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**Supplementary Guidance on Protection of Vulnerable Adults**

**[To be read in conjunction with the Elim Safeguarding Policy]**

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**WHO MAY BE VULNERABLE?**

There are many different definitions of who is a vulnerable adult or adult at risk in legislation, and to determine who qualified for disclosure and barring service checks. In this guidance we use the following simple definition for reference:

“Any adult aged 18 or over who due to disability, mental function, age, or illness or traumatic circumstances may not be able to take care or protect themselves against the risk of significant harm, abuse, bullying, harassment, mistreatment or exploitation.”

It should be noted that reaching a certain age or having a particular disability in itself does not mean that the person is vulnerable, any more than we are all vulnerable in certain situations. Clearly those in residential care, in need of community care services or require help and support in their daily lives are.

**WHAT IS ADULT ABUSE?**

Adult abuse is mistreatment and is a violation of an individuals’ human and civil rights by another person or persons. The abuse can take many forms from treating someone with disrespect in a way which significantly affects the person’s quality of life, to causing actual physical suffering.

“Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has 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’.”‘No Secrets” Department of Health, 2000

Similarly the Adult Support and Protection (Scotland) Act 2007 defines an adult at risk as someone who is:

* unable to safeguard their own well-being, property, rights or other interests,
* at risk of harm, and
* because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

An adult is at risk if another person’s conduct is causing (or is likely to cause) the adult to be harmed, or the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Abuse can take many forms:

* Discriminatory abuse is the inappropriate treatment of an adult because of their age, gender, race, religion, cultural background, sexuality, or disability. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.
* Physical abuse the infliction of pain or physical injury, which is either caused deliberately, or through lack of care. including hitting, slapping, pushing, kicking, burning, hair pulling, misuse, inappropriate restraint or sanctions.
* Psychological or emotional abuse is acts or behaviour, which cause mental distress or anguish or negates the wishes of the adult. It is also behaviour that has a harmful effect on the adult’s emotional health and development or any other form of mental cruelty. This includes verbal abuse, humiliation, bullying, blaming, or the use of threats of harm or abandonment, being deprived of social or any other form of contact, being prevented from receiving services or support.
* Financial or material abuse is the inappropriate use, misappropriation, embezzlement or theft of money, property or possessions including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
* Sexual abuse is the involvement in sexual activities to which the person has not consented or does not truly comprehend and so cannot give informed consent, or where the other party is in a position of trust, power or authority and uses this to override or overcome lack of consent or to which they felt pressurised into consenting such as rape, or sexual assault.
* Neglect or acts of omission is the repeated deprivation of help that an adult needs which, if withdrawn, will cause them to suffer including the failure to intervene in behaviour which is dangerous to the adult or to others.
* Institutional abuse which may happen in nursing and residential homes or hospitals is the mistreatment or abuse of an adult by a regime or individuals within an institution (e.g. hospital or care home) or in the community. It can be through repeated acts of poor or inadequate care and neglect or poor professional practice, or ill treatment.

**Who might be at risk?**

Some adults might be more at risk than others. The following things could increase risk of abuse:

* Learning, sensory or physical disability
* Old age and frailty especially if it means there is a dependency on or need help from others
* Mental health problems
* Dementia or confusion
* Severe illness
* Addiction to alcohol or drugs

**Who may abuse?**

* A partner, child, relative or friend
* A paid or volunteer carer
* A health, social care or other worker
* A church worker, or Minister of Religion
* Anyone

**Where may abuse occur?**

Abuse can happen anywhere, for example:

* In someone’s own home
* In supported housing
* At a carers home
* Within a nursing home, hospital, residential care or day care
* At work or in educational settings
* In places of worship, churches
* Anywhere

*In addition adults may have a permanent or temporary reduction in physical, mental or emotional capacity brought about by life events for example an illness, bereavement, past abuse or trauma.*

**RESPONDING TO CONCERNS**

You may suspect abuse because:

* You have a general concerns about someone’s well being
* You see or hear something which could be abusive
* Someone tells you that something has happened or is happening to them which could be abusive.

In these circumstances do not delay and pass on your concerns to the Safeguarding Adults Coordinator (or deputy) in your church or organisation.

#### Involving Adult Services / Social Care or the Police where there is concern:

* Where the Safeguarding Adults Co-ordinator is concerned that a vulnerable adult may have been or is in danger of being abused they should contact Adult Social Services.
* If they are not sure whether an official referral is warranted but they nevertheless have legitimate concerns, they should still contact Adult Social Services to discuss their concerns. Alternatively they can contact CCPAS for advice.
* The primary responsibility for managing any investigation process rests with managers of the Adult Social Care social services teams. When the concern is about someone in residential care, the Care Quality Commission will be involved. Where a crime may have been committed, the police will investigate.
* Adult Social Care Teams operate Emergency Duty Teams (EDT), outside regular office hours, at weekends and over statutory holidays. They are available to offer advice and will also take action to protect a vulnerable adult, including arranging emergency medical treatment and, where appropriate, involving the police.

**CREATING A SAFE & WELCOMING ENVIRONMENT**

Our churches and faith communities should be safe places for all, for children and for adults, where all people should feel welcome, are valued, respected and cared for. We can promote this by ensuring that our buildings are accessible, recognising the limitations that the design of some buildings creates and addressing this, along with the acoustics and lighting. We should also be careful to use appropriate language and suitable vocabulary which can often reflect people’s attitudes towards others.

**SAFEGUARDING STANDARDS**

All churches should have a safeguarding policy for both children and adults who are vulnerable which should cover the following areas:

1. Safeguarding Policy

2. Developing Safeguarding Awareness Training

3. Safe Recruitment

4. Management of Workers

5. Working Safely

6. Communicating Effectively

7. Responding to Concerns

8. Pastoral Care

9. Managing Those who Pose a Risk

10. Working in Partnership

For further information please see the CCPAS ‘Safe and Secure’ Key Facts booklet at:

<http://www.ccpas.co.uk/Documents/key%20facts.pdf>

**SAFER RECRUITMENT & SAFER ORGANISATIONS**

There has been much change in recent years regarding what measures can and should be taken towards ensuring recruitment and workforce management processes are both robust and effective in deterring unsuitable individuals from working with vulnerable people. The key point to remember amidst all this change is that recruiting safely is the first opportunity to protect vulnerable people by protecting the entry point to your church or organisation for staff and volunteers. It should therefore be seen as part of your wider responsibilities and procedures for safeguarding, rather than purely an administrative human resources process.

It is important that all places of worship and faith-based organisations working with vulnerable adults are clear about the status of their work (i.e. whether it is regulated activity or not) and what implications this has for the variety of checks that should be undertaken for staff and volunteers (including criminal background checks). Regardless of what checks are required for certain posts and activities, there remains a responsibility to ensure all other appropriate measures have been undertaken in both the recruitment and ongoing management of staff and volunteers to ensure those that are unsuitable to work with vulnerable people are not given the opportunity to do so. These measures range from the appropriate use of job adverts, role descriptions, application forms, interviewing processes and taking-up of references through to provision of appropriate support, supervision and training for new workers.

Any church or faith-based organisation has an opportunity to demonstrate its commitment to safeguarding and setting an open, positive culture through its employment practices. These are essential in setting the foundations for safer organisations.

For further information on recruiting safely, see the CCPAS ‘Help...I want to recruit safely’ leaflet.

**GUIDELINES FOR THOSE IN POSITIONS OF TRUST PROVIDING PASTORAL CARE**

It is important that anyone seeking pastoral care know exactly what to expect in terms of good conduct, that those caring for them are accountable and that any boundaries set are respected.

In addition:

* Those providing pastoral care should avoid any behaviour that may give the impression of favouritism.
* Workers should be aware of the limits of their own ability and competence and seek further help when dealing with situations outside their expertise.
* There should be clear guidelines where workers are involved in any aspect of personal finance such as collecting benefits or pension or going shopping for someone to ensure financial integrity.

**Be informed and respond appropriately**

Part of working safely is about providing an inclusive and open environment, which recognises differences. Where someone has a specific condition, seek specialist advice. Be inclusive. For example older children and young adults with learning disabilities shouldn’t be placed in a Sunday School rather than in the main church service because the material is better understood ignoring chronological age and basing the decision on developmental age. Rather support should be given to enable the person to be part of the church service.

**Confidentiality**

Every effort should be made to ensure that confidentiality is preserved; this though will be governed by what may be an overriding need to protect a person who has been or is at risk of abuse. All those working with vulnerable adults must be clear that it is not possible to keep information about suspected or actual abuse confidential. The needs of the vulnerable adult and any potential risk to others means that this will need to be reported to the Safeguarding Adults Co-ordinator.

**Self determination and independence**

Adults do have a right to self determination and independence. No one should be making decisions for anyone except in particular circumstances. Where, for example, the mental capacity of the individual is impaired. Often adults can put themselves in situations which others would judge to be inappropriate or abusive in the exercising of their own choice and autonomy.

#### Action by Adult Social Care

Once a referral is made to Adult Social Care they will check to see if the vulnerable adult or alleged abuser is known to them. If the vulnerable adult is known, details of the referral will be passed on to the worker involved. The worker and a team manager will then decide if an Adult Protection Inquiry should proceed. If the individual isn’t known to Adult Social Care, it is likely a duty worker and manager will make that decision.

**Adult Protection Inquiry**

The initial action taken in an Adult Protect Inquiry is to convene a strategy meeting with all the appropriate agencies. There is now great emphasis on not working in isolation and the strategy meeting, by its very nature, facilitates communication and joint working between the various groups. If it is thought a crime may have been committed, the police will also be included in this process .The aim of the meeting is for the agencies involved to reach a consensus on planning and co-ordinating the investigation and ultimately produce an Adult Protection Plan. Information is shared on a ‘need to know’ basis only.

**The Investigation Process**

The purpose of any investigation is to:

* Protect the vulnerable adult from serious harm
* Establish and record the facts about the circumstances giving rise to the concerns
* If appropriate, establish evidence for formal proceedings (e.g. criminal, registration or disciplinary)
* Establish with the vulnerable adult whether they feel that their personal safety is at risk, whether they want professional intervention to occur and what their views are on sharing information about the incident with other staff that need to know
* Decide if protective or other action is needed for the vulnerable adult or others
* Identify the sources and levels of risk
* Decide whether actual or suspected abuse has taken place and record the reasons for these conclusions
* Ensure that appropriate action is taken in respect of any perpetrator
* Consider the communication needs of the vulnerable adult and ensure that an appropriate service is offered (this includes people with dementia, those whose first language is not English, people with sensory impairment, or people who have learning difficulties)

The matters highlighted above will be considered at a Case Conference that will include all the professionals and agencies involved in safeguarding the adult. Decisions will be taken and a plan of action formalized in light of the information gathered at the Case Conference. This is called an Adult Protection Plan.

**Adult Protection Plan**

The Adult Protection Plan sets out for the vulnerable adult:

* The steps to be taken to assure their future safety
* Treatment or therapy they can access
* Any changes to the way services are provided
* Support through any legal action they may take and in seeking redress for things that have happened
* Putting in place any on-going risk management strategy where appropriate.

**Other Action:**

Where there is a concern that an ault may be subjected to violence or sexual harm the Police may become involved. In circumstances such as domestic violence the individual who has perpetrated this may become subject to Multi Agency Public Protection Arrangements (MAPPA) or Multi Agency Risk Assessment Conferences (MARAC).

For further information see ‘Help…Domestic Violence! How should my church respond?’

Where the concern is about the quality of care provided by a nursing home, residential home, or domiciliary provider you should contact the Care Quality Commission on tel: 0300 061 6161.

See the Care Quality Commission website for more information[www.cqc.org.uk](http://www.cqc.org.uk/)

**Involvement of relatives / carers**

Generally families are informed of an allegation of abuse and the action being taken. However, they may not be informed where:

* The vulnerable adult is able to give informed consent and does not wish their family to be informed.
* The alleged perpetrator is a member of the family
* Where a police investigation is likely and rules of evidence apply.

**What if the vulnerable adult doesn’t want certain action taken?**

The mental capacity of the vulnerable adult is a key factor in deciding what action can be taken. All actions should be based on the presumption of mental capacity (Mental Capacity Act 2005 and Mental Health Act 2007) and on the consequent right of an adult to make their own choices in relation to their personal safety and well-being.

In normal circumstances an adult has a right to follow a course of action that others may judge unwise or eccentric, including one which may lead to them being abused.

In such instances Adult Social Care should be informed so that they can put in place a safeguarding plan proportionate to the level of risk so that, as far as possible, the adult continues to be protected.

The exceptions to allowing a person to make choices about their safety from abuse and neglect would be:

* Where the person lacks mental capacity to make such a choice
* Where the rights or safety of others would be compromised in allowing the person to exercise their right in making choices about their safety from abuse and neglect.

**Acting in the best interests of the vulnerable adult**

Where a vulnerable adult lacks the mental capacity to protect themselves or other vulnerable adults from abuse, it may be necessary to take action in their (and possibly others) best interests, on their behalf.

Issues of capacity and consent are a key element in all aspects of adult protection work. Capacity refers to the ability to make and understand a decision, act, or transaction. However, there remains a fundamental duty to balance the person’s right to autonomy with their need for protection.

In law there is the assumption that if you’re an adult, you are able to make your own decisions, unless it’s proved otherwise. As long as you can understand the information relevant to the decision, retain the information relevant to the decision, have an ability to use the information in order to make a decision, and have an ability to communicate that decision, then the decision is yours to make.

Any decision concerning mental capacity will follow an assessment carried out by doctors and/or Adult Social Care. If there is a proven lack in mental capacity of the vulnerable adult, the person authorized to make decisions on their behalf should:

* Act in a way that promotes their health and well-being, and prevents deterioration in their quality of life.
* Ensure that any interventions are as limited as possible and carried out in a manner that is least restrictive of the person’s freedom of action.
* Ensure that any decision is made with due regard to the process of law.
* Make every effort to establish the past and present wishes and desires of the person concerned as well as any other factors the person would consider important if they were not incapacitated.
* As fully as possible, include the person in any decision or action affecting them.
* Consult the views of appropriate people concerning the person’s wishes and what actions would be in his or her best interests.

Any decisions taken that are deemed to be in the person’s best interest should be clearly documented to show how the decision was reached.

**MODEL POLICY STATEMENT – SAFEGUARDING ADULTS**

The following statement was agreed by the leadership on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are committed to safeguarding vulnerable adults and ensuring their well-being.

* We recognise that we all have a responsibility to help prevent the physical, sexual, psychological, spiritual, financial and discriminatory abuse and neglect of vulnerable adults and to report any such abuse that we discover or suspect.
* We recognise that the personal dignity and rights of vulnerable adults and will ensure all our policies and procedures and practice will reflect this.
* We believe all adults should enjoy and have access to every aspect of the life of this place of worship.
* We undertake to exercise proper care in the appointment and selection of those who will work with vulnerable adults or are in positions of trust and in promoting safer practice and supporting, resourcing and training and regularly reviewing those who undertake this work.
* Keep up to date with national and local developments relating to safeguarding. Follow statutory denominational and specialist guidelines in relation to safeguarding adults and will ensure that all workers will work within the agreed procedure of our safeguarding policy.
* Implementing the requirements of the Disability Discrimination Acts 1995 and 2005 and all other relevant legislation.
* Supporting all in the place of worship/organisation affected by abuse.

**We recognise:**

* Adult Social Care has lead responsibility for investigating all allegations or suspicions of abuse where there are concerns about a vulnerable adult.
* Where an allegation suggests that a criminal offence may have been committed then the police should be contacted as a matter of urgency.
* Safeguarding is everyone’s responsibility.

***We will review this statement and our policy annually.***

**HELPFUL ORGANISATIONS**

**Age UK**

<http://www.ageuk.org.uk/>

**Action on Elder Abuse**

PO Box 60001,
Streatham,
SW16 9BY.
Telephone: 020 8835 9280
UK Helpline : 080 8808 8141

Email: enquiries@elderabuse.org.uk

<http://www.elderabuse.org.uk/>

**Prospects for People with Learning Disabilities,**69 Honey End Lane, Reading, Berks RG30 4EL
**T:**0118 950 8781
**F:** 0118 939 1683
**E:**info@prospects.org.uk<http://www.prospects.org.uk/>

**Through the Roof**

Main UK Office:

PO Box 353, Epsom KT18 5WS

Phone: 01372 749955
Fax: 01372 737040
Email: info@throughtheroof.org

[http://www.throughtheroof.org](http://www.throughtheroof.org/)

**Victim Support**

<http://www.victimsupport.org.uk/>

**Voice UK**

<http://www.voiceuk.org.uk/>