**Vulnerable Adults Safeguarding Policy**

This document outlines Essere Therapies policy on protecting vulnerable adults from abuse. These procedures will be followed by all associate therapists and are promoted by Helen Lewin and Catherine Croll Directors within the organisation.

Essere Therapies is available to all members of the local community of all ages. The purpose of this policy is to ensure all associate therapists understand the appropriate course of action should they discover or suspect a client is at risk of harm or is being harmed by others.

At Essere we do recognise that we have an ethical and moral responsibility for the wellbeing of our clients and the wellbeing of others.

**Definition of a Vulnerable Adult**

A vulnerable adult is someone aged 18 years or above who is unable to protect themselves from significant harm or exploitation. This could be due to mental ill health, physical disabilities, age or illness.

Associate therapists should be mindful that any individual requesting therapy could potentially be classed as vulnerable.

**What is Abuse**

Abuse is behaviour towards a person that either deliberately or unknowingly, causes him or her harm or endangers their life or their human or civil rights. Abuse includes physical, sexual, psychological, financial, discriminatory abuse and acts of neglect and omission. It includes domestic violence and institutional abuse.

Abuse can be passive or active. It can be an isolated incident or repetitive.

It may occur as a result of a failure to undertake action or appropriate care tasks. Anyone can be a perpetrator of abuse. It can occur in any relationship. An individual, a group, or an organisation may perpetrate abuse, therefore, all staff within Essere Therapies need to be alert to abuse both from statements made by clients and from other sources including abuse by members of our own organisation.

Essere Therapies will also consider:

In the case of an adult client reporting historical abuse where there is no evidence or indication of present abuse, good practice would be that they should be facilitated to consider whether to report the matter or not, rather than the therapist making the decision to report.

If an adult client discloses information about a present-day relationship that you may consider includes harmful or abusive elements. Essere therapies will consider the capacity to makes choices; sometimes choices that may be consider harmful.

A risk assessment will be needed with the following questions to consider: How harmful? Is it significant harm? What might be the reasons a client would not want to report? What might happen if you were to report, and the client then denies it? What if it puts the client at further risk of harm if it is reported without consent? Do we have the details of the potential abuser to refer, and the client denies?

Essere therapies may consider a rationale and record alongside their supervisor not to report when the abusive behaviour after analysing all the risks but to work with the client so that they are no longer in a harmful relationship.

**What to do if a client talks to you about abuse**

A client may decide to share information about abuse with you.

In such situations, we will:

Always treat the client’s disclosure seriously.

Make an accurate record of the disclosure, take care to record any timings, the setting and people present. Use the client’s own words but do not press for more information than offered.

Explain that we will do everything we can to respect their confidentiality and gain consent where possible.

Some information in order to protect them or others from immediate significant risk of harm.

Provide a space for the client to process the impact of abuse.

BACP ethical framework says; -

 “We will give careful consideration to obtaining and respecting the consent of vulnerable adult clients, wherever they have the capacity to give consent, or involving anyone who provides care for these clients when appropriate.” (BACP ethical framework 2016.)

**Emergencies**

Where immediate action is needed to safeguard the health and safety of vulnerable adults, contact the emergency services. Ensure you explain that the adult is “vulnerable”.

Lancashire Police- Telephone 0845 1 25 35 45

If you are in immediate danger or you think a criminal act is being committed, contact the police by calling 999.

**Consulting about any concerns**

You should consult externally with your local Social Services Department in the following circumstances:

• when you remain unsure after internal consultation as to whether valid concerns exist.

• when there is disagreement as to whether valid concerns exist.

• when the concerns relate to any member of the organising committee.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

**Making a referral**

A referral involves giving Social Services or the Police information about concerns relating to a vulnerable adult in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

Email enquiries@lancashire.gov.uk

Telephone 0300 123 6720

Out of hours emergency contact details- Social Care 0300 123 6722

Initial response service for mental health- 0800 0130707

All referrals will be made by the associate therapist who was informed of the disclosure with support from Helen Lewin or Catherine Croll at Essere Therapies if needed. If neither are contactable, and only in an emergency, therapists may contact Social Services or the Police directly. Catherine Croll or Helen Lewin must be informed at the first opportunity.

In certain cases, the level of concern will lead straight to a referral without external consultation being necessary. Clients should be informed if a referral is being made. However, inability to inform clients for any reason should not prevent a referral being made.

BACP state; -

“We will give careful consideration to how we manage situations when protecting clients or others from serious harm or when compliance with the law may require overriding a client’s explicit wishes or breaching their confidentiality.” (BACP ethical framework 2016.)

It also says; - “We will collaborate with colleagues over our work with specific clients where this is consistent with client consent and will enhance services to the client.” (BACP ethical framework 2016.)

Information required:

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available).

Unavailability of some information should not stop you making a referral.

• Your name, telephone number, position and request of the person to whom you are speaking.

• Full name and address, DOB and telephone number of the adult concerned.

• Gender, ethnicity, first language, any special needs.

• The names of professionals’ known to be involved with the adult e.g., GP, Health Visitor etc.

• The nature of the concern(s); and foundation for them.

• An opinion on whether urgent action is needed to make them safe.

• Whether consent from the client has been given to make the referral.

Action to be taken following the referral

• Inform Helen Lewin (Essere Therapies) that a referral has been made.

• Ensure you keep an accurate record of your concern(s) made at the time.

• Put your concerns in writing to Social Services following the referral (within 48 hours).

• Accurately record the action agreed or that no further action is to be taken and the reasons for this decision on the disclosure form.

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