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Policy: Protecting vulnerable adults and responding to safeguarding concerns

Aim/purpose

This policy provides guidance and procedures for everyone working or volunteering for Nacoa who comes into contact with vulnerable adults. The aim is to safeguard vulnerable adults from ill treatment, harm, neglect and abuse. The policy applies to all vulnerable adults. The policy details how to recognise safeguarding concerns and how to respond appropriately to any concerns. As a UK based charity, Nacoa's safeguarding policy is written to adhere to UK law and statutory services, and further specialist advice must be sought for concerns with regards to callers from outside the UK which relates directly to the services and context of the child's resident country.

Recognising safeguarding concerns

The UN Convention on Human Rights requires governments to ensure that vulnerable adults, irrespective of gender, religion, language, ethnicity or any other status are given access to the social, cultural and economic rights set out in the convention. The four general principles seen as core to rights identified by the Convention include the 'right to survival and development'. Safeguarding, is defined by the government as:

- protecting vulnerable adults from maltreatment
- preventing impairment of vulnerable adult's mental and physical health or development
- ensuring that vulnerable adults live in circumstances consistent with the provision of safe and effective care
- taking action to enable all vulnerable adults have the best outcomes

Acting to safeguard a vulnerable adult means to enable them to live free from harm, abuse and neglect, and therefore encompasses vulnerable adult protection. Abuse, harm, neglect, poverty and discrimination perpetuate harm to children in multiple ways, preventing them from thriving, as well as sometimes causing direct harm. Safeguarding is everyone's business and anyone can act to safeguard a vulnerable adult. This policy details the procedures for doing so.

Some examples of harm to a vulnerable adult are clear and obvious, and will be easily recognised by staff. These might include physical, sexual and emotional, financial abuse, as well as neglect, criminal exploitation and discrimination based on ethnicity, gender, disability, sexuality, religion or other identified characteristics.

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Abuse refers to the maltreatment of a vulnerable adult which can be caused either by intentional harm or by failing to protect that vulnerable adult from harm.

Physical abuse

Physical abuse can include but is not restricted to a form of harm inflicted on the vulnerable adult such as hitting, scalding, shaking, poisoning, burning, shaking or suffocating. This can also include parents or carers fabricating or inducing illness in a vulnerable adult. The types of physical abuse can vary in severity, ranging from behaviours that do not result in significant physical injuries, to acts that result in death.

Emotional abuse

Emotional abuse of a vulnerable person can be difficult to identify, but is defined as persistent verbal and emotional abuse to the extent of causing poor emotional development. This may include overt and covert attempts to convey to the vulnerable adult that they are worthless, unlovable and inadequate, and includes behaviour of mocking, humiliating or shaming. Shouting, threatening and with-holding of affection are all forms of emotional abuse that stunt the vulnerable adult's ability to develop positive self-worth. Emotional abuse can also include overprotection, failing to provide appropriate developmental learning experiences (such as peer group interactions) or making demands that are inappropriate for their development. Emotional abuse may be intentional and a deliberate attempt to shame, humiliate and dominate, but it can also be unintentional when a parent or carer is unaware or unable to appropriately meet the emotional needs. Emotional abuse is usually present alongside other types of abuse, but can also occur on its own. Witnessing domestic violence is viewed as abusive. Emotional abuse can occur within peer group relationships and can include cyber-bullying and social exclusion.

Sexual abuse

Involves forcing or manipulating a vulnerable adult to take part in or observe sexual activities, whether or not they are aware of this. Sexual abuse may involve physical contact, including penetrative (for example rape and oral sex) and non-penetrative sexual contact (such as masturbation, kissing, touching over clothes), but also non-contact activities such as watching or making sexual images or via internet and online activities. Sexual abuse can be perpetrated by men, women or other vulnerable adults.

Vulnerable Adult exploitation

Vulnerable adults can be exploited in a number of ways that occurs when an individual or group of individuals take advantage of a power imbalance to coerce, deceive or manipulate the vulnerable adult into sexual activity. The power imbalance and exchange

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of incentives such as reward or affection may mean that the vulnerable adult does not view this as abuse and it may appear consensual. They can also be victims of criminal exploitation, whereby a power imbalance results in engaging the vulnerable adult in criminal behaviour (such as drug dealing activities, theft, violence). Another form of exploitation arises within extremism, where individuals encourage beliefs and activities that support active discrimination via vocal or active opposition to the tolerance of others and extreme beliefs that contradict the values of human rights for all.

Neglect

Vulnerable adults suffer harm if their carers and living situation persistently fails to meet their physical and/or psychological needs. Neglect can include failing to provide warmth, shelter, food or clothing to a vulnerable adult, or failing to protect them from harm from others, or from the environment. Neglect also includes failing to provide appropriate medical or dental care.

Discrimination

Discrimination on the basis of ethnicity, gender, sexuality, disability, religion or any other identified characteristic causes harm to a vulnerable adult. This harm can be psychological, provoking shame and distress, but can also restrict access to appropriate health care, or educational opportunities. Discrimination can also be a factor in organisations failing to act to prevent harm or safeguard, for instance by deeming physical abuse as more common in particular cultures, and therefore failing to act.

Discrimination can be overt and obvious, or can be indirect, such as when language barriers or disabilities prevent vulnerable adults from accessing services and support.

Historical abuse

Vulnerable adults sometimes disclose experiences of assault and/or abuse that occurred during their childhood. This should still be responded to as a safeguarding concern, in that the perpetrator may have current access to children and young people, and there is a need to safeguard all children and young people, currently and in the future. Therefore, historical reports of abuse and harm should be addressed within this current policy on responding and reporting safeguarding concerns.

Staff responsibilities

All staff working or volunteering for Nacoa may come into contact with information that indicates safeguarding concerns. All staff and volunteers who have access to the helpline need Child Protection Training. The NSPCC site detailing types of abuse can also be consulted: <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

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If staff become concerned that they have information indicating a vulnerable adult is at risk of harm, then there is a duty to act on that information.

Confidentiality

The helpline offers a confidential service for vulnerable adults to talk openly, and the vast majority of these conversations will be kept confidential within Nacoea. However, it is a legal responsibility in England for individuals concerned about the wellbeing and health of a vulnerable adult to report that concern, even if this breaches confidentiality. Ideally this should be done with the understanding and in discussion with the vulnerable adult, to mitigate against the harm done by breaking confidentiality. However, there may be some situations where this is not possible, and the responsibility in light of concerns will be to share concerns if at all possible. Often a vulnerable adult does not wish for safeguarding concerns to be raised or shared. Anyone with a safeguarding concern can discuss this issue with the helpline supervisor and/or Chief Executive for support in this, as the confidentiality is maintained within the organisation and confidentiality is only breached when information is shared outside Nacoea.

What to do

Once a safeguarding concern has been identified, the staff member or volunteer must in the first instance share that information with another member of the Nacoea team. If the vulnerable adult needs medical help, for instance if they have an injury or have taken an overdose, then the priority is to support them to access medical treatment, as a matter of urgency.

If the concern is dealt with immediately (e.g. the vulnerable adult is at risk, but then is supported to get immediate help from another statutory agency, and this is confirmed by that agency to Nacoea) then this should be recorded following note keeping procedures (refer to other policy on record keeping). No further action is required if the concern has been addressed.

If the initial concern is not addressed in this way, and the staff member or volunteer remains concerned there is a safeguarding risk, then they should consult with a helpline supervisor and/or the Chief Executive to agree on a course of action. Together the decision will be taken about how to appropriately respond to this concern. Possible actions will include:

- to continue to watch and support the caller
- to talk with the caller about a possible referral to social care
- to immediately call Local Authority or other appropriate involved agency (where details are known)

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When making a referral call to local authority social care in the caller's local area, the Helpline Supervisor /CEO or volunteer (who may have been working closely with caller) must be prepared to provide the following details:

- Your name, Nacoea's name, address, telephone number and your role
- As many details of the vulnerable adult as you can, including name, address
- What you have been told by the vulnerable adult, providing details where possible and details of their emotional state at the time
- What the vulnerable adult has said in response to any concerns you have
- The action you have taken so far

The actions taken should all be recorded in line with Nacoea's record keeping policy, and any communication with other agencies should be recorded.

If after action has been taken the safeguarding concerns remain, the staff or volunteer should return to discussion with helpline supervisor and/or Chief Executive to decide on whether further actions should be taken.

Actions:

When a concern is identified:

1. Decide if there is an immediate risk to physical health, and if there is, act immediately
 - a. If the vulnerable adult is in contact with Nacoea ask them to contact 999 or if possible attend A&E, and to confirm that they have done this. Alternatively, if they can identify a trusted adult they can contact immediately then they should do this to access services.
 - b. If the vulnerable adult refuses to act on these concerns, then there is a responsibility for the Nacoea staff member or volunteer to act.
 - c. If the **vulnerable adult's location and/or identity is known**, a referral to local authority social care can be made, or any appropriate service can be contacted. If they have provided names and contact details of other involved staff from statutory services then it might be possible to contact those staff as well to share the concern.
 - d. If confidentiality is to be breached, it may be possible to discuss this with the vulnerable adult (e.g. if they are on the call, or call back). The seriousness of the concern should be highlighted, and that it is Nacoea's responsibility to ensure their health is not threatened, so that Nacoea can continue to support the vulnerable adult to access more help. The vulnerable adult's feelings of anger, betrayal, fear or distress should be

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acknowledged and accepted, and an apology can be given for the effect of this. If possible, the staff member should accept those difficult feelings and validate them and state that Nacoa will continue to offer them support throughout the referral, and beyond.

- e. It may not be possible to discuss the confidentiality breach with the vulnerable adult.
- f. Given that the concern is relating to immediate serious risk of harm to the vulnerable adult, the severity and urgency of the risk means that referral and reporting the risk needs to be acted on without delay, and without consent.
- g. If the vulnerable adult has provided **no information that allows their location or identity to be known**, then it is not possible to report the concern. If it is possible, the seriousness of the concern should be emphasised to the vulnerable adult and the need for them to act should be emphasised. They should be provided with numbers and resources in order to act.

2. If there is no immediate risk to physical health:

- a. The staff member or volunteer identifying the concern should contact the helpline supervisor and/or CEO and arrange to discuss the concern in detail.
- b. A decision should be made together with regard to the severity and urgency of the safeguarding concern, along with an assessment of the risks of raising/referring the concern. For example, a vulnerable adult may have disclosed that they are experiencing cyber bullying, which is concerning distress. They are finding it useful to talk on the helpline about this, but are worried that if a carer finds out about their social media usage that they will be at risk of physical or emotional abuse. There is also a risk that a vulnerable adult talking to Nacoa will feel scared of any safeguarding referral to the extent that they stop accessing support from Nacoa before any referral is possible, thus reducing the support available to a vulnerable adult.
- c. If a decision is made that a referral is necessary and useful then the staff member/volunteer should contact the local authority (local to the vulnerable adult) safeguarding contacts for social care.
- d. Referrals are only possible where there is identifiable information about the vulnerable adult.

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- e. If there is an ongoing relationship with the vulnerable adult and Nacoe, this decision to refer should be discussed with the vulnerable adult prior to referral as described above. If a referral is needed, but there is no identifiable information, the vulnerable adult should be asked to provide enough information to enable the referral, and encouraged that Nacoe will continue to support them through this.
 - f. If there is no ongoing relationship between the vulnerable adult and Nacoe, but there is identifiable information provided, then this should be used to make the referral to the local authority social care.
3. All actions (including decisions not to make referrals) should be documented appropriately, with reference to the record keeping policy.
 4. Safeguarding concerns and the process of referring these can be a distressing, stressful and difficult experience for staff and volunteers. Anyone involved in a safeguarding concern should access support within Nacoe from helpline supervisors, colleagues and the CEO immediately following a concern.

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