

St Mary Islington

Vulnerable Adults Policy

St Mary Islington St Mary's Parish Office Upper Street Islington N1 2TX stmaryislington.org.uk

Contents

State	ement of intent	2
1	Definitions	2
2	Objectives	3
3	Implementation_for St Mary's staff and volunteers	3
	Implementation for external organisations and groups using St Mary's spaces	4
4	Support for staff and volunteers	4
5	Allegation against a staff member or volunteer of St Mary's	4
6	Allegation against external users of St Mary's Meeting Rooms (organiser or client)	4
7	Confidentiality	5

Statement of intent

St Mary's is committed to ensuring that vulnerable people who use St Mary's services are not abused and that working practices minimise the risk of such abuse. This policy should be used in conjunction with St Mary's Equal Opportunities Policy and Safeguarding Children and Young People Policy. If a vulnerable adult who is being abused is responsible for children then a referral is to be made under St Mary's Safeguarding Children and Young People Policy.

1. Definitions

Vulnerable Adult Definition according to Care Act May 2014

The Department of Health defines a vulnerable adult as a person aged 18 or over who may need community care services because of a disability (mental or other), age, or illness.

A person is also considered vulnerable if they are unable to look after themselves, protect themselves from harm or exploitation or are unable to report abuse.

This definition of a vulnerable adult covers all people over 18 years of age.

What is abuse?

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary, from treating someone with disrespect in a way that significantly affects the person's quality of life, to causing actual physical or mental suffering. Abuse can include physical, financial, material, sexual, psychological, discriminatory, emotional abuse and neglect.

Where can it take place?

It can take place anywhere:

- ➢ in a person's own home
- ➢ in a residential or nursing home
- ➢ in a hospital
- ➢ in the workplace
- > at a day centre or educational establishment
- ➤ in supported housing
- ➤ in the street
- in any setting, public or private
- online and in social media

Who can abuse?

The person responsible for the abuse is often well known to the person being abused, and might be:

- > a paid carer in a residential establishment or from a home care service
- > a social care worker, health worker, nurse, doctor or therapist

- ➤ a relative, friend or neighbour
- > another resident or person using a service in a shared care setting
- someone providing a support service
- > a person employed directly by someone in their own home as a carer or a personal assistant

Others are strangers who:

- > befriend vulnerable people with the intention of exploiting them
- deceive people into believing they are from legitimate businesses, services or utility providers
- intimidate vulnerable people into financial transactions they do not want or cannot understand

This policy applies to vulnerable adults. Please see the St Mary's Child Safeguarding Children and Young People Policy and Procedures for any matters regarding children up to the age of 18.

2. Objectives

St Mary's will train their staff to:

- ➢ Be aware and understand this policy
- > Work in a preventative manner to protect vulnerable adults from being abused
- > Respond sensitively and coherently to reported incidents of abuse
- > Share information to ensure the safety and wellbeing of members

3. Implementation

St Mary's staff and volunteers have a duty to identify abuse and report it. In the first instance, they should report any suspicion of abuse to the appropriate designated Safeguarding Officer in St Mary's.

Pre-School and Play Scheme Sharon Ellis Childcare Services Manager

Childcare Services Manager 020 7704 2873 <u>sharon.ellis@stmaryislington.org.uk</u>

Vicar James Hughesdon 020 7226 3400 james@stmaryislington.org

Trustee responsible for Safeguarding Sophie castell

s.castell@btinternet.com

If deemed appropriate the designated Safeguarding Officer will contact **Adult Social Services** 020 7527 2299

Email access.service@islington.gov.uk

If the person concerned has learning difficulties, St Mary's staff will contact the Learning Difficulties Partnership

020 7527 6600.

If deemed appropriate the designated Safeguarding Officer will make a Professional Referral to the Islington Social Care and Rehabilitation Team using the referral form in Appendix 1 below.

External organisations and groups using St Mary's spaces

Where the activities include the supervision of minors under the age of eighteen (18) years or vulnerable adults, the Licensee (being the external organisation or group using St Mary's spaces) is required to adopt controls and practices to ensure the minor or vulnerable adult users are safeguarded and protected while at all times being under the care of a responsible nominated adult.

Where the Licensee is responsible for organising, operating, assisting with or supervising activities involving children or adults with additional needs or disability, the Licensee must be DBS-checked and shall be responsible for registering with the DBS and providing details of the same to St Mary's, confirming that the issue date of such DBS check is no more than 2 years before the expiry date.

St Mary's Licensee Agreements require all licensees to inform St Mary's within 48 hrs of any Safeguarding incident becoming known to them that involves any of their clients, staff or volunteers and has the potential to cause reputational damage to St Mary's Church.

St Mary's Bookings staff will make a due diligence check about any organisation or group requesting to book a meeting room at St Mary's.

4. Support for staff and volunteers

A staff member or volunteer reporting an incident of alleged abuse may find that the alleged victim or other adult concerned is upset or angry. The Safeguarding Officer will provide support.

Staff and volunteers may be the subject of an allegation of abusing a vulnerable adult. A Trustee from St Mary's who is not involved in the investigation will provide personal confidential support to the member of staff or volunteer who has been accused. St Mary's will ensure that the appropriate external official authorities are given all assistance in pursuing any investigation against a staff member or volunteer.

Where there is an allegation against a staff member or volunteer, the designated Safeguarding Officer will make appropriate arrangements for interviewing the suspected victim and the staff member or volunteer against whom the allegation has been made. Witnesses must be present. The purpose of the interviews is not to investigate but to establish whether there are grounds for the allegation.

5. Allegation against external users of St Mary's Meeting Rooms (organiser or client)

If alleged abuse of a vulnerable adult is suspected within an organisation renting space from St Mary's, St Mary's staff or designated Safeguarding Officer will first contact the person who booked the space. If there is no satisfactory response St Mary's will contact **Adult Social Services** 020 7527 2299

Email <u>access.service@islington.gov.uk</u>

If the person concerned has learning difficulties, the **Learning Difficulties Partnership** will be contacted on 020 7527 6600

6. Confidentiality

Confidentiality is crucial to all the work of St Mary's, except that the welfare of vulnerable adults is paramount and takes precedence over confidentiality. St Mary's staff will not keep concerns relating to potential abuse of vulnerable adults to themselves. Confidentiality may not be maintained if the withholding of information will prejudice the welfare of the adult.

Appendix 1

Professional referral form to Social Care and Rehabilitation Team

(Occupational Therapy and Social Services)

Section 1: Refe	rrer details
Name of referrer	
Profession	
Telephone Number	
Best time to contact	
Email	
Organisation	
Address	

Section 2: Reason for Referral

Please provide brief details for your referral

Section 3: Client details	S			
Name of Adult				
D.O.B of Adult				
NHS Number			NI number	
Gender			Ethnicity	
Religion			Preferred Language	
Interpreter required?	Yes	No		
Address				
Telephone Number				
GP's Surgery name, address and telephone number				
Carer/NOK Details				
Access Arrangements	Able to door	open	Lives with carer	Key safe If yes, number:
Any known risks to visiting staff?				
	Nam e			

Does the person care for someone else? If so, who?	DO B:	Phone No:		No:	
WHO !	Addr ess:				
Accommodation status	Council		Privately Rented		Lodger
	Socially Rented		Privatel Owned	y	Homeless
Has consent been gained to make this referral? Yes No Please inform client regarding referral prior to sending this form. Only send a referral without consent if there are safeguarding concerns.					

Section 4: Safeguarding	-
Do you have any Safeguarding concerns?	Yes
	No please go to Section 5
Details	

Type of alleged abuse: (tick all relevant)	Financial or material		Sexual		Domest ic Violenc e
	Psychologic al or emotional Modern Slavery		Negle	ect	Organis ational or Instituti onal
			Physica I		Self neglect
How did the abuse come to light?	Disclo Witness Physic sure ed signs				
	Other (please specify):				
Date of the alleged abuse:					
Location of the alleged abuse:					
Description of the alleged Abuse:					

Information about the person/s causing the alleged harm

	Person 1	Person 2
Name		
Address		
Phone Number		
Gender		
Relationship to adult at risk		
(Relative/Carer/Etc.)		
Does the alleged perpetrator live with the vulnerable person?		
What action has been taken so far?		
Is there an immediate risk of harm to the victim?	Yes No	
	calling 999 o	should consider r phoning the lvice Service on s appropriate).
Is there indication that a crime may have been committed?	Yes No	
Have the Police been notified?	Yes No C	AD No if yes:
Are there any children in the household?	Yes	No

If yes, have you notified Children and Families?	Yes No If children are at ris Children's Social Car 7400.	•
If yes, record names and ages of children if known	Name	Age
Details of any known next of kin, friends or neighbours that can help	Name	Telephon e Number
Is the vulnerable person aware of the alert?	Yes No	
Who else is aware of the alert?		
Does the vulnerable person have the me own decisions with regards to Safeguar		his / her
Yes No Details:		

Section 5:Type of Assessment Required

Social	Work
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Occupational Therapy

Financial Assessment			
Care Professional will carry out an as	ng towards the cost of their care. Social ssessment of individual or Service User ution will be and what the council will pay.		
Are you or the person you are referring aware of Financial Assessment?			
Yes	No		

Consent		
Is the service user consenting to referral?	YES	NO
If not, please explain:		
Note: Referrals will NOT be accepted without consent, if a person has capacity to make this decision*		
Consent for information shar	ing	

Consent for information sharing
Does the service user consent for their personal information to be shared with other professionals?
YES NO
If not state please explain;

Section 6: Medical Background		
Medical History: (medical conditions)		
Medication and how the person manages		
Recent Hospital Admission:		

(date/reason)			
Sensory Impairment: (Hearing/Sight/Speech/ Sensory Loss)			
Is the person incontinent?	Yes	No	
Incontinent of urine?	Yes	No	Sometimes
Incontinent of faeces?	Yes	No	Sometimes
Using incontinence pads?	Yes	No	Sometimes
Memory Impairment: (memory loss, diagnosis, concerns around mental capacity in particular areas)			

Section 7: Activities of Daily Living		
Does the person you are referring experiencing any difficulties with any of the below?	Yes	Please give details
	-	1 Г

			No	Please go to Section 8
Washing:	Yes No	Please (give details	
Dressing:	Yes No	Please (give details	
Eating/Drinking/Nutrition:	Yes No	Please (give details	
Meal preparation	Yes No	Please (give details	
Shopping	Yes No	Please (give details	
Housework	Yes No	Please (give details	

Section 8: Mobility		
Does the person you are referring experiencing any difficulties with transfers and/or mobility?	Yes	Please give details
	No	Please go to Section 9

Weight bearing status:			
Transfers	Independent	Assistance Required	Needs Equipment
Bed:			
Toilet:			
Chair:			
Bath/Shower:			
Equipment/aids in	Raised toilet seat T	oilet Frame Commod	de Grab Rail
situ:	Other (please specif	y)	
Does the person you a community? Please p		difficulties accessir	ng the
Indoor mobility aids:			
(please specify)			

Outdoor mobility aids:	mobility	•	nobility
(please specify)	specify)	lease specify)	pecify)

Section 9: Access to and from property				
Does the person that you are referring experience any difficulties with access to and from the property?		Yes	Please give details	
		No	Please go to Section 10.	
Negotiating Steps:				
Stairs:				
Ramp:				
Curb:				
Clutter:				
Equipment in situ:	Grab rails Ramp	-		
	Other (please spe	ecify):		

Section 10: Falls				
Does the person that you are referring experience any difficulties with falls?		Yes	Please give details	
		No		
History of falls: (any falls within the last 3 months / location of fall / reason for fall)				
Pendant Alarm	Yes No	Required		
Telecare Equipment	Yes No	Required		

Once you have completed the form please send this to the Access and Advice Service using one of the following methods:

Phone	020 7527 2299
Fax	020 7527 5114
Email	access.service@islington.gov.uk
Address:	7 Newington Barrow Way London N7 7EP