



## Policy for working with vulnerable adults

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## Definitions:

To be a “vulnerable adult”, a person needs to meet the first part of the definition and one of the second two parts that are crucial within the definition set out below.

A “vulnerable adult” is a person 18 years of age or older:  
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 (self neglect)

### OR

is unable to protect him or herself against significant harm or exploitation

**Disability** includes sensory impairment, physical impairment, learning difficulties etc.

**A Carer** - Refers to a relative or friend on whom a vulnerable adult is significantly dependent for his/her care. Unpaid carers may themselves be vulnerable. They may be at risk of injury or harm by the vulnerable person; they may be at risk of losing emotional control in the care relationship.

## Part 1

### Vulnerability due to mental or other disability, age or illness or self neglect

#### Policy:

- WHY provides counselling for people who may be vulnerable due to being affected by a diagnosis of cancer or other life threatening illness, mental health issues, learning disabilities, dementia or head injury, or may care for someone affected by the above.
- The policy and procedures have been developed to assist counsellors in recognising if and when there is a need to act in the case of a client's vulnerability
- WHY is committed to supporting any counsellor who is working with a vulnerable client in need of external support
- Counsellors have a responsibility to be aware and alert to signs that all is not well with a vulnerable person. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to the situation. No action should be taken without discussion with the clinical manager (or Director or Chair of Trustees in the absence of the clinical manager) However, if there is evidence of immediate or imminent serious risk and a delay in taking action is likely to lead to increased probability of serious risk to the client or other or a serious crime, then the counsellor would be expected to take immediate appropriate action which would usually but not exclusively involve calling the police on 999.
- WHY recognises that some vulnerable adults may be subject to abuse and /or neglect
- WHY Working with Vulnerable Adults Policy is accessible and available to counsellors, staff and trustees, as well as other relevant organisations.

## Procedures:

1. Discuss any concerns with the client. Encourage the client themselves to address the issue if appropriate.
2. Discuss any concerns about the client's welfare with the Clinical Manager. In the absence of the clinical manager please discuss with the Director or Chair of Trustees. We also recommend taking your concerns to discuss with your supervisor at your next supervision session.
3. Agree any appropriate actions to take.
4. Fill out a Safeguarding Issues of Concern form (see appendices) and sign. Ensure the notes are factual and record what was said by the client, when the concern was discussed with the clinical manager and all actions taken. This may be an ongoing document that is added to over a number of hours or days.
5. If the client is unable to address the issue themselves, inform the client of any decision to report the matter to an outside agency and if possible get the client's permission.
6. The counsellor will contact the GP or relevant social services department (according to area of residence of the client) if appropriate, following discussion and with the support of the Clinical Manager. Detailed referral arrangements may differ between Bath, Wilts, and Somerset.  
For contact numbers see below.
7. If there are issues of abuse and/or neglect please see Part 2 of the Vulnerable Adults Policy.

## Contact Telephone Numbers

Clinical Manager Cath Wilkins		01225 313182 / 07818048364
Director Melissa Hillier		01373455255 / 07966 276929
Anne Montague Chair of trustees		01373 464476 / 07545 860013
Somerset Adult Social Care	somerset.gov.uk	0300 123 2224 (Mon-Sat) Out of hours:0300 123 2327 adults@somerset.gov.uk
Bath and North East Somerset Council	bathnes.gov.uk	01225 396000 B&NES Community Services
Wiltshire Council	wiltshire.gov.uk	0300 4560111 Out of hours 0845 6070888 Wiltshire Safeguarding Adults Social Care Team Customeradvisors@wiltshire.gov.uk
Frome Medical Centre		01373 301300
Frome Community Hospital		01373 454740

## Confidentiality:

At the start of counselling every client is made aware of the limits of confidentiality. In some circumstances it may be necessary to discuss concerns/allegations with another professional because the client may be at risk of harm.

Before speaking to any other professional, a counsellor should let their client know about the concerns and the need to discuss them outside of the counselling relationship.

Only in very exceptional cases, such as serious mental health concerns for the client or risk of further harm, should a counsellor not discuss concerns with the client

Do not agree to keep confidential any information that a client may tell you where there are issues or suspicions that the vulnerable adult, or other, may have experienced abuse.

Records and information of any allegations or disclosure will only be shared with others on a need to know basis. Records will be kept in a locked cabinet within WHY offices at Frome Town Hall.

## Part 2

### Vulnerability in cases of neglect or abuse

#### Significant harm and threshold guidance

Significant harm can be experienced by vulnerable adults who are unable to protect themselves, to claim their own human and civil rights and have to rely on others support or actions to have those rights.

Abuse can be defined as:

- 'A violation of an individual's human and civil rights by an act, or a failure to act, on the part of another 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 failure to act or it may occur when a vulnerable person is persuaded.

In assessing seriousness, the following factors need to be considered:

- The vulnerability of the individual
- The mental capacity of the individual & ability to consent to the process
- The nature and extent of the abuse
- The length of time it has been occurring
- The impact on the individual
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#### Procedure

Social services departments have been designated as the lead agencies with responsibility for co-ordinating a response to allegations or concerns of abuse.

1. Record any concerns / allegations / disclosures as soon as possible after a session, using client language as much as possible. Use list format for concerns. Date and sign recording

2. Discuss any concerns about a client's welfare, including allegations of abuse with the Clinical Manager who will follow guidelines and agree appropriate actions. In the absence of the Clinical Manager please discuss with the Director or Chair of Trustees.
3. Record suspected abuse and any resulting discussion or action on the Safeguarding Issues of Concern form.
4. The counsellor will contact the GP or relevant social services department (according to area of residence of the client) in the case of allegations of abuse being made / evidence of abuse being apparent, following discussion and with the support of the Clinical Manager. Detailed referral arrangements may differ between Bath, Wilts, and Somerset. For contact numbers see above.
5. It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for professional agencies following a referral to them of concern about an individual.
6. Counsellors and the safe guarding officer should work within the following **timescales** for reporting allegations or suspicions of abuse:
  - Immediate if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe. In these instances it may be appropriate to call the police on 999.
  - Within 24 Hours if it relates to a specific incident which is, or may be still going on, or may happen again
  - Within 7 Days if it is a more general concern, which does not indicate
  - immediate harm.
7. Whistleblowing Policy: The first priority of all employed and self-employed staff at WHY are the clients under our care. If a colleague is under performing in a way that could lead to harm or abuse then it is right to report this to the Clinical Manager. Concerns will be handled sensitively. If an allegation is sufficiently serious the case will be reported to Somerset Adult Social Care on 03001232224 by the Clinical Manager. In the event that the allegation is against the Clinical Manager report your concerns to the Director.

#### Categories of Vulnerabilities in Adults (over 18 yrs old):

Physical abuse - including hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions

Sexual abuse - including rape, sexual assault, sexual acts to which a person has not consented, could not consent or was pressurised into consenting

Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion,

harassment, verbal abuse, emotional and or physical isolation, withdrawal from services or supportive networks

Financial or material abuse - including theft, fraud, exploitation, pressure in connection with, preparation of wills, property or inheritance or financial transactions, or the misuse or 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, abuse that is based on a person's disability and other forms of harassment, slurs or similar treatment.

Domestic Abuse: all the above forms of abuse can take place in a domestic setting

Institutional abuse, neglect and poor professional practice. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as "Institutional abuse".

This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other and is often witnessed as the needs of the service provider taking priority over the needs of the patient.

Hate crime, when someone discriminates, harasses or attacks another person verbally (including by email or on social networking sites) or physically, and the crime is committed because of the attacker's prejudice against a particular group of people.

While hate crime is more often verbal than physical, it does not mean it is not serious or very upsetting for the person being harassed.

Hate crime includes violence or harassment against people because of their religion, refugee or asylum seeker status or disability.

### Who abuses vulnerable adults?

Anyone can abuse a vulnerable person. This includes:

- partners
- relatives
- friends and neighbours
- other users of a service
- someone paid to provide a health or social care service
- volunteers
- strangers

Most abusers are people already known to the vulnerable adult but some people will deliberately exploit or harm individuals who they see as easy targets.

### Where can the abuse take place?

Abuse can take place anywhere. This includes:

- A person's own home
- A friend or relative's home

- A hospital
- A care home
- A day service
- An educational establishment
- A public place

Relevant Legislation:

Mental Capacity Act 2005

Safeguarding Vulnerable Groups Act 2006



### Safeguarding Issues of Concern

Client Name		Child, YP or Adult Service	
Counsellor Name		Age if under 18	

Date	Issues of concern and actions taken.	Safeguarding lead informed Y/N

## Appendix 2

### The Mental Capacity Act 2005 – 5 key points

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If you are a [paid carer](#), an [unpaid carer](#) or [being cared for](#), you should know about the Mental Capacity Act. It aims to protect people who cannot make decisions for themselves. These may be day to day decisions such as what to wear or what to eat, or major decisions about where to live. People may be unable to make decisions for themselves for many reasons including

- mental health
- learning disabilities /learning difficulties
- dementia
- Illness/head injuries
- PTSD – re accident/childhood trauma/domestic abuse

When someone cannot make a particular decision at the time it needs to be made, it is said that they lack capacity to make that decision. The act can be used to plan for their future, for a time when they may not be able to make decisions for themselves.

The only way to prove that someone cannot make a decision for themselves is to carry out a **mental capacity assessment** by a professional such as:

- a healthcare worker
- GP or social worker

Every decision must be treated separately - someone who cannot manage their finances still has the right to decide what to wear or what to eat, and whether or not to undergo medical treatment

If someone makes a decision for you because you cannot do it yourself, the [Mental Capacity Act](#) ensures they act in your best interests.

The act also allows you [to plan for the future](#)

Five key points of the Mental Capacity Act:

- People such as doctors, nurses and social workers have to assume that you can make decisions for yourself
- They must give you as much support as possible to help you make decisions for yourself
- No-one can stop you from making a decision just because they think you're making the wrong choice
- If someone makes a decision for you because you can't do it yourself, they have to make sure that it is the best thing for you and they must try to give you as much freedom as possible
- Not being able to make one decision does not give anyone the right to make all of your decisions for you. For example, if you cannot make decisions about your money, you still have the right to make decisions about what to wear or what to eat.