



## Vulnerable Adult Protection Policy

Last Reviewed: 22nd January 2024



I, the undersigned, have received, read, and understood a copy of the Vulnerable Adult Protection Policy.

Print name:

Signature:

Date:



## 1. Policy Statement of Intent

RammyMen provides services to a wide range of people and we recognise that some with whom we are in contact are vulnerable adults at risk.

All of our staff and volunteers play an important role in promoting the safety and protection of the adults at risk with whom our organisation works.

The aim of this policy is to ensure that RammyMen acts appropriately when it becomes aware that a vulnerable adult is at risk of abuse. It provides a framework which ensures that those involved with working with adults at risk have the appropriate information to take the necessary steps to prevent or tackle abuse.

This policy will be reviewed and revised at least annually under the guidance of the designated, Director-level Safeguarding Manager:

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## 2. Safeguarding Principles

**2.1 Safeguarding is everyone's responsibility. For those adults we work with or come into contact with to be safe and for our activities to be effective, each member of staff, volunteer and director must play their full part in safeguarding vulnerable adults.**

**2.2 Everyone working with vulnerable adults must listen to what they say, take their views seriously, and work with them collaboratively when deciding how to support their needs, as appropriate.**

**2.3 All volunteers will be asked to read in full and sign the Vulnerable Adult Protection Policy.**

**2.4 Safeguarding issues will be central within any recruitment processes, with DBS or enhanced DBS checks required where volunteers, members of staff or directors will have direct contact with vulnerable adults.**

**2.5 All volunteers, members of staff and directors shall be provided with their own copy of the Vulnerable Adults Protection Policy which shall include the up-to-date contact details of the designated Safeguarding Manager.**



### 3. Definitions

#### 3.1 Who is an adult at risk of abuse?

An adult at risk is a person aged 18 years or over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and is or may be unable to take care of him/herself, or unable to protect him/herself against harm or exploitation.

#### 3.2 What does mental capacity mean?

Mental capacity refers to a person's ability to make decisions for themselves about their own life. Some people have difficulties in making such decisions. This is called 'lacking capacity'. Under the Mental Health Capacity Act 2005 there are laws governing who can make decisions on someone else's behalf which help safeguard adults at risk of abuse.

#### 3.3 What do we mean by abuse?

Abuse is a violation of a person's rights or dignity by any other person or persons. There are many kinds of abuse, which can be carried out deliberately or unknowingly and it may be a single or repeated act. Abuse includes:

- Physical: including hitting, slapping, pushing, kicking, squeezing, shaking, suffocating, punching, drowning, burning/scalding, restraint or inappropriate sanctions.
- Sexual: including rape and sexual assault or sexual acts including activities such as looking at or being involved in the production of pornographic material or watching sexual activities or encouraging individuals to behave in sexually inappropriate ways, to which the adult has not consented, could not consent or was pressured into consenting.
- Psychological: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation/belittling, name-calling, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- Financial or material: including theft, fraud, selling of assets, exploitation, pressure in connection with wills, property or inheritance or financial transactions, the misuse of misappropriation of property, possessions or benefits.
- Neglect or acts of omission: including ignoring medical or physical care needs, failure to



provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating, leaving in soiled clothes, exposing a person to unacceptable risk, omitting to provide or ensure adequate care and supervision.

- Discriminatory: including racist, sexist behaviour and harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability, and other forms of harassment, slurs or similar treatment.

- Human and Civil Rights: including failing to treat a person as an equal with dignity and respect.

- Modern Slavery: including domestic and foreign migrant workers, refugees, asylum seekers, ethnic/religious minorities and displaced persons, young or student workers, and people of limited mental health or emotional health capacity

3.4 Any of these forms of abuse can be either deliberate or the result of ignorance or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

### 3.5 Who may be an abuser?

The person who is responsible for the abuse may be a stranger but is often well known to the person being abused and could be:

- A relative/family member
- A member of staff or volunteer
- A paid care worker
- Another service user
- A neighbour
- A friend or associate

### 3.6 What are the signs?

Some of the following might be indicators of abuse or neglect:

- Multiple bruising or finger-marks
- Injuries the person cannot give a good reason for
- Deterioration of health for no apparent reason
- Loss of weight



- Inappropriate or inadequate clothing
- Withdrawal or mood changes
- A carer who is unwilling to allow access to the person
- An individual who is unwilling to be alone with a particular person
- An unexplained shortage of money
- Posting of inappropriate photos, images or videos
- Suicide notes or goodbye letters
- Discussion of intentions to undertake risky activities, eg self-harm or injury
- Discussion of illegal activities eg substance misuse
- Sharing of personal information or pressurising others to share personal information
- Change in the tone of messages
- Direct reference to issues of a safeguarding nature, eg disclosure of abuse
- Reference to forced employment, child labour, slave labour, indentured servitude, bonded labour or human trafficking in any form

### 3.7 What is meant by the term 'Appropriate Agency'?

These agencies are responsible for the investigation and coordination of all incidents of suspected abuse. Where there is an indication that a criminal offence has been committed, the appropriate agency is **ALWAYS** the police.

### 3.8 Designated Safeguarding Manager

This is the manager designated within the organisation to whom any safeguarding concerns should be reported. Their details can be found on page 2 of this document.

Staff, members and volunteers should report any safeguarding concerns directly and as soon as possible to the Designation Safeguarding Manager.

## 4. Policy Context

There are a number of key pieces of guidance which set out a framework for organisations working with vulnerable adults. In summary these are:

- Government Statement of Policy on Adult Safeguarding (HM Government 2013)
- Making Safeguarding Personal - a toolkit for responses (Local Government Association 2015)
- Modern Slavery Act 2015



## 5. Reporting Allegations or Suspicions of Abuse: Procedure

5.1 The first priority should always be to ensure the safety and protection of the adult at risk. To this end, if any person reasonably suspects or is told that an adult at risk is being, has been, or is likely to be abused they must take immediate action as set out in this policy, and pass their concerns to the designated safeguarding manager and appropriate agency.

5.2 It is important to note that our organisation is not an agency with statutory power to investigate allegations of abuse or neglect, neither can we remove vulnerable adults from abusive situations. It is our duty to report such allegations to the appropriate agency:

- Local Authority Adult Social Care
- The Police

If the person disclosing information to you is at risk of immediate physical harm or danger, ask them to call 999 and ask for the police, or alternatively make the call yourself. Adult Social Care Services should be contacted at the same time, to ensure that the safeguarding element is reported and followed up. The designated Safeguarding Manager should also be informed as soon as possible.

5.3 If an adult discloses concerns/abuse, staff and volunteers should:

- Listen and acknowledge what is being said
- Be reassuring and calm
- Be aware that the person's ability to recount their concern or allegation will depend on age, culture, language and communication skills and disability
- Not promise full confidentiality
- Ask their consent to take up their concerns
- Explain what you'll do next
- Try to encourage and support them to share their information
- Don't talk to the alleged abuser - confronting the abuser could make the situation much worse for the individual making the allegations
- Don't delay in reporting the abuse - the sooner the abuse is reported after disclosure the better. Details will be fresh in your mind and action can be taken quickly
- Consult with the designated Safeguarding Manager (details on page 2 of this document)



**5.4 If a concern of allegation is made about a member of staff or volunteer within the organisation: do not inform the person in question as this may prejudice any police investigations. Consult the designated Safeguarding Manager immediately.**

**5.5 If the concerns or allegations are raised by another person: the staff member/volunteer receiving the allegation must make notes of the information and contact the designated Safeguarding Manager who will consult with them immediately about what action to take.**

**5.6 If an adult discloses abuse of another adult to a member of staff/volunteer, the staff member/volunteer who receives the information must make it clear to that person that the information will be passed to the designated Safeguarding Manager for consultation and for further action to be taken.**

**5.7 If the member of staff/volunteer has any reason to believe that having a conversation could place themselves or the vulnerable adult at risk, they must ask another member of staff/volunteer to join them if possible. If this is not possible they should listen attentively, but must take every precaution to maintain their own safety, and should end the conversation if necessary.**

**5.8 All staff and volunteers are responsible for contact the designated Safeguarding Manager (details on page 2 of this document) as a matter of urgency to discuss a concern and reduce any further harm to the vulnerable adult.**

**5.9 Staff and volunteers should never feel inhibited to seek advice and guidance about any concern for a vulnerable adult's safety and wellbeing.**

**5.10 All decisions about managing a safeguarding concern should be not made by one person in isolation unless the adult is at risk of immediate physical harm or danger. In this situation, call 999 and ask for the police. The designated Safeguarding Manager should then be contacted, and the Adult Social Care Service, if appropriate.**

**5.11 All concerns should be discussed with the designated Safeguarding Manager.**

**5.12 It is the responsibility of the designated Safeguarding Manager to assess the risk to the vulnerable adult. Staff/volunteers should provide as much detail as possible. Social Care**





Services will require:

- Personal details (name, age, address)
- Details of carers, if known
- How extensive is the abuse?
- What impact is the abuse having on the well-being of the adult?
- Are other people being harmed, intimidated or threatened?
- Has the abuse been carried out deliberately?
- Has the law been broken?
- What is the risk of this happening again to this adult?
- Are other people at risk?
- Will the person need a medical assessment (for non-life-threatening situations)?

It is worth remembering that in most cases the individual and family of concern need support. Services will often work with the family, not against them.

5.13 The staff member or volunteer making the referral should obtain the following from the person in Social Care Services or Police Office receiving the referral:

- A contact name and telephone number
- Any action they intend to take
- When the action will take place
- What the referrer should say to the adult
- Any additional action required by the referrer
- Whether they intend to feedback to the referrer about the action they take

5.14 A record of the conversation, including person's name, telephone number, time, and outcome should be formally logged by the designated Safeguarding Manager.



## 6. Confidentiality

6.1 Disclosure by a vulnerable adult of abuse, ill treatment or neglect, and the consequences of such a disclosure is not easy. It is likely to have profound effects on that individual and other family members. It may be difficult for them to agree to a referral to statutory services.

6.2 All vulnerable adults must be made aware that complete confidentiality is not possible where there is a risk of significant harm or abuse to them or any other individual.

6.3 Where an individual has not consented to sharing information for a referral, the reasons for the referral need to be clearly explained to them so that any ongoing/future supportive relationship can be maintained as far as is possible.

6.4 Under no circumstances should an alleged abuser be alerted, directly or indirectly, that concerns have been raised. This may result in important evidence being lost. Formal investigations will be carried out by the appropriate statutory agencies.

6.5 It is good practice to inform an adult at risk from abuse that a safeguarding referral concerning them is being made, where it is appropriate dependent on the capacity and understanding of the adult. It should be made clear that this will be a statutory agency that will make a decision about what help and support they need to stay safe.

6.6 All safeguarding issues should be recorded within the central safeguarding log.

6.7 The following guidance should be followed:

- Whenever possible and practical, take notes during any conversation
- Ask for consent to do this and explain the importance of recording information
- Explain that the person giving you the information can have access to any information about them
- Where it is not appropriate to take notes at the time, make a written record as soon as possible afterwards, and always before the end of the day
- Record the time, date, location, format of information (eg letter, telephone call, direct contact) and the person present when the information was given
- Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate
- Include the context and background leading to the concern or disclosure



- Include full details of referrals to Adult Social Care and the Police
- Pass ALL records to the designation Safeguarding Manager

## 7. Allegations Against Staff or Volunteers

7.1 Allegations against staff or volunteers abuse of an adult must be raised immediately with the designated Safeguarding Manager (see page 2 of this document for details). The designated Safeguarding Manager in consultation with organisation Directors will make a decision whether to suspend or remove the member of staff/volunteer from service pending the outcome of an investigation.