

Safeguarding Vulnerable Adults

Guidance for frontline staff

Let's end homelessness together

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Introduction

Staff in homelessness services work with adults who are at risk of abuse. It is the responsibility of all staff to recognise and respond to the signs of abuse.

Organisations should have policies and procedures about Safeguarding of Vulnerable Adults (SOVA). This guidance sets out the principles and what staff can expect if they raise safeguarding alert.

You might find it useful to refer to Homeless Link's guidance on the Mental Capacity Act and Community Care Assessments alongside this document: www.homeless.org.uk/our-work/resources

Legislation

The Government guidance is contained within section 14 of The Care Act's statutory guidance, which came into force in April 2015 and was updated in March 2016. The Care Act gives a legal framework for safeguarding adults. Each Local Authority must have a Safeguarding Adults Board (SAB) that includes the local authority, NHS and police. SABs must meet regularly, develop shared safeguarding plans and publish an annual review of progress. SABs will carry out Safeguarding Adults Reviews in some circumstances relating to safeguarding failures. The Act also introduces a responsibility for Local Authorities to make enquiries and take any necessary action if an adult with care and support needs could be at risk, even if that adult isn't receiving local authority care and support.

See Department of Health & Social Care factsheet 7:

www.gov.uk/government/publications/care-act-2014-part-1-factsheets

Definitions of 'an adult at risk'

In safeguarding terms an adult at risk is defined as a person 18 and over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

It is important to note that an adult does not need to be in receipt of a care or support delivered by the local authority.

Homelessness in itself does not make people vulnerable. However, circumstances such as homelessness may exacerbate other conditions and impact negatively upon individuals' ability to care for and protect themselves.

What is abuse?

All local authorities have a duty to protect people at risk from abuse. Types of abuse can include:

- sexual abuse
- psychological or emotional abuse
- physical abuse
- financial or material abuse
- neglect
- self-neglect
- modern slavery
- domestic violence
- discriminatory abuse
- institutional abuse

Other forms of abuse are sometimes described, for example: bullying, mate crime and cyber abuse, but only the abuse listed in the above bullet points is listed in the statutory guidance.

Abuse can happen anywhere and can consist of single or repeated acts. An abuser can be anyone that comes into contact with an adult at risk person and is often someone well known or close to them, or someone who is employed to care for them. Abuse often results in a violation of human and civil rights.

People who are experiencing homelessness can be vulnerable to a range of risks factors which increases the risk of abuse. Indicative examples are:

Interpersonal and Personal

- Mental health problems
- Dependent on alcohol or drugs
- Brain damage
- Lack of purposeful activity
- Shows odd or embarrassing behaviour
- Has difficulty in communicating

External

- Poor or non-existent staff supervision
- Poor or non-existent training
- Staff working in isolation
- Community disengagement, fear and resentment
- Lack of access to safe and adequate housing
- Victim of gatekeeping and inflexible policies

Safeguarding Adults Boards

Safeguarding of vulnerable adults falls under the remit of Local Authority Social Services departments. Most Social Services Departments' Safeguarding Adult Boards consisting of experts from various fields such as health professionals, police, social care services, housing, the Crown Prosecution Service, Care Quality Commission and voluntary agencies. These boards are responsible for investigating incidents, monitoring the performance of agencies and services, raising awareness, providing training, sharing good practice and suggesting improvements.

Each Local Authority will have mechanisms in place to respond to adult safeguarding concerns. These should be communicated to all local statutory, voluntary and community agencies and include clear policies and procedures for agencies to refer to. You can find them on the Local Authority's website.

The Care Act (2014) has introduced a legal obligation for each local authority to have a Safeguarding Adults Board – see Legislation above.

Confidentiality and sharing information

All organisations should follow clear principles of confidentiality in relation to their service users. However there will be occasions when it is appropriate to share information about your clients in order to protect their best interests and, therefore, you should never give assurance of absolute confidentiality. It is a legal requirement that agencies and professionals work together around safeguarding issues.

- Ensure you have contact details for all other professionals in your clients' support networks.
- Make sure your organisation has clear policies on information sharing and that you have procedures in place around working with other agencies.
- Assess each occasion on a case by case basis.
- Only share information on a 'need to know' basis and when it is in the best interests of your service users.
- Always try to obtain informed consent from your clients before sharing information, however if this is not possible it may be necessary to override this requirement – especially if other adults are at risk. Staff should seek management support to decide whether to share information without consent.

The General Data Protection Regulations (GDPR) allows organisations to share special information (the GDPR term for sensitive information) about clients without their consent in some limited circumstances. They are:

- To protect the vital interests of an individual – the vital interests condition also extends to any other individual who might be impacted by the abuse.
- Where the individual lacks capacity to give meaningful consent.
- Where the use of information for the provision of social care, treatment, system and services.

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Organisational operational safeguarding leads should ensure they are familiar with the GDPR, and the Mental Capacity Act. Further information can be found at:

- Information Commissioners Office: <https://ico.org.uk/for-organisations/>
- Caldicott Principles: www.igt.hscic.gov.uk/Caldicott2Principles.aspx
- Homeless Link guidance on using the Mental Capacity Act: www.homeless.org.uk/our-work/resources/guidance-on-mental-capacity-act

Safeguarding alerts

As well as following Local Authority procedures, your organisation should have their own internal policies and procedures relating to adult safeguarding. These should go hand in hand with guidance from the Local Authority.

While safeguarding procedures may vary slightly between agencies and local authorities, they should all follow the same fundamental process:

1. Make sure the adult at risk is not in immediate danger. If necessary, seek urgent medical treatment.
2. Contact the police if you think a crime has been committed or if someone is in immediate danger.
3. Raise a 'safeguarding alert' by informing your line manager or another manager within your organisation.
4. Make a written report recording your concerns and detailing anything you have seen including dates, times, people involved and any observed injuries.

As stated in the Care Act statutory guidance, your organisation's first priority should always be to ensure the safety and protection of an adult at risk. It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person/agency.¹

Once a safeguarding alert has been raised, service managers will decide how to proceed with the concern. While an incident may fall within internal safeguarding procedures, it will not necessarily fall within Local Authority procedures. It is usually a managerial decision whether to report to local authority safeguarding teams or not.

Action must be taken as soon as possible to minimise any risk of harm or exploitation to individuals concerned. In the absence of management support, raise an alert to the Local Authority rather than doing nothing. In the first instance this will often be via the local Social Services helpline or emergency duty team.

- Make sure you know where your safeguarding policies and procedures are saved and that they are accessible.
- Ensure that you have an up-to-date list of relevant local contact details to be used if necessary.
- Make sure you know where to find your organisation's whistleblowing policies and procedures, to be followed when reporting any safeguarding concern involving a colleague.

¹ Public Interest Disclosure Act, 1998

What happens next?

All safeguarding concerns should be fully investigated by the appropriate person i.e. Social Services and/or the responsible manager within your organisation. Where it is suspected that a criminal act has taken place, the Police should be involved immediately as they may conduct their own investigations. If the suspected abuser is another member of staff, suspension or disciplinary proceedings may ensue.

Referrals to the Local Authority are assessed against the published safeguarding thresholds normally rated 1 (not a protection issue) – 4 (adult protection team enquiry is necessary). Referrals assessed as levels 2 and 3 could involve enquiries being made by the homelessness service, adult patch or cluster social workers or other relevant professional.

Both internal and external enquiries should be as broad as necessary, drawing on evidence from all relevant sources.

Staff should be mindful of client confidentiality during the investigation. Support plans and risk assessments should be revised. Staff should look out for any consequences of the investigation on other clients in the service, and take action as a team to manage emerging risks or support needs. The investigation should result in an action plan to stop the abuse and/or to manage the risks that have been identified. For example, the client concerned might be supported to move to more appropriate accommodation; allocated a Social Worker or Community Psychiatric Nurse; or the project could introduce different ways of working to remove or reduce the risks. The Care Act statutory guidance requires staff to listen to and take account of the wishes of a competent client, even if the client's wishes place them in jeopardy.

Training and continual professional development

All staff and volunteers must be trained in safeguarding, at either an 'awareness' level through to organisational strategic and operational leads. Some local authorities require safeguarding training to be delivered by approved training contractors. We advise our members to ensure that any training is delivered by experienced training professionals and takes account of the context of your work. Safeguarding training should be updated and refreshed regularly for all staff.

Organisations should consider including safeguarding training as part of continual professional development (CPD) of staff and managers. CPD may include training but could also include many other development activities, for example: personal research, writing briefings, policies and advice notes, keeping a reflective journal or facilitating a discussion group or activity. A useful starting point for CPD activity is an organisations appraisal or supervision process.

We have provided a selection of CPD resources below.

Resources and training

Safeguarding

Care Act 2014 statutory guidance, Chapter 14 Safeguarding

www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Homeless Link Resources, covering a range of relevant safeguarding issues directly or indirectly, including resources on: Women, Mental Health, Trafficking and Labour exploitation, Hate crime, LGBTQ+ people

www.homeless.org.uk/our-work/resources

Social Care Institute for Excellence, a constantly updated and influential resource on adult safeguarding

www.scie.org.uk/adults/safeguarding/resources/

London Multi-Agency Adult Safeguarding Policy and Procedures, new guidance for safeguarding people who are homeless is being finalised and will form a new appendix (Appendix 7)

<https://londonadass.org.uk/safeguarding/>

Local Government Association, a range of resources on safeguarding including some specialist content for housing staff

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/safeguarding-resources

Continual Professional Development – examples of resources available

Manchester Safeguarding Boards has a range of links to many free training and development resources

www.manchestersafeguardingboards.co.uk/resource/online-learning-providers-free/

NSPCC has a useful resource on female genital mutilation

www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/female-genital-mutilation-fgm/

Virtual College on course on awareness of forced marriage

www.virtual-college.co.uk/resources/free-courses/awareness-of-forced-marriage

MOOC List – a clunky but comprehensive search engine for free or pay-for-certificate online learning through world universities

www.mooc-list.com/

Coursera – A MOOC (Massive Open On-line Course) platform course on Psychological First Aid from John Hopkins University

www.coursera.org/learn/psychological-first-aid

EDX – A MOOC platform course on ‘Forced and Precarious Labor in the Global Economy: Slavery by another Name?’ from Wits University

www.edx.org/course/forced-labour-and-precarious-labour-in-the-global-economy-slavery-by-another-name

Open Learn – OU MOOC platform course on Modern Slavery

www.open.edu/openlearn/people-politics-law/the-law/modern-slavery/content-section-0?active-tab=description-tab

IRISS – online course on developing reflective practice

www.iriss.org.uk/resources/multimedia-learning-materials/reflective-practice

Training

Homeless Link – training for homelessness and supported housing teams

www.homeless.org.uk/products/training/courses/safeguarding-vulnerable-adults

St Mungo's case studies

Case study 1: C

C is a 47 year old female client. Her two daughters live with their father. She has a family network living locally with dysfunctional and highly dependent relationships. C is a heavy alcohol user with an unusual drinking pattern. She drinks heavily over an extremely short period of time whilst isolated until she becomes unconscious. These drinking periods last between 1 to 3 weeks. During this time she completely neglects self-care, becoming incontinent (needing full care), walking in and out of the premises naked and begging passers-by for money day and night. She has been the victim of two sexual assaults during these drinking periods, including one outside the hospital entrance after discharging herself from A&E. C eventually stops drinking and becomes fully functioning, however her mental health issues trigger relapses during which she seems to disconnect from the world completely and becomes unresponsive.

Due to C's care needs when drinking alcohol, a Community Care Assessment was requested by making a telephone referral to the Local Authority. Details were taken and a call-back was received within 48hrs. The Local Authority aims to offer a full response within a month but, due to the urgency and complexity of this case, Social Services attended within 3 weeks of referral to assess C. As a result, a care package through an external care agency was implemented.

The support team were present throughout the assessment process/meetings and offered clear recommendations for the level of care required (daily assistance with self-care, shopping, maintaining cleanliness of the flat etc).

A safeguarding alert was raised by a Project Worker as a result of C being found with signs of physical and sexual assault. This followed a period of intense intoxication. The Service Manager immediately raised an external safeguarding alert with the Local Authority Social Services duty social worker. Social Services called back 24 hours after the alert was raised to make some further queries about C's case including background information, further risks and what measures had already been put in place. The allocated Social Worker for C's case arranged a case conference a week later and invited external agencies already involved in coordinating her support and care, including C's alcohol worker, Police Safer Neighbourhood Team, Mental Health services etc. Actions following the case conference included a mental capacity assessment and an enforced intervention planned with the local Safer Neighbourhoods Team. A follow up case conference meeting was arranged to assess progress and plan any further interventions.

Case study 2: M

Client M is in her 40s, a poly-substance user with mental health support needs, post-traumatic stress disorder and personality disorder. She was subject to sexual exploitation. A SOVA alert was raised by a Project Worker which the Service Manager escalated to the local Social Services safeguarding team. Social Services made some queries about the case and refused to take it further on the grounds that she had capacity and was sex working as a result of her addictions.

This decision was challenged by the Service Manager on the basis that M was a vulnerable adult who had admitted being the victim of sexual exploitation. The case was escalated to the borough's Safeguarding lead. This time it was taken further with agreement that a full Mental Health assessment would be carried out over a period of weeks, including re-engagement with alternative drug and alcohol services as M had been excluded from local statutory drug and alcohol services due to a violent incident.

It took approximately 3 months from submission of the initial Safeguarding alert to arrive at this outcome.



What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

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