Safeguarding Vulnerable Adults Policy

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CHUMS
Mental Health & Emotional Wellbeing Service
For Children & Young People
Safeguarding Vulnerable Adults

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Mental Health & Emotional Wellbeing Service
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Safeguarding Vulnerable Adults

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 or most appropriate 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. There may be financial abuse or exploitation of the victim. 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.

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

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

Fabricated or Induced Illness

Fabricated or Induced Illness (FII) Fabricated or induced illness is a condition whereby an adult has suffered, or is likely to suffer, significant harm through the deliberate action of their parent and which is attributed by the parent/carer to another cause. There are three main ways of the parent fabricating (making up or lying about) or inducing illness in an adult:

- Fabrication of signs and symptoms, including fabrication of past medical history
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluid
- Induction of illness by a variety of means

The above three methods are not mutually exclusive. Existing diagnosed illness in a adult does not exclude the possibility of induced illness. The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms. Fabrication of illness may not necessarily result in an adult experiencing physical harm, but there may be concerns about the adult suffering emotional harm. They may suffer emotional harm as a result of an abnormal relationship with their parent and/or disturbed family relationships. Where fabricated or induced illness is suspected the parents/carers MUST NOT be informed as this could jeopardise the adult's safety.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is a collective term for procedures, which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases it is performed on new-born infants or on young women before marriage or pregnancy. FGM is practised in at least 29 countries across Africa, parts of the Middle East and South East Asia. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It is estimated that 60,000 girls under 15 are at risk of FGM in the UK, and 137,000 women and girls in the UK have already been subjected to it. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM. It comprises all procedures that involve partial or total removal of the external genitalia or other injury to the female genital organs for cultural or non-therapeutic reasons. The practice is medically unnecessary and is linked to a number of forms of physical and psychological distress. There are also mandatory reporting procedures in place for health professionals in relation to FGM.

The duty to report applies in specific situations: Either:

- A health professional is informed by a girl under 18 that an act of FGM has been carried out on her

Or

- A health professional observes physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth,

All clinicians should refer to and familiarise themselves with the publication "Mandatory Reporting of Female Genital Mutilation – procedural information HM Gov. 2015 https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital[1]mutilation-procedural-information.

Breast Ironing (also known as breast flattening), is the process during which young pubescent girls' breasts are ironed, massaged, flattened and/or pounded down over a period of time (sometimes years) in order for the breasts to disappear or delay the development of the breasts entirely.

Breast ironing usually starts with the first signs of puberty, which can be as young as nine years old and is usually carried out by female relatives.

Warning signs that a girl could be at risk of breast ironing or breast flattening:

• A girl is embarrassed about her body

• A girl is born to a woman who has undergone breast flattening

• A girl has an older sibling or cousin who has undergone breast flattening

• If there are references to breast flattening in conversation, for example a girl may tell other children about it

• A girl may request help from an adult if she is aware or suspects that she is at immediate risk

• A girl from an affected community is withdrawn from Relationship and Sex Education (RSE) and/or Personal, Social, Health and Economic Education as her parents wish to keep her uninformed about her rights

• One or both parents or elder family members consider breast flattening integral to their cultural identity

• The family indicate that there are strong levels of influence held by elders who are involved in bringing up female children and support breast flattening

• A girl/family has limited level of integration within UK community.

Warning signs that a girl is undergoing breast ironing or flattening:

•A girl may disclose to a professional

• Some girls may ask for help, perhaps talk about pain or discomfort in their chest area, but may not be explicit about the problem due to embarrassment or fear

• A girl may display reluctance to undergo medical examination

There is likely to be an impact on the child's social and psychological well-being. Although there is no specific law within the UK around breast flattening or breast ironing, it is a form of physical abuse and if professionals are concerned a child may be at risk of, or suffering significant harm, they must refer to their local safeguarding procedure. For more information on breast ironing / breast flattening, visit National FGM Centre website by clicking here https://nationalfgmcentre.org.uk/.

Cuckooing

If you suspect individuals homes are being taken over and used for criminal activity, the individual maybe cuckooed. These are criminal offences.

Report them to the police immediately by calling 999 or 101.

You must also let them know if you are concerned about your safety or that of someone else.

Please tell us the crime reference number so that we are aware of this problem and can work with the police if required.

Criminal Exploitation and County Line

As set out in the Serious Violence Strategy (2018) published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity

(a) in exchange for something the victim needs or wants, and/or

(b) for the financial or other advantage of the perpetrator or facilitator and/or

(c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual.

Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

County Lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons. Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity. Professionals should always take what the child tells them seriously. If a professional is concerned that a child is at risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, the professional should wherever possible, consult with their line manager or the Safeguarding Children Team and make an immediate referral to Children's Social Care.

For further information, refer to:
https://www.gov.uk/government/publications/criminal-exploitation-of-children-and[1]vulnerable-adults-county-lines

Extremism & The Prevent Duty

Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Extremism goes beyond terrorism and includes people who target the vulnerable – including the young by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Adults can be radicalised in different ways:

- They can be groomed either online or in person by people seeking to draw them into extremist activity. Adults might be radicalised over the internet or through the influence of their peer network – in this instance their parent/carers might not know about this or feel powerless to stop their adult's radicalisation

- They can be groomed by family members who hold harmful, extreme beliefs, including parents/carers and siblings who live with the child and/or person(s) who live outside the family home but have an influence over the adult's life

- They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable. In this way they are not being individually targeted but are the victims of propaganda which seeks to radicalise.

A common feature of radicalisation is that the adult does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation. The harm adult's can experience ranges from an adult adopting or complying with extreme views which limits their social interaction and full engagement with their education, to adults being taken to war zones and adults being groomed for involvement in violence.

PREVENT focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorism related activity. What is important, if you are concerned that a vulnerable individual is being exploited in this way, you can raise these concerns in accordance with the CHUMS policies and procedures. Contracts of employment and professional codes of conduct require all healthcare staff to exercise a duty of care to patients and, where necessary, take action for safeguarding and crime prevention. If you have a concern, discuss it with the Safeguarding team and they will advise you regarding your local referral pathway.

Abuse linked to Spiritual, Cultural and Religious Beliefs

Where adults themselves believe that an evil force has entered them and is controlling them, the adult is likely to suffer significant harm. The belief includes the adult being able to use the evil force to harm others. This evil is also known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, and obeah. Children are called witches or sorcerers. Parents can be initiated into and/or supported in the belief that their child is possessed by an evil spirit by a privately contacted spiritualist/indigenous healer, or by a local community faith leader. The task of exorcism or deliverance is often undertaken by a faith leader, or by the parents or other family members. A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to an adult may occur when an attempt is made to "exorcise" or "deliver" the evil spirit from the adult. Staff need to remember that while recognising that child rearing practices are highly diverse, and that all differences are to be valued and understood, it is also important that any judgements about the care and protection of adults are based on objective assessment of facts. Sensitivity to parental behaviours, culture, religion, or ideology, whilst being important in the provision of care, must not mean that adults from any background receive a lower level of care or protection.

Forced Marriage

A forced marriage is one where either or both parties do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used against them. Forced marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds. It is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

In 2004, the UK Government's definition of domestic abuse was extended to include acts perpetrated by extended family members as well as intimate partners. The pressure that is put on people to marry against their will may be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel that they are bringing shame on their family). Financial abuse (taking away a person's wages or not giving them any money) may also be a factor. If a person does not consent or lacks capacity to consent to marriage, that marriage must be viewed as a forced marriage whatever the reason for it taking place. Capacity to consent can be assessed and tested but is time-and-decision specific. Professionals should respond in a similar way to forced marriage as with domestic violence and honour based violence (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments, etc.)

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'

Confidentiality and Information Sharing

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. In unusual circumstances, sharing information may occur without consent, if the risk of harm to the adult or another is judged to be significant and urgent, or if it is in the public's best

interests, if a crime has occurred or to prevent a crime from occurring. Consent to share information will always have been sought prior to sharing information and if consent is withheld, but the above conditions have been met, the adult will be informed of the decision to share information in order to safeguard them or others.

If there is any doubt about whether information must be shared then please seek advice from your manager or the safeguarding team. Staff should also be familiar with the seven golden rules of information sharing:

1. Remember that the General Data Protection Regulation (GDPR) is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

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.

Bedfordshire	Pohwer	0300 456 2370

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

Deputy : Antoinette Deavin
Main Office: 01525 863924
Email: antoinette.deavin@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)**

Bedfordshire, Luton and Milton Keynes Health and Care Partnership

For more information please access here “Safeguarding Adults and Children Policy

https://blmkhealthandcarepartnership.org/~documents/policies/blmk-hcp-adults-and-children-safeguarding-policy-v10

Bedfordshire Police

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

Tel: 01234 841212

CHUMS Safeguarding Adults Contacts – Kent & Medway

Safeguarding Lead
Debbie Robson
Email: debbie.robson@chums.uk.com
Main office: 01525 863924

Deputy: Oonagh Fowler
Main office: 01525 863924
Email: oonagh.fowler@chums.uk.com

Medway Adults Concerns (Monday to Friday 8.30am – 5.00pm

Tel: 01634 334466

Report concerns on line:

https://www.medway.gov.uk/info/200169/adult_social_care/429/adult_abuse_and_safeguarding/2

Kent
Contact Adult Social Services (Monday to Friday 9am – 5.00pm)

Tel: 03000 416161 or
Email: social.services@kent.gov.uk

Out of Hours Services for both Children and Adults in Kent and Medway
Tel: 03000 419 191 or for those in immediate danger call 999 for Emergency Services.

CHUMS Safeguarding Adults Contacts – Hertfordshire & Essex

Safeguarding Lead
Debbie Robson
Email: debbie.robson@chums.uk.com
Main office: 01525 863924

Deputy: Polly Baddeley
Email: polly.baddeley@chums.uk.com
Main office: 01525 863924

Hertfordshire Safeguarding Adults Board | Hertfordshire County Council

Report a concern about an adult | Hertfordshire County Council - Tel: 0300 123 4042

Essex Safeguarding Adults Board - Reporting Concerns (essexsab.org.uk)

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	

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.)

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.)
Attendance and punctuality

Other comments			
Signed:		Dated:	

Chronology of Events/Concerns

Concern/event	Action/result

Signature……..

Date…….

Concern/event	Action/result

Signature……..

Date…….

Concern/event	Action/result

Signature……..

Date…….

Concern/event	Action/result

Signature……..

Date…….

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.

Governance Committee Authorisation

Signature*

Name Print Dee Hogman

Position/Role: Interim Chair of Governance Committee/Head of Quality

Date: October 2023

Date of review: October 2026

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