



Policies and Procedures

Safeguarding Vulnerable Adults Policy

Version 2.0

4th November 2022

Policy Revisions Record

Version	Date	Review due			
1	April 2015	Nov 2022			
2	2 / 11 / 2022	2/11/2024			
3					
4					

INTRODUCTION

1. Purpose

The purpose of this policy is to protect people, particularly children, at risk adults and beneficiaries of assistance, from any harm that may be caused due to their coming into contact with ViH. This includes harm arising from:

- The conduct of staff or personnel associated with ViH
- The design and implementation of ViH's programmes and activities

The policy lays out the commitments made by ViH and informs staff and associated personnel¹ of their responsibilities in relation to safeguarding.

This policy does not cover:

- Sexual harassment in the workplace – this is dealt with under ViH's Anti Bullying and Harassment Policy
- Safeguarding concerns in the wider community not perpetrated by ViH or associated personnel

2. What is safeguarding?

In the UK, safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.

In our sector, we understand it to mean protecting people, including children and at risk adults, from harm that arises from coming into contact with our staff or programmes.

Further definitions relating to safeguarding are provided in the glossary Appendix A.

3. Scope

- All staff and volunteers
- Associated personnel whilst engaged with work or visits related to ViH, including but not limited to the following: consultants; volunteers; contractors; programme visitors

4. Policy Statement

ViH believes that everyone we come into contact with, regardless of age, gender identity, disability, sexual orientation or ethnic origin has the right to be protected from all forms of harm, abuse, neglect and exploitation. ViH will not tolerate abuse and exploitation by staff or associated personnel.

This policy will address the following areas of safeguarding: child safeguarding, adult safeguarding, and protection from sexual exploitation and abuse. These key areas of safeguarding may have different policies and procedures associated with them.

ViH commits to addressing safeguarding throughout its work.

5. Prevention

ViH will:

- Ensure all staff have access to, are familiar with, and know their responsibilities within this policy
- Design and undertake all its programmes and activities in a way that protects people from any risk of harm that may arise from their coming into contact with ViH. This includes the way in which information about individuals in our programmes is gathered and communicated

- Implement stringent safeguarding procedures when recruiting, managing and deploying staff and associated personnel
- Ensure staff receive training on safeguarding at a level commensurate with their role in the organisation
- Follow up on reports of safeguarding concerns promptly and according to due process

6. Response

These procedures set out what action is to be taken if a member of staff or volunteer suspects that a patient has been abused or is at risk of abuse. Procedures also cover circumstances in which a member of staff or volunteer is accused of abuse.

7. The role of key individual agencies

Adult Social Services

The Department of Health's recent 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding vulnerable adults. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation. Appendix B

The Police

The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

8. Designated Staff

The designated member of staff for the protection of vulnerable adults is the Manager. His/her role is to ensure:-

- Policies and procedures required by law are in place.
- All staff and volunteers must be aware of the procedures, how to follow them and receive appropriate training.
- Specific concerns are discussed and appropriate action is taken.
- Accurate records relating to individual clients are kept in a secure place.

9. Procedures for Staff and Volunteers

- If any member of staff or volunteer is concerned about a patient he/she must inform the Manager immediately.
- Clear, precise and factual information about the concern must be recorded by the person raising it on the same day and signed and dated.

- The Manager will decide, in conjunction with the member of staff raising the issue and the Chairman of the Management Committee whether to make a referral to Social Services or the Police.
- If a referral is made, a written report of the concerns will be sent to Social Services or Police as soon as possible. See Appendix B Legal Framework & Other Agencies

10. When to be Concerned

Staff and Volunteers should be concerned about a client if he/she:

- Has any injury for which there is no explanation, or for which the explanation changes or is inconsistent.
- Regularly has unexplained injuries or frequent injuries which may appear to have reasonable explanation.
- Exhibits significant changes in behaviour, performance or attitude.
- Discloses an experience in which he/she or another client may have been significantly harmed.
- Notices any marks or bruising which cannot be explained.

11. Confidentiality

It is essential that confidentiality is maintained at all stages of the process when dealing with safeguarding concerns. Information relating to the concern and subsequent case management should be shared on a need to know basis only, and should be kept secure at all times.

12. Dealing with a Disclosure

If a patient discloses that he/she has been abused in some way, Staff or Volunteers should take the following action:-

- Explain to the client that it is not always possible to promise confidentiality, though we will do our utmost to keep information confidential or to make other promises which it might not be possible to keep.
- Allow the person to talk freely.
- Accept what is being said without displaying shock or disbelief.
- Use listening skills.
- Ask minimal questions – keep them open and not direct.
- Reassure the patient that he/she is not to blame.
- Stress that it was the right thing to disclose.
- Do not criticise the perpetrator.
- Explain what has to be done next and who has to be told.

13. Record Keeping

When a client has made a disclosure, Staff and Volunteers must:-

- Make brief notes on the client's file as soon as possible after the conversation, noting the date, time and place of the disclosure and any non-verbal communication by the client.
- Record statements and observations not interpretations and assumptions.
- Keep the notes in a secure place for seven years.

14. Support

it is recognised that dealing with a disclosure of abuse by a patient is a stressful experience and a member of Staff or Volunteer should seek support from the Manager or Chairman of the Management Committee. Further support can be arranged for Staff and Volunteers supporting clients if it is required.

15. Allegations involving Volunteering in Health Staff and Volunteers

If a client (or their representative) makes an allegation of abuse against a member of Staff or Volunteer, the person receiving it must take it seriously and immediately inform the Manager or in his/her absence the Chairman of the Management Committee.

Any member of staff or volunteer who has concerns that a client may have been abused by another member of staff or volunteer must immediately inform the Manager or in her absence the Chairman of the Management Committee.

The Manager or Chairman of the Management Committee will assess the accusation as soon as possible to decide the following:-

- a. If the accusation constitutes a possible criminal offence it should be referred to the Police or Social Services as appropriate, without delay.
- b. If the accusation constitutes a breach of the Volunteering in Health working agreements, it will be dealt with through the Disciplinary Policy and Procedure.
- c. During the time that the accusation is being investigated, either internally or by an external agency, the member of staff or volunteer will have no contact on behalf of Volunteering in Health with the client making the accusation.

During the period of investigation, other work duties of the member of staff or volunteer will be reassessed to ensure he/she has no further unsupervised contact with clients. This could result in suspension.

16. References, internet links and further sources of information

- 'No Secrets' report
- The first national policy developed for the protection of vulnerable adults, for use by all health and social care organisations and the police. It introduced guidance around local multi-agency arrangements and was issued under Section 7 of the Local Authority Social Services Act 1970. Its implementation is led by local authorities with social services responsibilities.
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4002849
- Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults. <http://www.elderabuse.org.uk>
- The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people. <http://www.cpa.org.uk/index.html>

17. Review

This policy will be reviewed every two years.

In case of any queries or questions in relation to this policy please contact General Manager or Board of Trustees

Signed on behalf of the Board of Trustees by

Name:



Manuela Grossmann

Date: 07/11/2022

Appendix A : Glossary of Terms

Beneficiary of Assistance

Someone who directly receives goods or services from [NGO]'s programme. Note that misuse of power can also apply to the wider community that the NGO serves, and also can include exploitation by giving the perception of being in a position of power.

Child

A person below the age of 18

Harm

Psychological, physical and any other infringement of an individual's rights

Psychological harm

Emotional or psychological abuse, including (but not limited to) humiliating and degrading treatment such as bad name calling, constant criticism, belittling, persistent shaming, solitary confinement and isolation

Protection from Sexual Exploitation and Abuse (PSEA)

The term used by the humanitarian and development community to refer to the prevention of sexual exploitation and abuse of affected populations by staff or associated personnel. The term derives from the United Nations Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13)

Safeguarding

In the UK, safeguarding means protecting peoples' health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect

In our sector, we understand it to mean protecting people, including children and at risk adults, from harm that arises from coming into contact with our staff or programmes. One donor definition is as follows:

Safeguarding means taking all reasonable steps to prevent harm, particularly sexual exploitation, abuse and harassment from occurring; to protect people, especially vulnerable adults and children, from that harm; and to respond appropriately when harm does occur.

This definition draws from our values and principles and shapes our culture. It pays specific attention to preventing and responding to harm from any potential, actual or attempted abuse of power, trust, or vulnerability, especially for sexual purposes.

Safeguarding applies consistently and without exception across our programmes, partners and staff. It requires proactively identifying, preventing and guarding against all risks of harm, exploitation and abuse and having mature, accountable and transparent systems for response, reporting and learning when risks materialise. Those systems must be survivor-centred and also protect those accused until proven guilty.

Safeguarding puts beneficiaries and affected persons at the centre of all we do.

Sexual abuse

The term 'sexual abuse' means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual exploitation

The term 'sexual exploitation' means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. This definition includes human trafficking and modern slavery.

Survivor

The person who has been abused or exploited. The term 'survivor' is often used in preference to 'victim' as it implies strength, resilience and the capacity to survive, however it is the individual's choice how they wish to identify themselves.

At risk adult

Sometimes also referred to as vulnerable adult. A person who is or may be in need of care by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Appendix B: Legal Framework & Other agencies

Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998

- Data Protection Act 1998, Freedom on Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice 2008
- The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.
- The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).
- The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

Safeguarding boards

We support the work of the Devon Adult and Children Safeguarding Boards and are committed to keeping children and adults safe in our community.

The Boards have the responsibility for coordinating and scrutinising the effectiveness of services being delivered to children and young people and adults in need of care across Devon.

The Devon Children and Families Partnership (DCFP) is made up of key organisations that work with children, young people and their families to deliver outcomes that make a real difference to the lives of children and young people.

[Devon Safeguarding Adults Board](#)

[Devon Children and Families Partnership \(DCFP\)](#)

Making referrals

Anyone can make a referral for children, young people or adults who might be at risk of abuse and in need of safeguarding.

If you believe someone might be in immediate danger, call 999.

For concern about adults, call Care Direct on 0345 155 1007.

For concern about children and young people, call the Devon Multiagency Safeguarding Hub or MASH on 0345 155 1071.

If you have any specific concerns that you would like to discuss with staff at Teignbridge, please contact us.

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