

V@E ADULT PROTECTION POLICY

Personnel\Policies\Adult Protection Policy September 2010

Veterans @ Ease

VULNERABLE ADULT PROTECTION POLICY

Principle

No one shall be subjected to torture or to inhuman or degrading treatment or punishment

Human Rights Act 2000

Acknowledgement

This Policy was developed following good practice guidelines as set out on the Adult Protection Policy

On the safeguarding Adults website 2010.

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Registered Charity No: 1140832

CONTACT ADDRESSES

1. AIM OF THIS POLICY

The aim of this policy is to outline the practice and procedures for paid and voluntary staff working for V@E to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting the vulnerable adult and the worker, recognising the risks involved in lone working.

The policy covers all staff and areas of work with specific guidance for projects regularly in contact with vulnerable adults.

2. a. DEFINITION OF VULNERABLE

The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2000

In these Regulations '**vulnerable adult**' means a person aged 18 or over who

is receiving services of a type listed in paragraph (2) below and in consequence of a condition of a type listed in paragraph (3) below has a disability of a type listed in paragraph (4) below.

(2) The services are:

- a. Accommodation and nursing or personal care in a care home
- b. Personal care or nursing or support to live independently in his/her own home
- c. Any services provided by an independent hospital, independent clinic, independent medical agency or NHS body;
- d. Social care services
- e. Any services provided in an establishment catering for a person with learning difficulties

(3) The conditions are:

- a. A learning or physical disability;
- b. A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
- c. A reduction in physical or mental capacity

(4) The disabilities are:

- a. A dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions;
- b. Severe impairment in the ability to communicate with others;

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c. Impairment in a person's ability to protect him/herself from assault, abuse or neglect

Law Commission, 'Making Decisions' Lord Chancellors Dept 1999

A '**Vulnerable Adult**' is defined as someone over 16 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/herself or unable to

protect him/herself against significant harm or exploitation'

2. b. DEFINITION OF ABUSE

"**Abuse** is the harming of another individual usually by someone who is in a

position of power, trust or authority over that individual. The harm may be

physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying*

access to people who can come to the aid of the victim, or through misuse or

misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse. In many cases, it is a criminal offence"

Centre for Policy on Ageing (1996)

Types of Abuse

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

Sexual abuse

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

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Psychological/emotional abuse includes:

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing

Neglect

- 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.

Financial or material

- Including theft, fraud,
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Multiple forms of abuse may occur in an on going relationship or abusive service

setting to one person, or to more than one person at a time, making it important to

look beyond single incidents or breaches in standards, to underlying dynamics and

patterns of harm. Any or all of these types of abuse may be perpetrated as the result

of deliberate intent and targeting of vulnerable people, negligence or ignorance.

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

RIGHTS & RESPONSIBILITIES**Responsibilities of V@E**

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- To ensure staff and volunteers are aware of the adult protection policy and are adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To CRB check volunteers and employees that have access to or work with Vulnerable Adults

Responsibilities of V@E employees and volunteers

- To be familiar with the adult protection policy and procedures
- To take appropriate action in line with the policies of V@E
- Voluntary Sector Support Team to promote the principles and good practice to other voluntary organisations
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they be staff, service users, carers or members of the general public should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk
- If service users, they will be given immediate protection from the risk of reprisals or intimidation
- If Staff they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

The Vulnerable Adult has the right:

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout
- To be involved in any process as appropriate
- To receive information about the outcome

4. GOOD PRACTICE

a. Recruitment of staff and Volunteers

- Follow V@E recruitment procedures and policies, including:

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- o Risk assessment of role to assess need for CRB Disclosures
- o Completion of an V@E application form
- o Check references thoroughly including appropriate Disclosure
- o All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal

b. Training

- Familiarisation with all V@E policies and procedures during induction
- Access to the Vulnerable Adult reference guide provided by Veterans @ Ease which covers all aspects of Adult Protection. This reference guide is aimed to contribute to the on-going practice development of staff whether in the work place or as a tool whilst undertaking qualifying courses. It is available electronically and is stored in the following location;
- Further training, dependent on nature of role, e.g.
 - o Risk assessment & management
 - o Types of abuse and recognising signs of abuse
 - o Keeping appropriate records
 - o Listening skills

c. Management and Supervision

- It is the line manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

d. Record Keeping

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles. . *(please refer to Confidentiality & Data Protection Policy)*
- All incidents should be discussed in supervision with line manager.
- Records kept by paid workers about vulnerable adults should only include:
 - o Contacts made
 - o Referrals made, including date, time, reason and referral agency
- V@E may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

e. Planning

- Wherever possible paid staff and volunteers should avoid lone working with a vulnerable adult. But if unavoidable, one to one contact should take

place in an environment where other staff or volunteers are present or within sight. *(further guidance can be found in the V@E Health & Safety Policy on Personal Safety)*

f. Access to an independent person

- Any vulnerable adult who comes into contact with V@E staff or volunteers regularly, should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration process.

The independent person for V@E is:

The Chairman of Veterans at Ease
paulslaterderby@yahoo.co.uk

Mobile 07768906734

5. IDENTIFICATION OF ABUSE

Physical abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily

due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting

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- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or material signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

6 PEOPLE WHO MIGHT ABUSE

Abuse can happen anywhere and can be carried out by anyone e.g.;

- Informal carer's, family, friends, neighbours
- Paid staff, volunteers
- Other service users or tenants
- strangers

7 WHAT TO DO

To act or not to act

All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the

Police as soon as possible. To determine the appropriate action it is important

to consider:

- **Risk** – does the vulnerable adult, staff member or volunteer understand the

nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?

- **Self-determination** – is the vulnerable adult able to make their own decisions and choices, and do they wish to do so

- **Seriousness** – A number of factors will determine whether intervention is

required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:

- The **perception** by the individual and their **vulnerability**
- The **extent** of the abuse
- The **length of time** it has been going on
- The **impact** on the individual
- The risk of **repetition** or **escalation** involving this or other vulnerable adults
- Is a **criminal offence** being committed

8 SUMMARY

- The employee or volunteer's primary responsibility is to protect the vulnerable adult if they are at risk
- Each employee or volunteer has a duty to take action
- Employees or volunteers should not have to cope alone

PRACTICE GUIDE ACTIONS AND CONSIDERATIONS

THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF VULNERABLE ADULTS. TO THIS END 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 OR AGENCY.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable adult, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions

about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.

- Decisions to override the vulnerable adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.

1. Note your concerns and any information given to you or witnessed by you.
2. Report concerns to the appropriate line manager.
- 3. REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE. By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.**
4. Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

PRACTICE GUIDE

DISCUSSION AND DECISION MAKING

INFORMATION SHOULD BE SHARED WITH YOUR LINE MANAGER, WHO MUST APPROVE ANY ACTIONS TO BE TAKEN AND ANY DOCUMENTATION OR CORRESPONDENCE BEING SENT OUT.

Employees with concerns should discuss them with their line manager on the same day.

If the line manager is not available, then any concerns should be discussed with the Director or their Deputy.

Volunteers with concerns should discuss these discreetly with their co-ordinator or Line

Manager as soon as possible after the abuse or suspicions of abuse are observed. If

unavailable then any concerns should be discussed with the Director of Veterans At Ease, or their Deputy.

Concerns about colleagues. These should be addressed initially with the Line Manager,

but if this is not possible or the concern is about the Line Manager or other Senior

member of staff, then any concerns should be discussed with the Director.

PRACTICE GUIDE

TO REFER OR NOT TO REFER

THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY THE TEAM LEADER AND THE DIRECTOR SHOULD BE INFORMED.

When considering the decision as to whether to refer elsewhere (e.g. to Police,

Social Services, National Care Standards Commission) the following should be

taken into account:

- The wishes of the vulnerable adult, & their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others

- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. NCSC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

PRACTICE GUIDE

ISSUES OF MENTAL CAPACITY & CONSENT

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed

PRACTICE GUIDE

WHO TO REFER TO OR REPORT CONCERNS TO

- The contact Centre; the single point of referral within Social Services
- Emergency Social Services duty team, if urgent and outside normal office hours
- Relevant hospital Social Services team if vulnerable adult is in hospital
- Community Mental Health Team where the vulnerable adult has an ongoing mental health need
- National Care Standards Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

PRACTICE GUIDE

INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS:

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability

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- Details of GP and any known medication
 - Whether the individual is aware of and has consented to the referral/report.
 - The mental capacity of the individual (are there are any concerns/doubts about this?)
 - If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.
- Also, any relevant information, for example:
- Reasons for concerns and therefore this referral
 - Details of how these concerns came to light
 - Specific information relating to these concerns
 - Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
 - Details of anyone else to whom this referral has also been made
 - Details of the alleged perpetrator and if they are a vulnerable adult
 - Details of alleged abuse and information about suspicions
 - Details of any other background information
 - An impression of how serious the situation might be
 - Details of any other professional involved
 - Details of carers and any significant family members, neighbours, friends

**INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE
CONFIRM IN WRITING INFORMATION GIVEN VERBALLY**

PRACTICE GUIDE

Dos and Don'ts

Staff member or volunteer should:

- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen, immediately.

Staff member or volunteer should not:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

Discuss with the Relevant Manager who will:

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- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency

PRACTICE GUIDE FLOW CHART

Victim

Suspicion or disclosure of abuse to staff member/volunteer

Line Manager

Team Leader

Decision to refer/not to refer: Discuss

with appropriate parties: Staff

member/volunteer, victim, Director, Line Manager

Refer to appropriate agency:

Social Services Contact Centre,

Police, National Care Standards

Commission

Inform

Chief Executive

Is it an Emergency?

Yes

No

Contact emergency services:

police, ambulance, GP etc

Yes No

Inform others

relevant parties:

Staff

member/volunte

er, victim

Inform

Chief Executive

Inform

others

relevant

parties:

Staff

member/

volunteer,

victim

CONTACT ADDRESSES

Police

Durham Constabulary
Police Headquarters
Aykley Heads
Durham
DH1 5TT

E-Mail: customerservicedesk@durham.pnn.police.uk

Non emergency tel: 0345 60 60 365

Mini-Comm for deaf users: 0191 3752090

Social Services out of hours

Contact Centre:

Emergencies when the offices are closed

email:

scd@durham.gov.uk

Tel:

0845 850 5010

Fax:

0191 383 5752

Minicom:

0142 988 4124

Durham City Council – Social Services

Durham City Council

email:

scd@durham.gov.uk

Tel:

0845 850 5010

Fax:

0191 383 5752

Minicom:

0142 988 412

Health and Community Care Contact Centre

[Chester-le-Street Community Hospital](#)

Front Street, Chester Le Street, County Durham, DH3 3AT

For general enquiries:

Durham City Council

- **Phone:** 0300 123 7070 (cost of a local call), available 8.30am-5.00pm (Monday-Thursday), 8.30am-4.30pm (Friday).
- **Fax:** 0191 383 4500
- **Minicom:** 0191 383 3802 (for people with hearing impairment).
- **In writing:**
Durham County Council
County Hall
Durham
DH1 5UL

CSCI (Commission for Social Care Inspection) (independent inspectorate for all social care services in England).

Durham

(Source: <http://www.csci.org.uk> and SCC Adult Protection Policy Protocol/)

Community Mental Health Team

Merrick House, Seaside La, Easington, Peterlee SR8 3DY0191 527 5050

Hospital Trusts

(Open from 7am-10pm every day of the year)

NHS Walk-In Centre

Darlington PCT Walk in Centre, Dr Piper House, King Street, Darlington, DL3 6JL. Open Monday - Sunday 8.00am to 8.00pm

NATIONAL ORGANISATIONS

ACTION ON ELDER ABUSE

Tel: 020 8765 7000

Raise awareness of elder abuse and provides information.

ALZHEIMERS SOCIETY

Local Tel: 023 8047 4657

ANN CRAFT TRUST

Tel: 0115 951 5400

A national association working with staff in the statutory, independent and voluntary

sectors in the interests of people with learning disabilities who may be at risk from abuse.

ELDER ABUSE RESPONSE

Freephone 0808 808 8141 10 – 4.30

A confidential helpline service providing information on emotional support for

anyone including professions/paid workers.

MIND infoline

Tel: 0845 7660 163

Information re mental health related issues. Help in finding out options and local

services. Mon – Fri 9.15 – 5.15.

RELATIVES AND RESIDENTS ASSOCIATION

Tel: 020 7359 8136

Tel: 020 7916 6055

Email: advice@reles.org

Help information or advice about a relative who is in a care home or about to enter one

RESPOND

Tel: 020 7383 0700

Provides therapeutic intervention for people with learning disabilities who have been

abused.

SANELINE

Tel: 0845 767 8000

National helpline for anyone coping with mental illness

VOICE

Tel: 01332 202555

Provide support to people with learning disabilities who have been abused, raises

awareness, campaigns and promotes best practice

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Name (printed)	Position in organisation	Date	Signature
GARRETH MURREL	CEO	25/9/10	
ANGELA HALL	CHAIR	25/9/10	
SHEILA LIVINGSTONE	TREASURER	28/2/11	
SUSANNE HOLLAND	SECRETARY	28/2/11	

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