



*Definition: A policy sets out the **strategic direction** of the organisation as decided by senior management. A policy will lay out a destination, but won't give any direction on how this is to be executed. For example a policy would contain a statement such as: 'Time and attendance will be tracked for all staff and contractors in a clear and consistent way', but wouldn't give any indication as to how that should be done.*

Delete any sections in the template that do not apply to the Policy.

Policy Name:	Vulnerable Adults Policy and Procedure
Policy Owner:	
Date Created/Updated:	03.02.22
Next Review Date:	

Part 1: Policy

1. Purpose:

1.1. The aim of this document is to promote the safety and protection of vulnerable adults in line with statutory guidance set out by the Department of Health in No Secrets. ¹It sets out the definitions of abuse and vulnerability and outlines and procedures in the prevention and investigation of abuse.

1. Definitions:

2.1. Vulnerable adult

A vulnerable adult is defined as a person aged 18 years and over “who is or may be in need of community care services 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”.²

2.2. Abuse

Abuse is defined as “a violation of an individual's human and civil rights by any other person or persons”³ Abuse can be:

- a single act or repeated acts



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- physical, verbal or psychological
- an act of neglect or an omission to act
- when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he/she had not consented, or cannot consent.

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

2.3. Significant harm

Significant harm is defined as:

- “Ill treatment (including sexual abuse and forms of ill treatment that are not physical) or the impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development”.⁴



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2. Responsibility for the safeguarding of vulnerable adults

3. Anawim has a safeguarding lead who is Designated a safeguarding lead daily.

- The safeguarding lead is Designated Safeguarding Lead trained.
- The safeguarding lead is available to staff/ volunteers daily who need support guidance or advice.
- The safeguarding lead trains new employers/volunteers to the organisation in Anawim safeguarding procedures.
- Duty managers will be Designated safeguarding lead if the safeguarding lead is unavailable.
- Safeguarding bulletin is issued weekly to inform all staff and volunteers of any changes to DSL.

3.1. All Anawim staff and volunteers have a responsibility to work in the interests of individual service users and to act in a way which promotes and safeguards their well-being. Accordingly, they must take all reasonable steps to protect vulnerable adults from abuse, understand the risk factors, types of abuse and indicators (physical, sexual, emotional/psychological, financial, neglect and discriminatory and know how to respond when they witness it or when it is disclosed to them. All staff and volunteers working within agencies have a responsibility to address vulnerable adult abuse. Ignoring abuse is not an option.

3.2. All Duty managers are

- DSL trained and this is refreshed every three years
- Duty managers will be DSL the when safeguarding lead is unavailable.

3.3. All managers have a responsibility to ensure:

- they have operational knowledge of Anawim 'vulnerable adults policy and procedure
- that the staff they supervise have the appropriate support, training and supervision to recognise and alert the appropriate person when they have any concerns or suspicions of abuse
- that the staff they supervise are aware of both the policy and procedures in this document



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- they are able and prepared to refer any concerns to social care or the police as required by the procedures in part 2
- that where other simultaneous procedures apply (e.g. grievance, complaints, disciplinary) the welfare and safety of the vulnerable adult remains paramount.

4. Guiding principles

4.1. All Anawim staff and volunteers will adhere to the following combined principles⁵ in working with vulnerable adults:

- The human and civil rights of vulnerable adults will be promoted and protected.
- The independence, well-being and choices of vulnerable adults will be actively promoted.
- Vulnerable adults will be assumed to have capacity except where it is established that this is not the case. Where a vulnerable adult lacks the mental capacity to make decisions, assistance will be offered on a multi-disciplinary basis to safeguard his/her best interests.
- A vulnerable adult who has mental capacity has the right to take risks. Anawim recognises and accepts that an individual has the right to self-determination that may involve a degree of risk. Anawim will undertake and record risk assessments to monitor this.
- Vulnerable adults have a right to receive the protection of the law, have access to justice and to be appropriately supported through the criminal justice process. Anawim will provide suitable advice and support to enable this to occur.
- Vulnerable adults' views will be considered and where possible they will be fully involved in actions taken under the procedures. A vulnerable adult has the right to an advocate to assist them in this process.
- When intervention is necessary to reduce risk to a service user who is a vulnerable



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adult, account will be taken of the disruption to the service user and every effort will be made to minimise this disruption and to keep it in proportion to the identified risks.

- Confidentiality relating to vulnerable adults will be ensured when it is practicable, and personal information will only be shared with other agencies with the permission of the individual concerned or in line with what is permitted by the law and local policy or protocols.
- Anawim will work to promote awareness and understanding of the law, guidance and new initiatives relating to safeguarding vulnerable adults.

Part 2: Procedure

5. Overview of the process

5.1. The prevention and investigation of abuse will be carried out in accordance with the following process:

- The 'alerting role': this describes the stage at which adult protection concerns are first recognised.
- The 'referral role': this describes the notification of concerns to one or more of the statutory investigating or regulatory agencies (e.g. social care, the Commission for Social Care Inspection, the police).

5.2. Any investigations will be undertaken by the investigating or regulatory agencies. The term 'investigation' in this context describes the process of exploring concerns to ensure a full understanding of the situation so that appropriate action can follow. Investigations can have many strands, including one or more of the following issues: criminal justice, protection of others, regulation, contracts, employee discipline, care management, health and safety or professional practice.

Anawim staff should not take part in any investigation. Their duty is to report only.



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6. The 'alerting' role

6.1. All Anawim staff and volunteers who work with, or have contact with, vulnerable adults must:

- be alert to the possibility of abuse
- know who they should report any concerns or suspicions to
- be able to share their concerns with appropriate people. In addition, staff are required to recognise and report oppressive, abusive, discriminatory or otherwise poor care practices. No suspicion of abuse should ever be ignored.

6.2. Staff may become aware of possible abuse when they:

- witness an abusive act
- are told about abuse by someone else
- are told about abuse by the service user
- find evidence of abuse
- recognise several of the abuse indicators and become concerned.

6.3. Staff who become aware of possible abuse should do the following:

- Any abuse of power or privilege, whether perpetrated by staff, visitors or Service Users, will be dealt with promptly and in accordance with the relevant internal and external policies and procedures.
- Try and ensure the immediate safety of the alleged victim. If there is a major injury, appropriate healthcare should be arranged (e.g. an ambulance or a visit to an accident and emergency department).
- Contact their line manager so that the matter can be reported to the Designated



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Safeguarding Lead.

- Record clearly, factually and accurately any information about allegations, concerns and disclosures of abuse as soon as possible. When recording any disclosure, record the actual words used by the person.
- Take the necessary steps to preserve any evidence of abuse, which may be used to assist an investigation, by keeping it safe and free from contamination.
- Co-operate with any investigation undertaken in accordance with these procedures.



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4. Supporting related Documentation:

Document
¹ The Mental Capacity Act (England and Wales) 2005, Adults with Incapacity (Scotland) 2000, Department of Health (2000) No Secrets: Guidance on protecting vulnerable adults in care London: Department of Health
² Department of Health (2000) No Secrets: Guidance on protecting vulnerable adults in care London: Department of Health
³ Department of Health (2000) No Secrets: Guidance on protecting vulnerable adults in care London: Department of Health
⁴ Lord Chancellor’s Department (1997) Who Decides? Making decisions on behalf of mentally incapacitated adults; Law Commission’s 2010 consultation: Review of Adults Social Care Law
⁵ English and Welsh Legal Principles (2005) are: safety, dignity, independence, privacy and communication. Scottish Legal Principles (2000) are; Benefit, least restrictive option, take account of the wishes of the person, consultation with relevant others and encourage the person to use their existing skills and develop new skills.

Acronyms:

Acronym	Meaning

Sign Off:

Name:	Role:	Date:	Version No:
Donna Lewis			Version 2



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Review Status Log

Name of Contributor/Reviewer	Stat US (In Revie w; Revie w Compl ete)	Revi ew Date	Versi on no.	Comm ents (Enter the references of what has changed in this version)
Appendix A: Useful contacts for Safeguarding Leads				
The Care Quality Commission - Tel. 03000 61 61 61 http://www.cqc.org.uk/what-we-do/how-we-do-our-job/safeguarding-people				
Warwickshire – Tel. 01926 412 080 https://www.warwickshire.gov.uk/safeguardingadults				
Birmingham – Tel. 0121 303 1234 http://www.bsab.org/				
Sandwell – Tel. 0121 569 2355 http://www.sandwell.gov.uk/info/200216/adults_and_older_people/2213/safeguarding_adults				



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Worcester – Tel. 01905 768053 http://www.worcestershire.gov.uk/wsab				
Stoke and Staffordshire – Tel 0800 561 0015 (Stoke) Tel 0345 604 2886 (Staffordshire) https://www.ssaspb.org.uk/Home.aspx				
Oxford – Tel. 01865 328232 http://www.osab.co.uk				
Coventry - Tel. 024 7683 2568 http://www.coventry.gov.uk/csab				
Dudley - Tel. 0300 555 0555 https://customer.dudley.gov.uk/adult-safeguarding/adult-safeguarding-create/				
Solihull- Tel- 0121 788 4392 http://www.ssab.org.uk				
Walsall – tel - 0300 555 2922 https://go.walsall.gov.uk/wsab/				
Wolverhampton- Tel. 01902 552 999 https://www.wolverhamptonsafeguarding.org.uk/safeguarding-adults				
Appendix B: Possible Indicators of abuse				
Physical abuse <ul style="list-style-type: none"> · No explanation for injuries or inconsistency with the account of what happened · Injuries are inconsistent with the person’s lifestyle · Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps · Frequent injuries · Unexplained falls · Subdued or changed behaviour in the presence of a particular person · Signs of malnutrition · Failure to seek medical treatment or frequent changes of GP 				
Psychological or emotional abuse <ul style="list-style-type: none"> · An air of silence when a particular person is present · Withdrawal or change in the psychological state of the person · Insomnia · Low self-esteem · Uncooperative and aggressive behaviour · A change of appetite, weight loss/gain · Signs of distress: tearfulness, anger 				



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<ul style="list-style-type: none"> · Apparent false claims, by someone involved with the person, to attract unnecessary treatment 				
<p>Financial or material abuse</p> <ul style="list-style-type: none"> · Missing personal possessions · Unexplained lack of money or inability to maintain lifestyle · Unexplained withdrawal of funds from accounts · Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity · Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so · The person allocated to manage financial affairs is evasive or uncooperative · The family or others show unusual interest in the assets of the person · Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA · Recent changes in deeds or title to property · Rent arrears and eviction notices · A lack of clear financial accounts held by a care home or service · Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person · Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house · Unnecessary property repairs 				
<p>Sexual abuse</p> <ul style="list-style-type: none"> · Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck · Torn, stained or bloody underclothing · Bleeding, pain or itching in the genital area · Unusual difficulty in walking or sitting · Foreign bodies in genital or rectal openings · Infections, unexplained genital discharge, or sexually transmitted diseases · Pregnancy in a woman who is unable to consent to sexual intercourse 				



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<ul style="list-style-type: none"> · The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude · Incontinence not related to any medical diagnosis · Self-harming · Poor concentration, withdrawal, sleep disturbance · Excessive fear/apprehension of, or withdrawal from, relationships · Fear of receiving help with personal care · Reluctance to be alone with a particular person 				
<p>Neglect and acts of omission</p> <ul style="list-style-type: none"> · Poor environment – dirty or unhygienic · Poor physical condition and/or personal hygiene · Pressure sores or ulcers · Malnutrition or unexplained weight loss · Untreated injuries and medical problems · Inconsistent or reluctant contact with medical and social care organisations · Accumulation of untaken medication · Uncharacteristic failure to engage in social interaction · Inappropriate or inadequate clothing 				
<p>Self-neglect</p> <ul style="list-style-type: none"> · Very poor personal hygiene · Unkempt appearance · Lack of essential food, clothing or shelter · Malnutrition and/or dehydration · Living in squalid or unsanitary conditions · Neglecting household maintenance · Hoarding · Collecting a large number of animals in inappropriate conditions · Non-compliance with health or care services · Inability or unwillingness to take medication or treat illness or injury 				
<p>Discriminatory abuse</p> <ul style="list-style-type: none"> · The person appears withdrawn and isolated · Expressions of anger, frustration, fear or anxiety · The support on offer does not take account of the person's individual needs in terms of a protected characteristic 				



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<p>Organisational or institutional abuse</p> <ul style="list-style-type: none"> · Lack of flexibility and choice for people using the service · Inadequate staffing levels · People being hungry or dehydrated · Poor standards of care · Lack of personal clothing and possessions and communal use of personal items · Lack of adequate procedures · Poor record-keeping and missing documents · Absence of visitors · Few social, recreational and educational activities · Public discussion of personal matters · Unnecessary exposure during bathing or using the toilet · Absence of individual care plans · Lack of management overview and support 				
<p>Domestic violence or abuse</p> <ul style="list-style-type: none"> · Low self-esteem · Feeling that the abuse is their fault when it is not · Physical evidence of violence such as bruising, cuts, broken bones · Verbal abuse and humiliation in front of others · Fear of outside intervention · Damage to home or property · Isolation – not seeing friends and family · Limited access to money 				
<p>Modern slavery</p> <ul style="list-style-type: none"> · Signs of physical or emotional abuse · Appearing to be malnourished, unkempt or withdrawn · Isolation from the community, seeming under the control or influence of others · Living in dirty, cramped or overcrowded accommodation and or living and working at the same address · Lack of personal effects or identification documents · Always wearing the same clothes · Avoidance of eye contact, appearing frightened or hesitant to 				



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<ul style="list-style-type: none"> talk to strangers · Fear of law enforcers 				
<p>Cyberbullying</p> <ul style="list-style-type: none"> · Secretive use of electronic devices · Low self-esteem; · A loss of friends; · Withdrawing from social situations; · Change in attitude or behaviour; · Difficulty sleeping or bed wetting; · Lack of interest in other activities; · Self-destructive behaviour; · Refusal to talk about what is wrong 				
<p>Radicalisation and Extremism</p> <ul style="list-style-type: none"> · Distanced from their cultural /religious heritage · Share experiences of discomfort about their place in society; · Experiencing family tensions; · A sense of isolation; · Low self-esteem; · Dissociated from their existing friendship group · Involved with a new and different group of friends; 				
<p>Female Genital Mutilation</p> <ul style="list-style-type: none"> · Have difficulty walking, sitting or standing · Spend longer than normal in the bathroom or toilet · Have unusual behaviour after an absence from work or education · Be particularly reluctant to undergo normal medical examinations · Ask for help, but may not be explicit about the problem due to embarrassment or fear. 				
<p>Criminal exploitation</p> <ul style="list-style-type: none"> · Persistently going missing from home · Unexplained acquisition of money, clothes, or mobile phones · Excessive receipt of texts / phone calls and/or having multiple handsets · Relationships with controlling / older individuals or groups · Unexplained injuries 				



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- Carrying weapons
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being.

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