

## Safeguarding Vulnerable Adults Policy

The Sun Network works with a wide range of individuals and organisations across Cambridgeshire and Peterborough and we recognise that our clients may be vulnerable adults.

### 1 Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

#### 1.1 What is Safeguarding Adults?

The Care Act 2014 defines safeguarding as protecting an adult's right to live in safety, free from abuse and neglect.

Safeguarding adults is about the safety and well-being of all people by providing additional measures for those least able to protect themselves from harm or abuse.

All staff have a responsibility for the safety and wellbeing of clients and colleagues.

The aims of adult safeguarding as set out in The Care Act 2014 are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- Address what has caused the abuse or neglect

#### 1.2 Safeguarding adult duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect;
- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

#### 1.3 There are six key principles that underpin all adult safeguarding work :

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- Empowerment - People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- Prevention – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- Proportionality – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

- Protection – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

- Partnership – Local solutions through services working with their communities.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

- Accountability – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

#### *1.4 The Focus of Safeguarding Adults in Cambridgeshire*

The Care Act 2014 endorses the Making Safeguarding Personal model, which places the individual at the heart of the safeguarding adults process. Making Safeguarding Personal engages the individual in a conversation about how best to respond to their safeguarding in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. This model underpins the Cambridgeshire County Council’s safeguarding policy.

## **2. Spotting and identifying signs of abuse and neglect**

The Sun network is committed to ensuring all staff and volunteers are sufficiently vigilant about safeguarding adult concerns. This will include

- Knowing about different types of abuse and neglect and their signs
- Supporting adults to keep safe
- Knowing who to tell about suspected abuse or neglect
- Supporting adults to make informed decisions when exercising choice and control

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## 2.1 Identifying Abuse and Neglect

There are many forms of abuse and neglect, and instances can be one off or multiple and affect one person or more. The list below is not exhaustive but seeks to illustrate the sort of behaviour that could give rise to a safeguarding concern:

**Physical Abuse:** including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**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 pressured 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 from 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 hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and acts of omission:** including ignoring medical or physical needs, emotional or physical care needs, failure to provide access to appropriate health, care 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.

## 2.2 Signs of abuse

These are listed at appendix 1.

## 3. Recruitment, Selection & Training of Staff & Volunteers.

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3.1 The Sun Network will ensure that its recruitment and selection procedures will take account of the need to protect vulnerable adults. Two references will be taken up for all successful candidates prior to a formal offer of employment, and where appropriate referees will be asked to comment on the applicant's suitability to work with vulnerable adults.

3.2 For every post the successful applicant will be asked to agree to an appropriate Disclosure and Barring Service check. Disclosures will be requested prior to the applicant taking up the post.

3.3 Those staff, even those who don't have direct contact with service users, will be subject to a three yearly DBS check.

3.4 Induction for new staff and volunteers will include information on all relevant policies and procedures, including the protection of vulnerable adults, and on-going training will be provided. This policy includes a list of potential warning signs of abuse for reference, (see appendix 1).

3.5 All staff and volunteers will have a designated supervisor who will provide appropriate ongoing support and supervision.

3.6 All staff and volunteers (where appropriate) of The Sun Network will be familiar with good practice guidelines on the immediate action to be taken following a report of abuse (see appendix 2).

#### **4. Reporting Procedure**

Anyone who suspects that a vulnerable adult may be at risk of abuse or is being abused must report their concern immediately to their line manager. People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a vulnerable person they must share the information with someone who is in a position to take action or responsibility. This should be your line manager. If there is no-one internally to share this with then you should call the Safeguarding Team or Emergency Duty Team and report your concern.

4.1 Abuse of vulnerable adults can take many forms including physical, emotional, sexual and financial. It is not the responsibility of anyone working within The Sun Network in a paid or unpaid capacity to decide whether or not abuse has taken place. It is therefore vital that staff raise all cases of suspected or alleged abuse in line with the procedures identified in this policy. It is important to do this, as there may already have been concerns expressed by other members of staff and failure to report concerns may put a vulnerable person at risk.

4.2 Any disclosure or suspicion of abuse should be reported to the staff member's / volunteer's line manager as soon as possible.

4.3 The line manager, in consultation with the Manager, will gather further information and details by interviewing the person making the report or the individual concerned directly.

4.4 The Manager (or staff member so instructed by the Manager) will then devise an appropriate plan of action. The exact nature of the action taken will be determined by the individual circumstances, but it may include the involvement of external authorities, such as Social Services, referral organisations and the Police.

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4.5 All staff and volunteers (where appropriate) of The Sun Network will be familiar with good practice guidelines on the immediate action to be taken following a report of abuse (see appendix 2).

4.6 Any allegation made against a member of staff or a volunteer should be reported to the Manager who will then investigate and take action as per the Disciplinary Policy. In the event of an allegation being made against the Manager, this should be reported to the Chair, or the Board of Trustees or their nominated representative.

4.7 If a disclosure of abuse is made by a service user, care should be taken to explain to them the procedure that will be followed and they should be told that it may not be possible for The Sun Network to maintain confidentiality.

4.8 If a service user of The Sun Network services makes an allegation about another organisation this should be reported to the Manager who will investigate and take appropriate action.

4.9 All relevant information about the allegation should be recorded as simply and clearly as possible.

## 5. Good Practice

All staff and volunteers should be familiar with and adhere to The Sun Network Guidelines for Good Practice for working with Service Users (see appendix 3)

5.1 If staff see something that concerns them or are given information that gives them cause for concern about a vulnerable person, they should:

- keep calm; this will help the vulnerable person
- make sure that the person is safe
- listen carefully to what is said
- if possible, take note of what is happening around them
- reassure and take care of the person
- get help as soon as possible (in accordance with the 'recording and reporting' procedures - see Appendix 2)

5.2 Whilst every effort will be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a person who has been or is at risk of abuse. The needs of the vulnerable person and the potential risk to others requires you to share the information with your manager.

### 5.3 Who to report to

Cambridgeshire County Council:

Email: [Referral.centre/adults@cambridgeshire.gov.uk](mailto:Referral.centre/adults@cambridgeshire.gov.uk)

Emergency Duty Team – weekends and bank holidays: Tel: 01733 234724

If the individual is known to CPFT then contact either:

Huntingdonshire and Fenland: Tel: 01480 415177 or

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Cambridge and Ely: Tel: 01223 218695

**Approved by The SUN Network Board of Directors Date: 23 April 2018**

**Next Review Date: April 2021**

**Responsible Officer Executive Director of The SUN Network.**

Signed..... Date.....

Signed..... Date.....



## *Appendix 1 Signs of Abuse*

Indicators of abuse are signs that draw attention to the fact that something is wrong. They may not indicate abuse, but suggest a need for further enquires to be made.

The following is a range of indicators that may be seen but this list is not exhaustive:

Possible indicators of Physical abuse are:

- Multiple bruising that is not consistent with the explanation given (e.g. a fall)
- Cowering and flinching
- Black eyes, marks resulting from a slap and / or kick, other unexplained bruises
- Abrasions, especially around the neck, wrists and / or ankles
- Unexplained burns, especially on the back of the hands
- Scalds, especially with a well –defined edge from immersion in water
- Hair loss in one area – scalp sore to touch
- Frequent minor accidents without seeking medical help
- Unusually sleepy or docile
- Tendency to flounder or slip over
- Unexplained fracture
- Malnutrition , ulcers, bed sores and soreness due to the lack of care for incontinence
- Frequently ‘hopping’ from one GP to another or from one care agency to another

Possible indicators of sexual abuse are:

- Unexplained and uncharacteristic changes in behaviour
- New tendency to withdraw and spend time in isolation
- Recent development of openly sexual behaviour/language, including inappropriate dressing and masturbation
- Deliberate self-harm
- Incontinence / bedwetting
- Irregular or disturbed sleep patterns
- Difficulty in walking
- Unexplained soreness around the genital area
- Repeated urinary tract infections

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- Bruising or bleeding in the genital or rectal area
- Excessive washing
- Unexplained 'Love bites'
- Stained or torn underclothing especially with blood or semen
- Sexually transmitted disease or pregnancy

Possible indicators of emotional abuse are:

- Disturbed sleep or tendency to withdraw to a room or to bed
- Loss of appetite or over eating especially at inappropriate times
- Anxiety, confusion or general resignation
- Extreme submissiveness or dependency in contrast with known capacity
- Sharp changes in behaviour in the presence of certain persons
- Excessive or inappropriate craving for attention
- Extreme self-abusive behaviour especially self-mutilation, head banging, hand biting
- Loss of weight without apparent loss of appetite
- Loss of confidence

Possible indicators of financial or material abuse are:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
- Personal possessions of value go missing without satisfactory explanation
- Someone has taken responsibility for paying rent, bills, buying food etc, but is clearly not doing so
- Unusual interest taken by relative, friend, neighbour or other in financial assets especially if little concern is shown in other matters
- Next of kin refuses to follow advice regarding control of property via court of protection or through securing enduring power of attorney, but insists upon informal arrangements

- Where care services including residential care are refused under clear pressure from family or other potential beneficiaries
- Unusual purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays

Possible indicators of neglect and / or acts of omission are:

- Poor hygiene and cleanliness of a person who needs assistance with personal care
- Unkempt or unsuitable clothing for weather conditions
- Untreated physical illness
- Dehydration/ weight loss / malnutrition
- Repeated infections
- Repeated / unexplained falls / trips
- Pressure sores
- Inadequate heating or lighting available
- Furnishings, carpeting noticeably shabbier or of poorer quality in their rooms compared with those in other rooms in the house
- Incontinence issues not addressed e.g. odour has developed on clothing and / or furnishings
- Clear failure to ensure the taking of medication appropriately
- Inconsistent or reluctant contact with health or social-care agencies
- Failure to ensure appropriate privacy and dignity in personal living conditions e.g. immobile person given a bucket to use as a toilet
- Refusal of the right to use external facilities or access other care services
- Lack of safety equipment being used following recommendation

Possible signs of discriminatory abuse:

- The vulnerable person is subject to racist, sexist or homophobic abuse
- The vulnerable person is subject to abuse relating to their age, illness or disability
- Not meeting cultural needs e.g. religious needs
- Acts or comments motivated to harm or damage, including incitement of others to commit abuse based on differences

Possible indicators of organisational abuse:

- Lack of care plans
- Contact with the outside world not encouraged
- There are few visitors and / or staff insistent on notification before visits are made
- Rigid and fixed 'visiting hours' are established with limited or no opportunity to make alternative individualised arrangements and / or visitors are restricted to certain areas where there are no facilities designed for residents to receive visitors privately
- An unnatural 'clinical' cleanliness with restrictions to ensure this
- The atmosphere is unnaturally and oppressively quiet or particularly noisy and fractious
- There is poor morale, high turnover or high sickness rate among staff, excessive hours are worked and there is a frequent use of agency staff
- Ex-staff and / or ex-residents make complaints over a period of time about member(s) of staff
- Any staff, including senior staff who display rigid attitudes, cynicism or who are clearly 'burnt out' from caring and / or seem remote from the day to day caring
- Staff lack appropriate skills or engage in bad practice
- Complaints systems are difficult for residents / users to gain access to or are non-existent
- Little opportunity is given for users / residents to be involved in any activities outside the centre
- Vulnerable adults are wakened too early in the morning or at a set time determined by staff
- Lack of flexibility and choice of going to bed and / or lack of choice and consultation about meals, opportunities of getting snacks and drinks
- Lack of consultation, involvement, preparation, discussion when medical or personal care is carried out
- Bedrooms are shared contrary to the wishes of the vulnerable adult and / or there is a lack of personal possessions, furniture, television etc.
- Lack of consideration for privacy e.g. staff walk casually into bedrooms
- Washing and personal care tasks (going to the toilet) lack the appropriate privacy
- No telephone that can be used privately
- Residents / users appear unusually subdued, especially when compared to their previous behaviour
- Residents regularly retreat to their own room or other areas out of the way of staff
- Lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aids or teeth

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- Poor hygiene e/g. strong smell of urine, dirty clothing or bed linen, only changed when staff consider it necessary
- Use of tip-back chairs, cot sides and chair with fixed tables to restrict movement
- Inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication to make clients easier to manage, rather than purely for their health needs e.g. reliance on use of sleeping tablets, tranquillisers etc
- Not allowing clients to express their view / speak up for themselves



## *Appendix 2 Good practice guidelines on the immediate action to be taken following a report of abuse*

The following are guidelines on immediate action to be taken when a vulnerable adult reports that they are the subject of abuse

- React calmly so not to frighten or deter the individual. Try not to show shock or disbelief.
- Assess the situation i.e. are emergency services required.
- Ensure the safety and wellbeing of the individual.
- Maintain any evidence.
- Re-assure the individual that you are glad they have told you, and it is not their fault.
- Establish what the individual views and wishes are about the safeguarding issue and procedure.
- Don't promise to keep it to yourself, at the earliest opportunity inform the person that you are required to share the information – explaining what information will be shared and why. Remind them of our confidentiality policy and explain what this means.
- Explain that you need to make sure that they will be safe and that you may have to pass on the information to somebody trusted to deal with it appropriately.
- Listen carefully to what they say and take them seriously.
- Allow them to tell you what happened in their own words.
- It is important to clarify what you have heard, and to establish the basic facts. However, avoid leading questions and do not ask them specific questions about explicit details.
- If possible, make brief notes during the initial disclosure, explaining why you are doing so. If not possible to do so at the time, make notes as soon as possible afterwards. All notes should be dated and signed by the person who made them.
- Official notes must be recorded on an 'Initial Reporting Form', either at the time or immediately afterwards ( Appendix 4) The information recorded should include:
  - The name of the individual
  - A record of all relevant information including what you saw, what you heard, and why you acted as you did
  - A record of any physical signs or injuries using a body map; make sure you sign and date it
  - A record of what is said to you, who said it including their relationship with the vulnerable adult or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it
  - Any details about what the vulnerable person wants to be done at this stage
  - A written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them



- A record of what action you took and why
- A distinction between fact, opinion and hearsay.
- Sign and date your records and ensure they are kept in a secure place.

Any notes made during the initial disclosure must be attached to the 'Initial Reporting Form'.





### *Appendix 3 Good Practice Guidelines for Working with Service Users*

- In the event of a staff member/volunteer visiting a service user at home they must ensure that another member of staff knows where they are going and what time they are expected to be back. They must also log in and out with Lookout Call, the lone working system.
- Service users should never be given access to the home address or telephone number of any The Sun Network employee or volunteer. Service users' contact details should never be disclosed to anyone outside of The Sun Network without their explicit consent.
- A member of staff or a volunteer should not be alone in the building with a service user. If a member of staff or a volunteer is meeting a service user outside of normal office hours they must ensure that another staff member remains in the office until the meeting is finished.

