

Safeguarding Vulnerable Adults Policy

Disability Assist is committed to ensuring that vulnerable people who use our services are not abused and that working practices minimise the risk of such abuse. This policy should be used in conjunction with the Disability Assist Equal Opportunities Policy and the <https://www.kmsab.org.uk/p/professionals/kmsab-policies>

All staff and volunteers at Disability Assist are required to read this document and to sign annually to say they have done so.

1. Definition of Abuse

A vulnerable adult is a person aged over 18 who may need extra help to protect themselves due to age, disability or other reasons. They may be perceived as an easy target for harm or exploitation from other people.

Abuse can take any form, happen anywhere and by anyone. The main types are: physical, financial, sexual, psychological, discriminatory, emotional, institutional and neglect.

All Disability Assist volunteers and staff have a duty to identify abuse and report it. If abuse is suspected, the line manager must be informed immediately. In the absence of the line manager, the Chair or Vice-Chair of Trustees. The nominated safeguarding representatives are Sophie Fournel and Hannah Tutt. This can be done without the service user's knowledge if necessary, but where possible and where understanding exists, consent is always preferable.

2. Types of Abuse

2.1 Physical abuse

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, methods of restraint, and the unlawful deprivation of a person's liberty.

2.1.1 Possible indicators

- Unexplained or inappropriately explained injuries
- Signs of exhibiting untypical self-harm
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns that correspond to the shape of an object or which appear on several areas of the body
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back). Immersion burns from scalding in hot water/liquid, rope burns or burns from an electrical appliance
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body. Medical problems that may have gone unattended
- Sudden and unexplained urinary and/or faecal incontinence
- Evidence of over/under-medication
- Person flinches at physical contact
- Person appears frightened or subdued in the presence of particular people
- Person may repeat what the alleged abuser has said (e.g. 'Shut up or I'll hit you')
- Reluctance to undress or uncover parts of the body
- Person wears clothes that cover all parts or only specific parts of their body
- A person without capacity not being allowed to be discharged at the request of a Carer/family member

2.2 Sexual abuse

Sexual abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent to, or was pressured into. It includes penetration of any sort including incest and situations where the alleged abuser touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals, or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority (e.g. day Centre worker/social worker/residential worker/health worker etc.) in relation to the other, may also constitute sexual abuse.

2.2.1 Possible indicators

- Person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained
- Person appears unusually subdued, withdrawn or has poor concentration
- Person exhibits significant changes in sexual behaviour or outlook
- Person experiences pain, itching or bleeding in the genital or anal area
- Person's underclothing is torn, stained or bloody
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant

2.3 Sexual exploitation

The sexual exploitation of adults at risk involves exploitative situations, contexts and relationships where adults at risk receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, or others performing on them, sexual activities.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include, being persuaded to post sexual images on the internet or a mobile phone with no immediate payment or gain or, being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and economic or other resources.

2.4 Psychological abuse

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing). It may also include isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow their own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

2.4.1 Possible indicators

- Untypical ambivalence, deference, passivity, resignation
- Person appears anxious or withdrawn, especially in the presence of the alleged abuser
- Person exhibits low self-esteem
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance)
- Person is not allowed visitors or phone calls
- Person is locked in a room or in their home
- Person is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.)
- Person's access to personal hygiene and toilet is restricted
- Person's movement is restricted by obstructions of furniture or other equipment
- Bullying via social networking internet sites and persistent texting

2.5 Financial and Exploitation abuse

This includes theft, fraud, exploitation, pressure in connection with wills or property and the misappropriation of property or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs. Staff borrowing money or objects from a service user is also considered financial abuse.

2.5.1 Possible indicators

- Lack of money, especially after benefit day
- Inadequately explained withdrawals from accounts
- Disparity between assets/income and living conditions
- Recent changes of deeds/title of house

- Recent acquaintances expressing sudden or disproportionate interest in the person's money
- Service user not in control of their direct payment or individualised budget
- Mis-selling/selling by door-to-door traders or cold calling
- Illegal money-lending

2.6 Neglect and acts of omission

These include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating.

Neglect also includes a failure to intervene in situations that are potentially dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

2.6.1 Possible indicators

- Person has inadequate heating and/or lighting
- Person's physical condition or appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing)
- Person is malnourished, has sudden or continuous weight loss and/or is dehydrated
- Person cannot access appropriate medication or medical care
- Person is not afforded appropriate privacy or dignity
- Person and/or a carer has inconsistent or reluctant contact with health and social services
- Callers/visitors are refused access to the person
- Person is exposed to unacceptable risk

It should be remembered that, where someone has capacity to make their own decisions in these matters, they may choose *not* to seek or use such advice or support services. This does not necessarily have a detrimental impact on the legality or safety of the support plan.

People with Personal Budgets (PBs) and support plans which utilise direct payments are subject to the same reviewing arrangements as those in receipt of other services.

People who fund their own care arrangements are legally entitled to receive support if subject to abuse or neglect in exactly the same way as those supported or funded by the local authority.

2.7 Self-neglect

This covers a wide range of behaviour, neglecting to care for a person's hygiene, health or surroundings and includes behaviour such as hoarding.

2.7.1 Possible Indicators

- 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

Please refer to Kent and Medway 'Policy and Procedures to Support People who Self-Neglect or demonstrate hoarding behaviour.'

https://www.kmsab.org.uk/assets/1/quick_guide_to_identifying_and_responding_to_snh.pdf

2.8 Discrimination

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities, on the basis they are 'not liked', is also discriminatory abuse.

2.8.1 Possible Indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- A person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- A person making complaints about the service not meeting their needs

2.7 Institutional or Organisational Abuse

Institutional abuse is the mistreatment, abuse or neglect of an adult at risk, by a regime or individuals, in a setting or service where the adult at risk lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults at risk.

Institutional abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- Receive little support from management
- Are inadequately trained
- Are poorly supervised and poorly supported in their work
- Receive inadequate guidance

Such abuse is also more likely to take place where there are inadequate quality assurance and monitoring systems in place.

2.7.1 Possible indicators

- Unnecessary or inappropriate rules and regulations
- Lack of stimulation or the development of individual interests
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership

- Restriction of external contacts or opportunities to socialise

2.8 Other Areas of Abuse

2.8.1 Hate crime

A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's:

- Disability
- Race
- Religion or belief
- Sexual orientation
- Transgender identity

Hate crime can take many forms including:

- Physical attacks such as physical assault, damage to property, offensive graffiti and arson
- Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded malicious complaints
- Verbal abuse, insults or harassment including taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace

2.8.2 Domestic Abuse

Domestic abuse is defined as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.”

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is defined as a range of acts designed to make a person subordinate and/or dependent, by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the

means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

2.8.3 Human trafficking (including Modern Slavery)

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

If an identified victim of human trafficking is also an adult at risk, the response will be coordinated under the Safeguarding Adults process. The police are the lead agency in managing responses to adults who are the victims of human trafficking. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

2.9 PREVENT Extremism and Radicalisation

If an adult is identified as being at risk of radicalisation, by themselves, the actions of others, or drawn in to committing an act of terrorism, the employee should first discuss these concerns with a line manager or the Safeguarding Officer who will follow advice of who to contact: <https://www.kscmp.org.uk/procedures/prevent>

2.9.1 Possible Indicators

- Have low self-esteem
- Be confused about their faith, sense of belonging or identity
- Be victims of bullying or discrimination
- Feel isolated or lonely
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- Using extremist terms, talk of being a Martyr
- Supporting violence terrorism towards other cultures, nationalities or religions
- A sudden disrespectful attitude towards others
- Increased levels of anger with other people or the government
- Increased secretiveness, especially around internet use
- Possession of extremist literature or other materials about weapons, explosives or military training

3. Procedure: What to do if someone discloses abuse or if you think a person is being abused

- 3.1 Listen to the individual but do not try to investigate the incident further through interviewing them. Gather the basic facts and inform them that you are taking them seriously. DO NOT DISCUSS ANY ALLEGATIONS WITH FAMILY/FRIENDS IF THEY ARE IMPLICATED IN ANY WAY AS THIS MAY INVALIDATE ANY POLICE ENQUIRY.
- 3.2 It may be that a person does not make a clear disclosure, yet information comes to light through observations or is provided by others to indicate that they (or their children) may be at risk of harm.
- 3.3 All volunteers and staff members have a legal duty to share concerns regarding possible abuse of a child or adult without delay with the Disability Assist Safeguarding Officer.
- 3.4 See Appendix 1 Safeguarding Vulnerable Adults Policy Flow Chart.
- 3.5 If you consider that a person is at immediate risk of harm or immediate medical attention is required phone 999 without delay.
- 3.6 Any staff or volunteers must share concerns immediately with Sophie Fournel, Donna Francis and/or Andrew Robertson.

It is the responsibility of the Safeguarding Officer to make sure that referrals are made to the relevant statutory agency as appropriate.

- Sophie Fournel, CEO, Safeguarding Officer
07917670372 / 01622843284 / 07719705516
sophie@disabilityassist.org.uk
- Dr Andrew Robertson, Chair
01233 633187
drarobertson@icloud.com
- Donna Francis, Senior Information Officer
07917718355
donna@disabilityassist.org.uk

- 3.7 Staff and volunteers should ensure that accurate records are made of the identified concerns and of all consultations made, recording details of the people consulted, decisions made and recommendations given. These documents are to be stored securely and confidentially by Sophie Fournel (Safeguarding Officer) in the Disability Assist filing cabinet
- 3.8 Record in writing on a Protection Incident Form (see example in Appendix 3 but get most up to date from:
<https://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding/adult-protection-forms-and-policies/adult-protection-forms>)
- 3.9 If there is sufficient cause for concern, Disability Assist's Safeguarding officer will ensure that the information is referred immediately to the Local Authority. See Appendix 2 for useful Addresses, Telephone and Fax numbers.

<https://www.kent.gov.uk/social-care-and-health/report-abuse>

The Safeguarding Officer will also ensure that they follow the Kent and Medway multi-agency Escalation Policy for Referrals and Adult Safeguarding, should there be concerns regarding action taken following a referral to the local authority.
https://kmsab.org.uk/assets/1/final_kent_and_medway_escalation_policy_nov_2020_-_accessibility_checked_26.11.2020.pdf

4. Sharing information

Concerns about abuse of vulnerable adults provides sufficient grounds to warrant sharing information on a `need to know` basis and unnecessary delays in sharing that information must be avoided. Whenever possible the vulnerable adult must be consulted about information being shared on their behalf. Where they have capacity and are not being pressured or intimidated their agreement should be sought and their refusal respected. If other vulnerable adults are at risk the `public interest` principles may over-ride their decision.

The principles that should govern the sharing of information include:

- Confidentiality must not be confused with secrecy
- Information will only be shared on a 'need to know basis' when it is in the best interests of the adult
- Informed consent should be obtained. If it is not possible and others are at risk, it may be necessary to override the requirement but this is a decision for the Disability Assist Safeguarding Officer
- It is inappropriate for Agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse or neglect, particularly in situations where others may be at risk.

5. What if the adult does not want any action taken?

The purpose of adult safeguarding is to secure or return the adult's autonomy and recovery, as far as possible. If the adult has capacity and is not being unduly pressurised or intimidated they may not wish for any intervention. Their desired outcomes are paramount and should be recorded and respected. However where others, including children, may be at risk, this does not remove your responsibility to report concerns and where appropriate, for enquiries to be made. In addition if a crime has been committed Disability Assist has a duty to consult with the police regarding the allegations. In order to be sure that the adult(s) are deciding for themselves, you must talk to the adult. It may be necessary to consider that a safe place and or opportunity may have to be facilitated, where an adult can safely refer to their desired outcomes and wishes.

6. Risk/Protection

Risk assessment and risk management are essential aspects of the adult Safeguarding process and need to be considered at every stage. In addition to assessing the risk identified at the initial stage when the concern was raised, all participating agencies and services will need to take into account the possible risks to other adults or children.

The views of the adult should be sought at the earliest opportunity in keeping with making safe enquiry. If the adult lacks, or is believed to lack, the mental capacity, to make decisions with regard to keeping themselves safe, the involvement of representatives, relatives or advocates to support the client through the Safeguarding processes is essential.

If there is a possibility that a criminal offence has been committed, the police should be involved at the earliest possible stage. After consultation with the manager or Safeguarding Officer, the police will take responsibility for ensuring the preservation of any evidence.

7. Safeguarding Officer

Priority for raising concerns and making decisions

Disability Assist staff and volunteers have a professional and moral duty to immediately report any witnessed or suspected abuse of an adult or child to the Disability Assist Safeguarding Officer. If there is sufficient cause for concern, the Safeguarding Officer will ensure that the information is referred immediately to adult social care within the Kent Local Authority.

The Disability Assist Safeguarding Officer may also consider contacting the Local Authority for the purposes of seeking further consultation to inform decision making regarding whether a referral should be made to a statutory agency to ensure the protection of an adult or a child.

The Safeguarding Officer has overall responsibility for Staff and Volunteers, to create a safe environment for all. This means creating an environment where:

- All Disability Assist personnel are vigilant to concerns about the welfare and protection of vulnerable adults and know what action to take when necessary
- There is no negligence or exposure to avoidable risks
- The risks taken need to be assessed, carefully managed and communicated to vulnerable adults and their parents/Carers
- Vulnerable Adults can raise concerns, which must be recorded at the time and action taken as required

8. Responding to allegations against persons in a position of trust including Staff, Volunteers and Trustees

For the purposes of this policy a person in a position of trust (PIPOT) is someone who works with or cares for adults at risk in a paid or voluntary capacity and about whom allegations of adult abuse or neglect are made.

PIPOT local arrangements must be followed in all cases in which there is an allegation or suspicion that a person working with adults at risk has:

- Behaved in a way that has harmed or may have harmed an adult at risk
- Possibly committed a criminal offence against or related to an adult at risk
- Behaved towards an adult at risk in a way that indicates she or he is unsuitable to work with such adults
- Behaved in a way that has harmed or may have harmed children. This means that their ability to provide a service to adults at risk must be reviewed
- Been subject to abuse themselves, which means their ability to provide a service to adults at risk must be reviewed

The scope of PIPOT procedures applies to all cases where concern, suspicion or allegation arises in connection with:

- The PIPOT's own work/voluntary activity
- The PIPOT's life outside work i.e. concerning adults at risk in the family or the social circle, risks to children, whether the individual's own children or other children

Where PIPOT concerns are raised about someone who works with adults with care and support needs, it will be necessary to assess any potential risk to other adults who use these services and, if necessary, to take action to safeguard those adults, which will be done by the Safeguarding Officer in consultation with advice from the Local Authority and relevant statutory agencies.

As well as the responsibility for the safety of adults with care and support needs, Disability Assist also have a duty of care to our employees and will strive to ensure they are provided with effective support if facing an allegation and are provided with a named contact if they are suspended. It is essential that any allegation of abuse made against a member of staff or volunteer is dealt with very quickly, in a fair and consistent way that provides effective protection for the adult and, at the same time, supports the person who is the subject of the concern.

If the alleged abuser is a member of Disability Assist (staff or volunteer) they should not be informed until the Safeguarding Officer has decided on a course of action. This process is also likely to involve consultation with the relevant statutory agency such as the Local Authority and/or Police, depending on the nature of the allegation and whether a potential crime has been committed.

- The manager may interview the member of Disability Assist with a witness present.
- The manager may make arrangements to interview the suspected victim. This will be done with a second Disability Assist member present, as well as a person to support the victim.
- The purpose of the meeting is not to investigate the claim but establish whether there are grounds for the allegation.

Disability Assist will offer support, but will also ensure that the Local Authority and/or Police are given all assistance in any proceeding investigation. Suspension and / or discipline may then be implemented.

Please refer to Disability Assist's Complaints and Whistleblowing Policies.

The Kent and Medway procedures for managing concerns around People in Positions of Trust can be found at:

https://kmsab.org.uk/assets/1/final_july_2020_kmsab_pipot_policy_-_accessibility_checked_09.11.2020.pdf

If any Disability Assist staff or volunteers have any possible safeguarding concerns at all regarding any colleagues, carers or their representatives they have a duty to telephone the Disability Assist Safeguarding Officer on 07917670372 without delay, who will be responsible for reporting this to the relevant statutory agency, as required.

If these allegations or concerns are raised in relation to the Disability Assist Safeguarding officer then the Chair of Disability Assist will need to be contacted without delay.

Dr Andrew Robertson, drarobertson@icloud.com

9. Staff training and adult protection awareness

All staff and volunteers receive Adult Safeguarding training as part of their induction, with annual refresher training. This learning may be online or in person and is accessed through KCC or Social Enterprise Kent as detailed in the links below.

<https://www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development>
<https://videotilehost.com/sek/purchaseCourse.php>

Safeguarding Officers will have accessed safeguarding training at Level 3

There will be an opportunity to reflect on and discuss safeguarding incidents or issues during staff meetings as a regular agenda item to enable best practice and learning to be embedded in the culture at Disability Assist.

All Disability Assist staff and volunteers who come into contact with vulnerable adults are expected to have a satisfactory DBS check and provide two referees who are unrelated and at least one in a professional capacity.

How to report abuse to Kent County Council and/or Medway Council

Reporting abuse in Kent: <https://www.kent.gov.uk/social-care-and-health/report-abuse>

Reporting abuse in Medway: <https://www.medway.gov.uk/abuse>

Further information, advice and useful links in relation to reporting any adult protection concerns can also be accessed via the Kent Adult Safeguarding Partnership website <https://kmsab.org.uk/>

Remember

Accurate information must be recorded, including dates and times, phone conversations and meetings, actions taken and outcomes and anything else relevant. This information is to be stored securely on a password protected PC and any hard copy to be held securely in a locked cabinet until passed to Safeguarding Officer to be stored in the secure Disability Assist filing cabinet.

If a service user discloses a case of abuse to you:

- Just listen, don't judge or ask any questions as they may be leading.
- Don't interrupt or stop their flow.

- Don't take notes at the time; write them up afterwards.
- Don't make any promises or false assurances, eg about not telling anyone else, as these may prejudice later actions.

10. What to Consider

If a Disability Assist staff member or volunteer suspect's abuse, they should inform their line manager and Safeguarding Officer immediately.

If there is an immediate risk of further and severe harm or a crime has been, or may be, committed, contact the appropriate emergency services by dialing 999. If there is no immediate threat contact the appropriate service via 101.

The Safeguarding Officer will need to consider: the extent of the action; whether one-off or a pattern; the impact, both on the person at risk and others; the intent of the person doing it; any legal implications; the risk of repeat, either to the same person or others.

If the risk of harm is less severe and immediate, the course of action will be decided by the Disability Assist's Safeguarding Officer but may include contacting the Local Authority for advice.

11. Support to Disability Assist Volunteers and Staff

Disability Assist will signpost or give the necessary support to anyone involved in cases of abuse. The people involved will likely be upset and / or angry and it may be upsetting to experience. Support will be offered via colleagues or counselling if needed.

12. Good Practice & safer recruitment

Disability Assist encourages a culture of vigilance in terms of the recruitment of staff and volunteers. To ensure that Disability Assist meets our responsibilities to safeguard adults and not potentially place any staff or service users at risk all Disability Assist staff and volunteers who come into contact with vulnerable adults are expected to have:

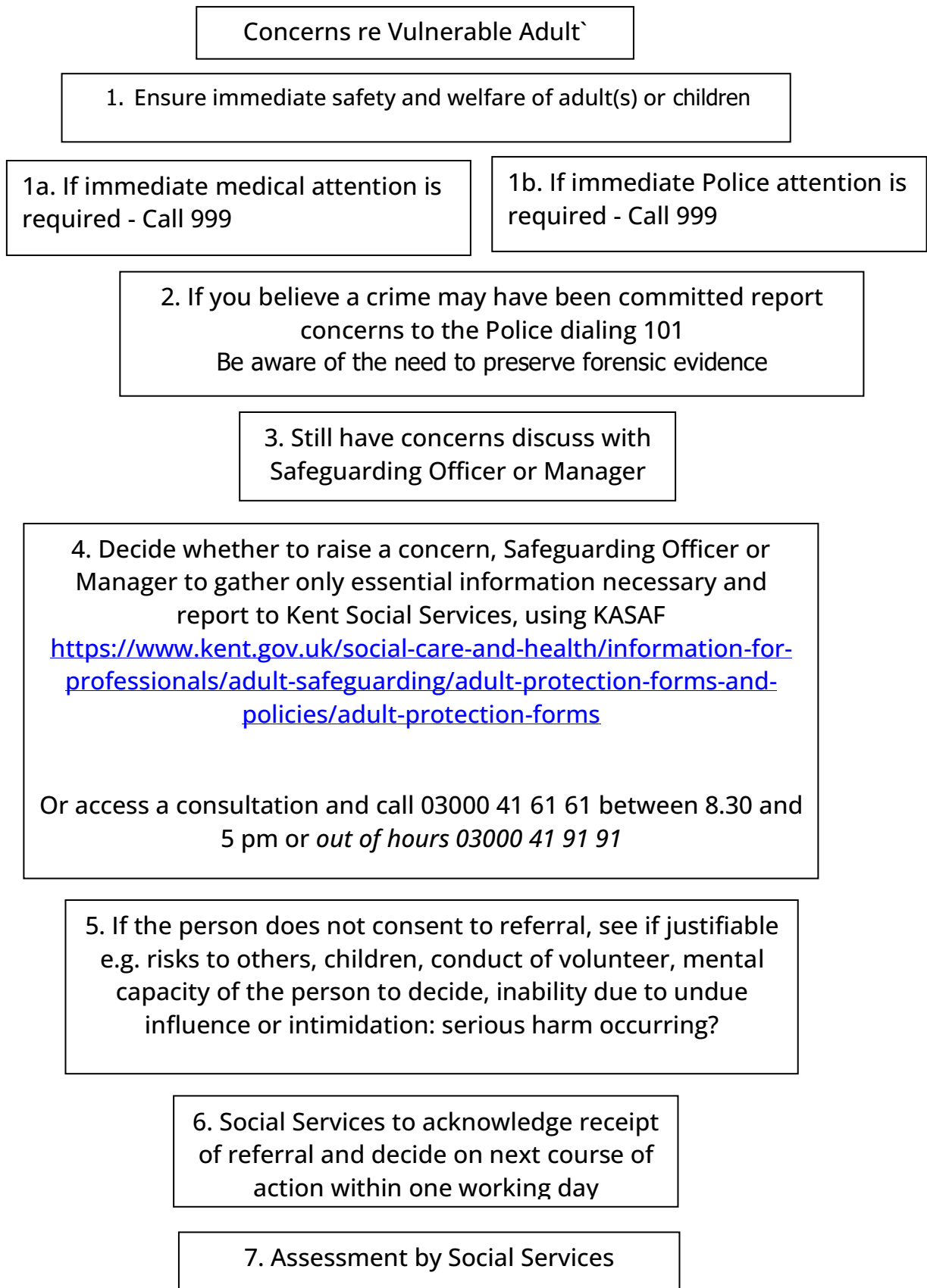
- a satisfactory DBS check to the correct level
- provide two referees who are unrelated and at least one in a professional capacity including their most recent employer
- provide a full work history with any gaps explained

- Any changes to their personal or professional circumstances (including their members of their household) which may impact on their suitability to work with vulnerable adults and children must be disclosed to their line manager immediately

Refer to Disability Assist's Safe Recruitment Policy

Record any concerns no matter how insignificant they may seem to you. You must also report any concerns that you have about another member of staff or a volunteer to your Safeguarding Office or Manager immediately.

Appendix 1 - Safeguarding Vulnerable Adults Policy Flow Chart



Appendix 2 - Useful Addresses, Telephone, Fax numbers and Links

For referrals to Kent Adult Social Services (updated September 2017)

If you have a safeguarding adults concern phone Kent contact point number -
03000 41 61 61

If your concern is about someone Kent Social Services are already working with you will be transferred to the appropriate team, if this is not the case you will be transferred to the Central Referral Unit.

If you wish to consult about a safeguarding concern before making a referral you will be transferred to the Central Referral Unit for a consultation.

KASAF referral forms Kent-adult-safeguarding-alert-form.doc can be faxed or e-mailed (using the secure email address found on the form) or for out of hours **01233 646596**, this will be passed to the correct team within Social Services.

For referrals to Medway Council Adult Social Care (updated April 2016) Phone **01634 334466** and a referral will be taken.

Useful links:

<https://kmsab.org.uk/>

Kent & Medway Safeguarding Adults Board – useful information for professionals

<https://www.kent.gov.uk/social-care-and-health/report-abuse>

Up to date numbers and contacts for making safeguarding referrals relating to adults and children

<https://www.kscmp.org.uk/guidance>

The Kent Safeguarding Children Multi-agency partnership for advice and guidance regarding child development

Support for adults

<https://crimestoppers-uk.org/>

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

<https://www.samaritans.org/>

Domestic Abuse

www.refuge.org.uk

www.womensaid.org.uk

www.mensadviceline.org.uk

www.mankindcounselling.org.uk

Honour based Violence

Forced Marriage Unit: <https://www.gov.uk/guidance/forced-marriage>

Radicalisation and hate

www.educateagainsthate.com

Counter Terrorism Internet Referral Unit: www.gov.uk/report-terrorism

True Vision: www.report-it.org.uk

Employee/volunteer declaration:

I confirm that I have read and understood the Disability Assist's Safeguarding Vulnerable Adults policy.

Name:

Signature:

Position:

Date:

Training completed and Date (to be refreshed annually):

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Dr Andrew Robertson, Chair, chair@disabilityassist.org.uk

Safeguarding Vulnerable Adults Policy, Procedure and Guidance
Reviewed March 2022

Author: Sophie Fournel

Version: 3

Date: 01/04/2022

Reviewed by: Esther Green, Independent Social Worker, Independent Safeguarding Hub Ltd, Social Work England Registration: SW04104 (August 2021)

Version control

Version	Date	Amendment	By
1	2019	Separated from Vulnerable Adults policy	Sophie Fournel
2	08/2022	Reviewed by Independent Safeguarding Hub and updated	Sophie Fournel
3	Due 08/2022		
4	Due 08/2023		
5	21/03/2023	Replaced broken KCC web link	Sophie Fournel
6	25/04/2023	Checked links and updated self neglect and hoarding link Changed Hannah Tutt to Andrew Robertson as chair contact, amended his contact email	Sophie Fournel

Policy references

Reference	Title
34	Adult Safeguarding

For Office Use Only:

Date Drafted	August 2018
Date Adopted by Trustees	August 2018
Date Effective	August 2018
Latest Review Date	21 st March 2023
Date Revisions Adopted by Trustees	
Next Review Date:	April 2024 or upon changes in legislation, whichever is sooner