the risk appears to be high or significantly escalating. In some circumstances the safeguarding lead may suggest a safeguarding form is completed. The safeguarding lead is then responsible for ensuring this is followed up appropriately. However it is imperative that the clinical risk assessment form is continuously updated also within the PCMIS client database, along with chronological notes. The PCMIS alert function should be used where there is any increased level of risk. This will also alert the supervisor to the level of risk.

Advocacy

Each local authority will have advocates available to support adults when they are struggling to understand care plans and processes. Many people will be able to ask family, friends or neighbours to speak on their behalf if they are struggling but where this is not possible specialist advocacy agencies will be able to help.

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Cambs/Peterborough Total Voice 0300 222 5704

Sexual needs and behaviours of vulnerable adults at risk

CHUMS acknowledges and understands that any adult service user may wish to form relationships and be sexually active, and there may be circumstances where this will need to be supported, and may include having discussions about safe relationships or signposting to an appropriate agency.

CHUMS Safeguarding Adults Contacts - Bedfordshire

Safeguarding Lead

Debbie Robson
Main Office: 01525 863924
Email: Debbie.robson@chums.uk.com

Bedford Borough Council

Borough Hall
Cauldwell Street
Bedford. MK42 9AP

Telephone: 01234 276222

Email: adult.protection@bedford.gov.uk

Tel: 0300 300 8123 (After hours emergencies only)

Central Bedfordshire Council

Direct Dial: 0300 300 8122

Email: adult.protection@centralbedfordshire.gov.uk

Tel: 0300 300 8123 (After hours emergencies only)

Luton Council

Town Hall
Luton, LU1 2BQ

Telephone: 01582 547730/547563

Email: adultsafeguarding@luton.gov.uk

Tel: 0300 300 8123 (After hours emergencies only)

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Bedfordshire Police

Safeguarding Unit
Police Headquarters
Woburn Road, Kempston
Bedfordshire MK43 9AX

Tel: 01234 841212

CHUMS Safeguarding Adults Contacts – Cambridgeshire and Peterborough

Safeguarding Lead

Jas Chauhan
Email: jasmer.chauhan@chums.uk.com
Main office: 0330 0581659

Cambridgeshire

Tel: 0345 045 5202
Email: referralcentre-adults@cambridgeshire.gov.uk or
gcsx.referralcentreadults@cambridgeshire.gcsx.gov.uk

Peterborough

Tel: 01733 747474
Email: adultsocialcare@peterborough.gcsx.gov.uk

Out of hours: 01733 234724

Referrals should be made using the joint SAB safeguarding referral form -
<http://www.safeguardingpeterborough.org.uk/adults-board/reporting-a-concern/>

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Appendix A: Safeguarding Form for Recording Incidents/Concerns

The importance of recording all stages of the safeguarding process cannot be overemphasised. This form is designed as an aide memoir to help ensure appropriate procedures are followed after a safeguarding concern. Please ensure that you distinguish between a fact, an allegation and an opinion within the report.

Please forward to the relevant safeguarding lead who is responsible for recording the information on the CHUMS Incident Tracker.

Name of Adult		Date of birth	
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Brief description of concerns (including adults view)

By whom.....

Date.....

Action Taken

Description of action taken (including who referred to, names, times, telephone numbers, etc.)

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By whom.....

Date.....

If a referral has not been made, please give reasons as to why not	Signed	Date

Further Notes

Has this report been shared with the named adult? Yes/No

Adult's relationship with peers (Include social skills)
CHUMS relationship with family
Adult's presentation (physical appearance, hygiene, diet if known, etc.)

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Attendance and punctuality			
Other comments			
Signed:		Dated:	

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Chronology of Events/Concerns

Concern/event	Action/result

Signature.....

Date.....

Concern/event	Action/result

Signature.....

Date.....

Concern/event	Action/result

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Signature.....
Date.....

Concern/event	Action/result

Signature.....
Date.....

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Appendix B Definition of Vulnerable Adult

A vulnerable adult is someone aged 18 years or over who 'is or may be in need of community care services by reasons of mental health or other disability, age or illness' and 'is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

There are no hard and fast definitions of what makes an adult vulnerable. Making a judgement about vulnerability is a process based on gathering evidence and discussion with the person concerned, others, and with the Safeguarding Lead.

Vulnerability may be caused by something inherent to the person –for example, having a learning disability or mental health issue or frailty due to old age –and this can be lifelong, acquired or temporary. However, it is very important to understand that a personal characteristic in itself does not make someone vulnerable –i.e. not everyone with a learning disability, mental health issue will be vulnerable.

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Governance Committee Authorisation

Signature*

Name Print Katie Witt

Position/Role: Clinical Director, Chair of Governance Committee

Date: January 2021

Date of review: January 2024

*Authorised signatory must be the chair (or deputising chair) of Governance Committee