



Adults At Risk **Safeguarding Policy**

Context

Because of the very nature of the involvement Bluebell aims to have with women and their families, at a time when their lives are affected by depression and anxiety relating to pregnancy and birth, it is very important that all **Bluebell** staff, Trustees and volunteers, have clear guidelines about expected procedures with regard to safeguarding adults at risk. For the purpose of this document 'adult' means a person aged 18 years or over.

Some adults are less able to protect themselves than others, and some have difficulty making their wishes and feelings known. This may make them vulnerable to abuse or harm. The broad definition of a 'vulnerable adult'; referred to in the 1997 Consultation Paper 'Who decides?' issued by the Lord Chancellor's Department, is a person:

"Who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation."

The first priority should always be to ensure the safety and protection of adults at risk, regardless of gender, age, ethnicity, disability, sexuality or religion. To this end it is the responsibility of all **Bluebell** staff to observe this Policy and to act on any suspicion or evidence of abuse, intent to harm self or others or neglect (see the Public Interest Disclosure Act 1998) and to pass on their concerns in the first instance to the designated Safeguarding Adults Leads **Ruth Jackson, Mel Williamson, Paula Bentley and Rachel Jenkins.**

Legal framework

This guidance reflects the principles contained with the Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998.

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this.

The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR). The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

The role of staff, volunteers and trustees

All staff, volunteers and trustees working on behalf of **Bluebell** have a duty to promote the welfare and safety of vulnerable adults. All staff and Trustees have current DBS checks and are required to complete an appropriate accredited safeguarding course and read and keep a copy of this Policy. In addition all frontline staff are required to attend regular supervision.

As we know that families experiencing perinatal mental illness can be very vulnerable, upon initial referral to Bluebell, parents can expect to hear back from us within a time frame that is stated on the referral form (usually 2-4 weeks). After conducting an assessment of a potential client's needs, if we summarise, we are not the most appropriate agency to provide help, we will signpost to more specialist support. We will always report back to whoever referred client to our service. If we have any specific concerns, we will update them and routinely notify them when we have ended contact.

If staff, volunteers and trustees receive a disclosure of abuse and/or intent to do significant harm to themselves or others, this Policy will enable them to make informed and confident responses to specific adult protection issues.

What is abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

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 it may result in significant harm to, or exploitation of, the person subjected to it.

When parents are experiencing perinatal mental illness, they can also present a 'danger to themselves', if we have concerns related to this type of disclosure from a

client and it is believed that the parent might be 'at risk' to themselves, with consent, we will contact the mental health crisis team.

With client consent we will also have conversations with other relevant health professionals involved in a parents' care, and we will always immediately involve the safeguarding lead at Bluebell Care.

We have a separate safeguarding policy for the protection of children, that we will also consult and will implement alongside this, if we believe a child to be at risk.

All Bluebell employees and volunteers are trained in safeguarding from their local certified provider, as well as in house Suicide awareness training. Bluebell care has developed a tool for assessing level of risk in parents. All team members are trained to follow the organisation's safeguarding policy.

See Appendix 1: Self harm and suicide awareness guide (separate document).

The Department of Health in its 'No Secrets' report suggests the following as the main types of abuse:-

Physical abuse – including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions. (Bluebell also includes FGM)

Sexual abuse – including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.

Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidations, coercion, harassment, verbal abuse, isolation withdrawal from services or supportive networks.

Financial or material abuse – including theft, fraud, exploitation pressure in connection with wills, property or inheritance or financial transactions, or the misuse of misappropriation of property, possessions or benefits.

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

Discriminatory abuse – including racist, sexist, that based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment. **Self-**

Harm- deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder.

Procedure in the event of a disclosure

It is important that vulnerable adults are protected from abuse and intent to harm themselves or others. All complaints, allegations, suspicions or disclosures must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused or intends to harm themselves or others.

Promises of confidentiality should not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation or intent to harm, with any other relevant information.

This should include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

Responding to an allegation

Any suspicion, allegation or incident of abuse or intent to harm self or others must be reported to the Designated Safeguarding Vulnerable Adults Lead's (Paula Bentley, Rachel Jenkins or Mel Williamson) on that working day. Appendix 2

Paula Bentley, Rachel Jenkins, Mel Williamson or the team member, in consultation with the Safeguarding officers, will telephone and report the matter to the appropriate local adult social services duty social worker/crisis mental health worker/HCP or other appropriate service. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

Responding appropriately to an allegation of abuse or risk

In the event of an incident or disclosure:

DO:

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them •
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure

- Explain areas of confidentiality; immediately speak to the Bluebell Safeguarding leads for support and guidance (Tel: Rachel 07800 993614, Paula 07730 367476, or Mel 07565 618758 - if working in Devon)
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support. **DON'T:**
- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic
- **DO NOT** examine any physical injuries
- **DO NOT** attempt to investigate the allegations yourself
- **NEVER** assume that abuse is impossible, even if the allegations are against a colleague, a parent or a person you know

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from Bluebell's designated Safeguarding Vulnerable Adults Leads, or another member of the Bluebell team.

Confidentiality

When supporting vulnerable adults, issues of confidentiality need to be handled particularly sensitively and should be clearly understood by all.

Clear boundaries will be communicated to all.

All Bluebell staff are required to sign our confidentiality agreement and observe the safe practices described therein. Upon meeting with families for the first time, in a 1:1 setting or a group setting, Bluebell staff also request that clients sign a confidentiality agreement.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

All personal information regarding the families Bluebell supports will be kept confidential. All written records will be kept in a secure, locked, area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form. All future correspondence related to individuals will use their initials only in order to protect their privacy and ensure that they can only be identified on a need-to-know basis.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult should, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent should be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

Where a disclosure has been made, staff should let the adult know the position regarding their role and what action they will have to take as a result. For example if we have concerns re. a client's safety we may need to talk to their GP, Health Visitor. If the need is urgent the team to call:

Bristol

Bristol Mental Health Crisis team 24/7: **0800 953 1919**

Mental Health Triage team: **0117 919 5670**

Specialist Perinatal Mental Health Team: 0117 9195826

First Response: 0117 9034444

South Gloucestershire:

AWP Crisis service 24/7: **0117 3784250**

Primary Care Liaison Team: 0117 3787960

North Somerset:

AWP crisis service 24/7: **01934 836497**

Primary Care Liaison team: 01934 836406

BANES:

Crisis service 24/7: **01225 362814**

Primary Care Liaison team: 01225 371480

Devon:

Crisis resolution Home treatment Team: **01803 396562**

Staff should assure the adult that they will keep them informed of any action to be taken and why. The adult's involvement in the process of sharing information should be fully considered and their wishes and feelings taken in to account.

If you have any concerns about the safety of a vulnerable adult or child please contact: Ruth 07767 324003 Rachel 07800 993614, Paula 07730 367476, or Mel 07565 618758

This policy needs to be read in conjunction with other policies for Bluebell including:

- Confidentiality
- Child Protection
- Equality and Diversity

Date Policy adopted: ...01/02/2017.....

Date Policy last reviewed:January 2022

Next review date: January 2023.....

Appendix 1- Separate document, Self-harm and suicidal thoughts: A Guide for Bluebell Staff.

Appendix 2

The Designated Safeguarding Vulnerable Adults Lead's role is to:

- a) Model and promote Bluebell's commitment to safeguarding vulnerable adults in all aspects of their work and conduct
- b) Take responsibility for dealing with concerns about the safety of vulnerable adults raised by staff, trustees or volunteers following Bluebell's policies and procedures.
- c) Ensure clear, factual, dated records of contact are kept for each family supported by Bluebell
- d) Follow up concerns and safeguarding issues referred to the relevant agencies
- e) Liaise with relevant agencies and the local Safeguarding Children Board, if/where appropriate, about concerns in accordance with Bluebell's confidentiality policy

- f) Ensure that all staff, volunteers and Trustees have a copy of this policy and it is available to families if requested