



Procedure for Safeguarding Vulnerable Adults (in need of care and support)

Last Review: June 2016

Current Review: Commenced March 2017, completed May 2018

These procedures should be read in conjunction with the Policy for Safeguarding Vulnerable Adults.

*They **MUST** be followed in all cases where there is any suspicion of abuse of a Vulnerable Adult.*

Outlining Responsibilities:

Responsibilities of Cruse Bereavement Care

- To ensure that all employees and volunteers are aware of the policy for the protection of vulnerable adults in order to recognise and respond to concerns or allegations of abuse
- To notify the appropriate agencies if abuse is identified or suspected
- To support volunteers and members of staff who are reporting concerns
- To ensure that all Areas, Regions and Nations have a Safeguarding Officer who is appropriately experienced and trained, and whose name is notified to and recorded by Area Support. (N.B. This may be the same person for both Vulnerable Adults and Children and Young People.)
- To ensure that all National Services e.g. Helpline, web support etc. have a Safeguarding Officer who is appropriately experienced and trained, and whose name is notified to and recorded by Area Support. (N.B. This may be the same person for both Vulnerable Adults and Children and Young People.)

Responsibilities of Cruse Bereavement Care employees and volunteers

- To be familiar with this policy and procedures arising from it
- To protect the vulnerable adult if they are at risk, e.g. to report concerns promptly
- To take seriously any concerns of suspected or actual abuse and act immediately e.g. by contacting a supervisor, local safeguarding officer or manager
- To take appropriate action in line with the policies of Cruse Bereavement Care
- As well as reporting concerns/allegations to appropriate authorities, to follow Cruse's own Standards and Processes where appropriate.

The Vulnerable Adult has the right:

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously

Definitions and Forms of abuse of Vulnerable Adults are at Appendix 1.

PROCEDURES FOR SAFEGUARDING VULNERABLE ADULTS

What to do

Any concerns of suspected or actual abuse of a vulnerable adult must be taken seriously and acted upon promptly. All volunteers and staff members of Cruse Bereavement Care have a duty of care towards our clients and must therefore report all disclosures, concerns and allegations regarding the actual/suspected abuse of a vulnerable adult as soon as they become aware of the situation.

If an individual has capacity to decide (and they are not being coerced or intimidated in any way) they may ask us not to intervene. Whilst their wishes must be respected, all staff members and volunteers must report concerns to their line manager or the Safeguarding Lead. If the adult does not consent to the sharing of information you should:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the adult with whom you may be sharing the information with and why
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them

The SGO may assess any refusal for further interventions. However, if the volunteer has a concern that is not shared by the SGO, the volunteer can still contact Area Support in order to share this concern.

The adult's decision should be respected unless the following apply:

- The adult lacks capacity to make this decision (assess according to principles of the Mental Capacity Act)
- Emergency situations (such as risk of serious harm or threat to life) necessitate calling emergency services
- Others (besides the individual adult) may be at risk (including children)
- Sharing information without consent could prevent a serious crime
- A serious crime has been committed
- The risk is unreasonably high
- Staff or volunteers are implicated
- There is a court order or similar legal authority for taking action without consent

A safeguarding concern may also relate to someone being persuaded to become involved in terrorist activity. If this is suspected, please refer to Cruse's **Prevent Strategy**, and follow this accordingly.

How to Refer or Report Immediate Concerns

If an allegation of abuse is disclosed to you or you suspect abuse you must inform the SGO and then your Supervisor. The Supervisor must then immediately inform the Area Chair. If the vulnerable adult is in **immediate risk of significant harm**, the police should be notified straight away, even before contacting your supervisor. The vulnerable adult's welfare and safety is paramount. If urgent medical attention/ambulance is required, dial 999. A Cruse volunteers/staff **must not** keep secret any allegations of abuse but must inform their supervisor/line manager. When an abusive or exploitative relationship exists or a criminal act has been committed disclosure to statutory services is crucial.

If you are unable to inform your Supervisor in the first instance then you must inform the SGO and operational lead (Area Chair, Project Manager, Helpline Coordinator and suchlike). The SGO is responsible for raising a Safeguarding Alert to the Police/Prison Authorities or the local Adult and Communities Social

Services. All SGOs or operational leads must inform National named person for Safeguarding within Cruse as soon as possible. Contact details are available on the Cruse intranet and are available to every Nation, Region, Area and service of Cruse.

Where the vulnerable adult is not in immediate danger the SGO will need to contact the following as soon as possible:

- Relevant local Social Services / out of hours duty team
- Community Mental Health Team
- Prison Authorities (preferably with a senior grade governor) if vulnerable adult is in custody
- National Care Standards Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies

Volunteers or staff members who find themselves in this position will be supported in accordance with Cruse's duty of care and responsibility to the vulnerable adult. It is then the sole responsibility of the statutory agency to decide whether or not to investigate. In every instance where a concern has been raised regarding a vulnerable adult, the named person within Cruse must be informed.

Disclosure of Non-Recent Abuse

If a client reports an incident of abuse that occurred during their childhood or at times of previous vulnerability it is important that they receive appropriate advice regarding the reporting of abuse. This means that the client should be made aware that they have a right to report previous abuse should they wish to and that they will have the relevant support to make such a report. Irrespective of how long ago the abuse took place or if the current whereabouts of the alleged perpetrator are known, the client has the right to report what happened to the police or other appropriate statutory agency.

It is important that disclosures alleging non-recent abuse are reported to your supervisor/line manager, SGO and to Cruse's Designated Lead for Safeguarding. Such disclosures will need to be documented. They must be clear, factual and state the advice given to the client pertaining to making a report. The client may be resolute that they do not wish to report the abuse to statutory services but this will have to be overridden in situations where the client or other persons may be at risk. If the alleged perpetrator is dead and therefore there is no known risk posed to others or to the client then there are no grounds on which to take the matter forward to the police or relevant authority. To do so would constitute a breach of confidentiality and the client–volunteer working therapeutic relationship may be compromised.

Dealing with a Written Disclosure

An increased amount of bereavement support is provided in writing, via email or social media. Cruse also receives a number of self-referrals via written correspondence (usually in letter format), and occasionally clients write to Cruse when they are receiving support from us.

If a current client or member of the public shares information in writing that might denote a safeguarding concern, it is recognised that it is challenging to deal with immediately, as the individual is not present. However, there are measures that can be taken, with a view to – as much as possible – maximising the safety of those who may be at risk, or who are being harmed:

- If possible, contact the individual and ascertain the level of current risk (there may have been a gap of time between the information being written and our receipt of the correspondence). If this is present, then the normal procedures would be followed in terms of risk management/reduction and reporting.
- If it is not possible to contact the individual concerned, then the person's GP should be contacted and Social Services be made aware and advice given as needed.
- It may be that the person at risk has provided further contact details, such as a home address. If so, then it may be necessary to contact Social Services or emergency services and impart the information provided.

- If the interaction is electronic (e.g. via email or social media), then it is imperative that we respond promptly and encourage further contact with us or other support provision (particularly health services, such as a GP or Primary Care). This may include a request for a phone number, so as to then establish contact that better enables us to gauge levels of risk to the person concerned or others.

In all instances, it is imperative to follow the normal safeguarding reporting procedures detailed in this document.

Recording a Disclosure

The volunteer/staff member who first becomes aware of possible safeguarding concerns must as soon as possible:

- Inform the client what you intend to do with this information and what will happen next. Gain the client's consent before passing the information on
- Reassure the client that they have done the right thing
- Let the client talk freely
- Write down verbatim what the client said or the incident that they witnessed, or any significant marks or behaviours which were observed noting names, dates and times. Please note that this is not an investigation, but a note on what has been voluntarily shared
- Note where the disclosure took place
- Take the details of any witnesses – did anyone else hear what the person said, see the marks or notice the behaviour?
- Record any details provided by the person regarding the alleged perpetrator(s)
- Note any injuries, marks or changes in behaviour you observe
- Use clear and concise language. Do not use jargon or abbreviations
- Record whether the individual is aware of and has consented to the disclosure being referred to the relevant statutory agency. If consent not given, details as to reasons/explanation of this.
- Scan copies of any information pertaining to the safeguarding matter into CIS

DO NOT:

- Include your own medical theories/diagnoses
- Leave confidential information where it can be seen by others
- Disclose to third parties or to those who do not need to know
- Confront the alleged perpetrator/perpetrators
- Refuse to allow a vulnerable person to leave a session
- Promise to keep secrets
- Investigate. This is the role of the police and Social Services
- Press the client for further details
- Talk over the client
- Contaminate evidence

If you are concerned and need immediate advice regarding the well-being and safety of a vulnerable adult you can contact and speak with Cruse's Designated Lead for Safeguarding. They will be able to offer you information, guidance and support. Hearing a disclosure that warrants raising a safeguarding alert can often be difficult and worrying. Cruse will support you to take the alert forward and through any subsequent investigations and will ensure that your emotional wellbeing is preserved.

If Suspicion Falls on a Cruse Bereavement Care Volunteer / Staff Member

If an allegation is made about a Cruse member of staff or volunteer (perhaps in the form of a complaint, under the Cruse Complaints Policy), then the Cruse Chief Executive and Named Person for Safeguarding at Trustee level must be informed immediately along with the Lead Manager and operational lead (Area Chair, Project Manager, Helpline Coordinator, as appropriate) after ensuring the safety of the adult(s) at

risk. Cruse will seek expert advice from the Local authority without identifying the alleged perpetrator. Where a Local Authority alert is warranted, this will be made in accordance with this policy, with strict adherence to issues of confidentiality. . Any internal investigations and disciplinary proceedings will not commence until the investigating statutory authority agrees that they can go ahead. If a police investigation takes place, then this investigation needs to be completed before any internal Cruse investigation can commence.

Any such allegation made against a volunteer/member of staff will result in their immediate suspension from work until the investigation has been completed and the final outcome is known. This does not assume that a person is guilty, but is intended to safeguard the welfare of vulnerable adults.

If there is a Risk of Suicide

This section of the safeguarding procedure straddles Cruse policies and procedures relating to Safeguarding, Confidentiality policy and '**Guidance on Working with People Who Harm Themselves or are Suicidal**'. All Cruse volunteers seeking to work with children and young people must receive adequate training in all these areas, and the safeguarding process should be followed at all times when such a situation is present.

NOTIFICATION OF SUSPICION OF ABUSE

Email: safeguarding@cruse.org.uk

Telephone: Monday to Friday 9am – 5pm: 07534 928 693

For all out of hours queries please call: 07534 928 693

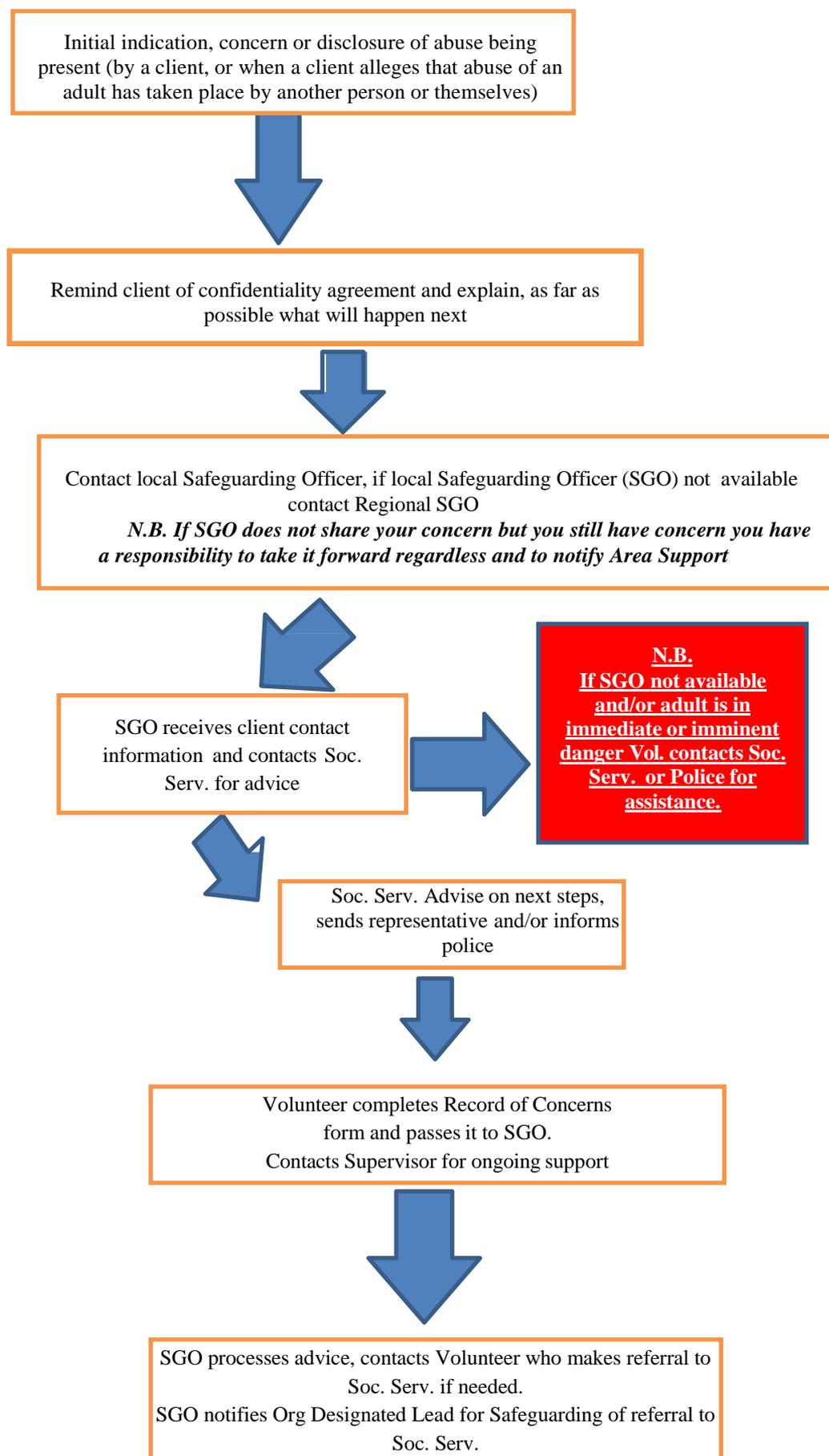
The Procedures for Safeguarding Vulnerable Adults MUST be followed in all cases where any abuse of a Vulnerable Adult is suspected.

A Note on Local Adult Safeguarding Boards

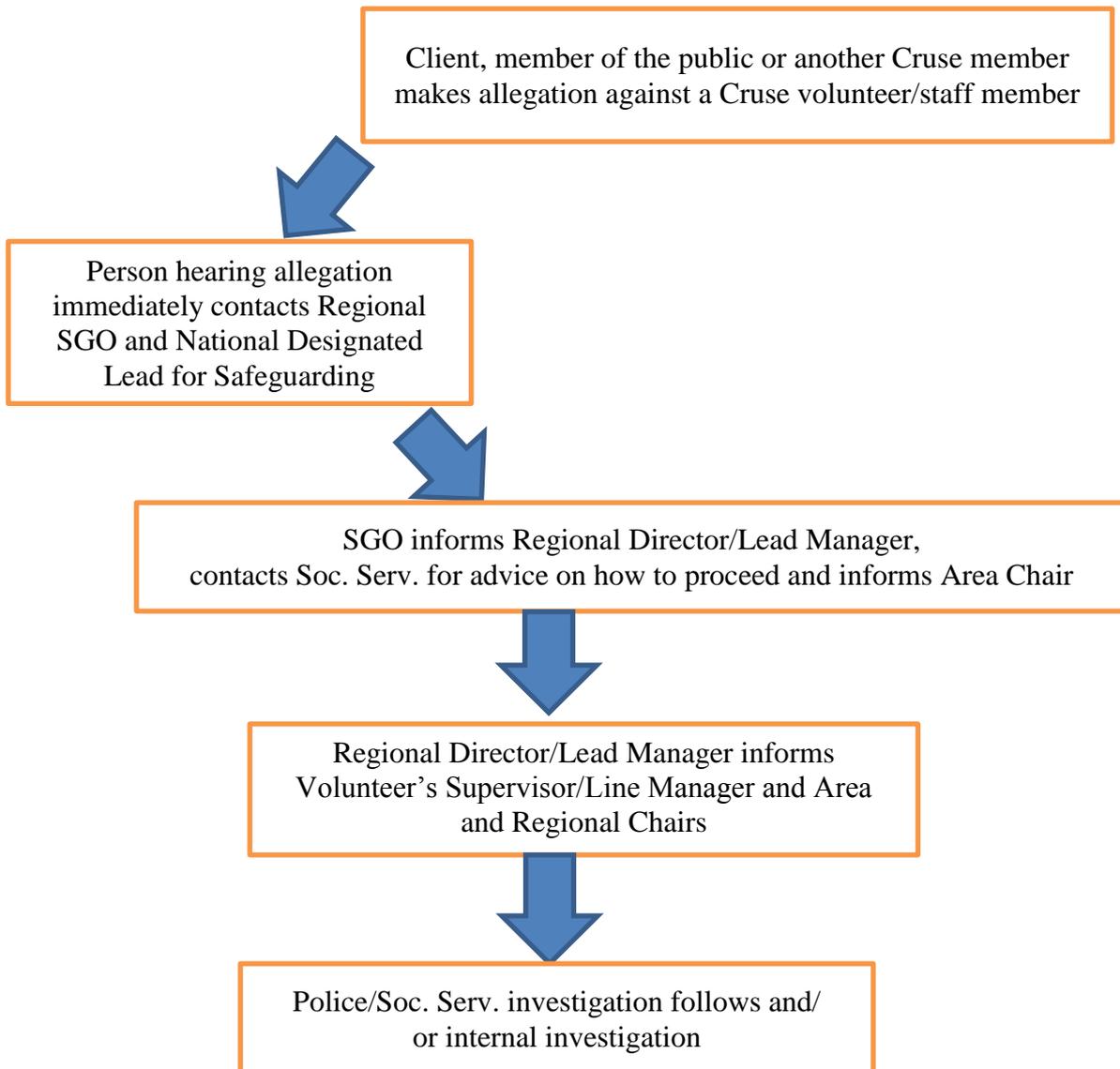
As well as having available information pertaining to local safeguarding contacts, for volunteers and staff to access, local Areas need to be aware of and in correspondence with Local Safeguarding Adults Boards (LSABs).

LSABs lead adult safeguarding arrangements across a locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. LSABs develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute. They also publish an annual report detailing how effective their work has been, and commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

Flow Chart 1 – Responding to Disclosure/Allegation



Flow Chart 2 - Allegations against Cruse Staff or Volunteers



APPENDIX 1

DEFINITIONS & FORMS OF ABUSE

1. Who is an adult at risk?

For the purposes of this policy, an adult at risk is an adult who:

- is aged 18 years or more, and
- has needs for care and support (whether or not these are currently being met),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Such a definition includes adults with physical, sensory and mental impairments and learning disabilities, howsoever those impairments have arisen e.g. whether present from birth or due to advancing age, chronic illness or injury.

Also included are people with a mental illness, dementia or other memory impairments, people who misuse substances or alcohol.

The definition includes unpaid carers (family and friends who provide personal assistance and care to adults on an unpaid basis).

The definition may include victims of domestic abuse, hate crime, anti-social behaviour, self-neglect and mandatory reporting of Female Genital Mutilation (FGM).

The presence of a particular condition or disability does not automatically mean that an adult is an adult at risk. A person can have a disability but be perfectly able to look after their own well-being etc. Their circumstances as a whole should be considered and all three elements of the definition must be met in order for them to be classed as an adult at risk.

2. What is 'harm'?

The definition of "harm" referred to in this policy does not exclusively pertain to ill treatment (including sexual abuse and all forms of ill treatment which are not physical), but includes the impairment of, or an avoidable deterioration in physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

3. What is 'abuse'?

Abuse pertains to the violation of an individual's human and civil rights by another person or persons. It may consist of a single or repeated act. It may be an act of neglect (abuse by omission) or it may occur when a vulnerable adult is persuaded to enter in to a financial transaction or sexual act to which he / she has not consented or whose consent was deemed diminished due to a lack of understanding.

Abuse results in significant harm, or exploitation of, the vulnerable adult. It may be perpetrated by anyone who has power over the person whether they are a carer, relative, paid member of staff, volunteer or spouse, or as a result of persistently poor care or a rigid and oppressive regime.

The main forms of abuse are:

- **Physical** – includes: hitting, punching, misuse of medication, poisoning, severe restraint, inappropriate sanctions, burning, biting, (FGM) etc.
- **Domestic Violence or Abuse** – is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality (Home Office, 2013). Domestic violence and abuse

may include psychological, physical, sexual, financial or emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation.

- **Sexual** – This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting.
- **Psychological, Emotional** – includes: threats of harm or abandonment, deprivation of contact, humiliation, intimidation, coercion, harassment, verbal abuse, isolation, etc.
- **Financial or Material** – includes: theft, fraud, exploitation for financial gain, pressure to alter wills, property or financial transactions, the misuse or misappropriation of property/possessions/benefits
- **Neglect and Acts of Omission** – includes: ignoring medical, emotional or physical care, withholding the necessities of life, failure to provide access to appropriate health or social care.
- **Modern slavery** – This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.
- **Organisational or Institutional** - This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.
- **Discriminatory** – This includes types of harassment or insults because of someone's race, gender or gender identity, age, disability, sexual orientation or religion.
- **Self-neglect** – This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.
- **Exploitation:** Sexual exploitation involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Exploitation however includes all types of abusive "grooming" of any individual towards activities that may cause them harm, including radicalisation that may result in acts of terrorism.

Examples such as domestic abuse, including factors such as honour based violence (HBV) and forced marriages (FM), can include elements of all or many of the above types of abuse.

- **Forced Marriages** - Laws and human rights documents generally describe forced marriage as a union that lacks the free and full consent of both parties. The [European Parliamentary Assembly Resolution 1468 "Forced Marriages and Child Marriages"](#) (2005)
- **Honour Based Violence** - Honour based violence and abuse can take many forms, e.g. threatening behaviour, assault, rape, kidnap, abduction, forced abortion, threats to kill and false imprisonment committed due to so called 'honour'. Murders in the name of 'so-called' honour, (often called Honour killings) are murders in which predominantly women are killed for actual or perceived immoral behaviour which is deemed to have brought shame on the family. Some examples nationally of honour based murders have been for trivial reasons for example, dressing or behaving too westernised, falling in love with somebody not chosen by their family, rejecting forced marriage or being LGBT (<https://www.haloproject.org.uk/definition-of-honour-based-violence-W21page-47>).

Abuse can take many forms. It might not comfortably fit into any of these categories, or it might fit into more than one. Abuse can be carried out by one adult at risk towards another. This is still abuse and should be dealt with. The adult at risk who abuses may also be neglecting him/herself which could also be reason for a safeguarding referral.

APPENDIX 2

ADDITIONAL GUIDELINES

How will I know if someone is being abused?

Information suggesting that abuse may have occurred or is occurring can come from a variety of sources such as:

- Allegations made by another person
- A person saying or showing that they have been abused
- An admission from someone who says they are harming an adult
- Someone noticing signs or symptoms of abuse

Possible physical indicators of abuse

Research has shown that there are no physical signs that act as definite indicators of abuse. This reflects the individual nature of each abusive situation. However, the following points can help inform awareness that abuse could be occurring.

- No explanation for injuries or inconsistency with the account of what happened
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Grip marks – could indicate that the person has been shaken or inappropriately restrained
- Signs of malnutrition
- Unexplained falls
- Signs of malnutrition

NOTE: it is possible you may be told of harm to intimate areas of the client's body; however, as a Cruse Bereavement Volunteer it would not be appropriate to observe these.

Other Types of Injury

People do have accidents however some types of injury are less likely to be accidental than others. Sometimes adults may have 'accidents' because they have not been provided with an adequately safe environment. Such injuries can be burns, scalds, fractures and poisoning. Some indicators are:

- Injuries inside the mouth, inside arms and in the sexual region
- Cigarette burns, burns with an object
- Carpet burns on torso
- Bite marks
- Injuries that have not received treatment

NOTE: As above, it is again possible you may be told of harm to intimate areas of the client's body; however, as a Cruse volunteer and/or staff member, it would not be appropriate to observe these.

The physical signs that a professional is able to see will clearly depend upon the type of job that they do and the role that they have.

Possible indicators of domestic violence or abuse

- 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

Behavioural Indicators of Abuse

The indicators below are provided to alert the volunteer/staff member and enable them to consider reasons for the person's behaviour. However, the signs must be looked at together with other information gained from the person or from others in respect of the person's social circumstances.

Behavioural indicators of abuse may include:

- Uncharacteristic sexually explicit behaviour
- Overly compliant or watchful attitude
- Acting out, aggressive, destructive, irritable and/or generally hostile behaviour
- Depression/signs of withdrawal/regression
- An air of detachment, "I don't care" attitude
- Distrust of others
- Complaints of pain or discomfort with no medical explanation
- Eating problems
- Sleep disturbance
- Displays of unhappiness only in a particular environment
- Fear, anxiety or severe agitation displayed with an unidentifiable cause
- Self-mutilation
- Increase in or development of obsessive/ritualistic behaviour

Signs of Neglect (or Omission)

These can include:

- Poor environment – dirty or unhygienic
- Low weight, sudden weight loss and/or appearing always hungry
- Soreness and chafing to areas of skin due to lack of assistance afforded to maintain personal hygiene
- Uncharacteristic failure to engage in social interaction
- Changes in behaviour or interaction with others
- Untreated injuries or medical conditions
- Wearing stained and unwashed clothes
- Appearing constantly dishevelled and dirty

Indicators of self-neglect

- 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

A person's emotional and physical development is affected when their need for love, care, food, warmth security and stimulation is neglected.

Signs of Financial Abuse

There are no definite indicators that a vulnerable adult is being abused financially however the following should be fully explored:

- Financial situation not in keeping with income (bills unpaid, no heating on in cold weather, lack of food and essentials, worrying about money)
- Benefit/bank/pension books being held by another where the vulnerable adult is unclear as to the financial arrangements
- Vulnerable adult does not knowingly receive their personal allowance or benefit entitlements
- Changes in a person's will that appear odd or coerced
- Care/nursing homes cannot produce appropriate records or receipts of a resident's finances.

Where to Find the Relevant Authority when Raising a Safeguarding Alert:

Social Services

You can find the contact details of your local Social Services Team using the internet or by looking in the front pages of your local phone book under Government/Local Authorities. Directory Enquiries will also have the number. If you are having difficulty locating your local Social Services number you should call the Named Person within Cruse for Safeguarding and they will be able to provide you with the relevant contact details. If a concern is raised "out of hours" (early evening or during the weekend, for example) do not be put off from calling Social Services. They will have a Duty Team available to respond to your concern/s.

Police

If you believe that a vulnerable adult is at risk of immediate harm then you must call the police using the "999" number straight away. Call 101 unless there is an immediate risk of harm. It is always better to err on the side of caution than to procrastinate.

HMPS (Prison Service)

If a concern should arise regarding a vulnerable adult in custody then you will need to speak directly with a governor or principal wing officer. If you are calling from outside of the establishment you should request to speak to one of the aforementioned stipulating that the nature of the call is confidential.

Care Quality Commission

If you suspect that a client receiving care services, either at home or in a residential or nursing home is being abused, then as well as contacting Social Services, you should contact the Care Quality Commission. Their details can be found via www.cqc.org.uk