

NEW FOREST MENCAP

VULNERABLE ADULT PROTECTION POLICY

1. AIM OF THIS POLICY

The aim of this policy is to outline the practice and procedures for staff and volunteers at New Forest Mencap (NFM) 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 volunteers and staff and areas of work with specific guidance for projects regularly in contact with vulnerable adults.

2. a. DEFINITION OF VULNERABLE¹

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

In these Regulations '**vulnerable adult**' means a person aged 19 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.

Law Commission, 'Making Decisions' Lord Chancellors Dept 1999A 'Vulnerable Adult' is defined as someone 19 or over 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) The services are:-

Any services provided in an establishment catering for a person with a learning difficulty.

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

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 individual who may be abused in more subtle ways (*for example, through denying*

access to people who can come to the aid of the individual who may be abused, 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.

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 NFM

- 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 DBS check volunteers and employees that have access to or work with
- vulnerable Adults

Responsibilities of NFM employees and volunteers

- To be familiar with the adult protection policy and procedures
- To take appropriate action in line with the policies of New Forest Mencap
- To declare any existing or subsequent convictions as 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 staff, volunteers, 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 they are a member of staff or volunteer 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 NFM recruitment procedures and policies, including:

- Risk assessment of role to assess need for DBS Disclosures
- Completion of a NFM application form
- Check references thoroughly including appropriate Disclosure
- 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 NFM policies and procedures during induction
- Further training, dependent on nature of role, e.g. Risk assessment & management
- Types of abuse and recognising signs of abuse
- Keeping appropriate records

c. Management and Supervision

It is the 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 securely by the appropriate person, and will be kept for as long as deemed necessary, in line with the Data Protection policy.

- All incidents should be discussed with the team leader or Chairperson
- Records kept by paid workers about vulnerable adults should only include:
 - Contacts made
 - Referrals made, including date, time, reason and referral agency

e. Planning

Wherever possible, paid staff and volunteers should avoid lone working with a vulnerable adult. If unavoidable, one to one working should ideally take place in an environment where other staff or volunteers are present or within sight. If there is an instance such as giving a vulnerable adult a lift to a venue, this scenario will be discussed in training. Toileting issues will also be discussed in training.

f. Access to an independent person

Any vulnerable adult, who comes into contact with NFM staff or volunteers regularly should be given information on their right to talk with an independent person, and their name and contact arrangements.

5. IDENTIFICATION OF ABUSE

- **Physical abuse signs**
- **Sexual abuse signs**
- **Psychological/emotional signs:**
- **Neglect signs**
- **Financial or material signs**
- **Discriminatory signs**

Other signs of abuse

- **Unwillingness to be in the same room as a certain people**
- **Unwillingness to go to certain places e.g. toilets**
- **Withdrawn, isolated behavior**
- **Easily distressed**
- **Damage to property**
- **Disruptive behavior**
- **Change in attitude**
- **Bruising or torn clothes**

These examples are not exhaustive. Staff and volunteers should not automatically assume abuse as there may be another explanation.

6. PEOPLE WHO MIGHT ABUSE:

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

- Informal carers, 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 individual who may be abused 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

1.0. ACTIONS AND CONSIDERATIONS

The first priority should always be to ensure the safety and safeguarding Adults who may be at risk. 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....

- 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 Team Leader.
- 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 the team leader.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the team leader or Chairperson.

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

Understand the need not to contaminate, or to preserve evidence if a crime may have been committed

2.0. DISCUSSION AND DECISION MAKING

Information should be shared with your team leader or Chairperson who must approve any actions to be taken and any documentation or correspondence being sent out.

Employees with concerns should discuss them with their team leader on the same day. If the manager is not available, then any concerns should be discussed with the Chairperson. Volunteers with concerns should discuss these discreetly with their 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 Chairperson.

Concerns about colleagues should be addressed initially with the team leader, but if this is not possible or the concern is about the team leader, then any concerns should be discussed with the Chairperson.

3.0. TO REFER OR NOT TO REFER

The decision to refer or not to refer should be made by the team leader and the Chairperson 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 and 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
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

4.0. ISSUES OF MENTAL CAPACITY AND 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

5.0. WHO TO REFER TO OR REPORT CONCERNS TO

- The contact Centre; the single point of referral is the Chairperson NFM 01425 621893
- 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

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

- Details of alleged individual who may be abused – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- 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 any concerns/doubts about this?)
- 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

7.0. DOS AND DO NOTS

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 the team leader at their Gateway Club.
- 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 team leader or Chairperson who will:

- 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

Definitions

Staff means paid employee

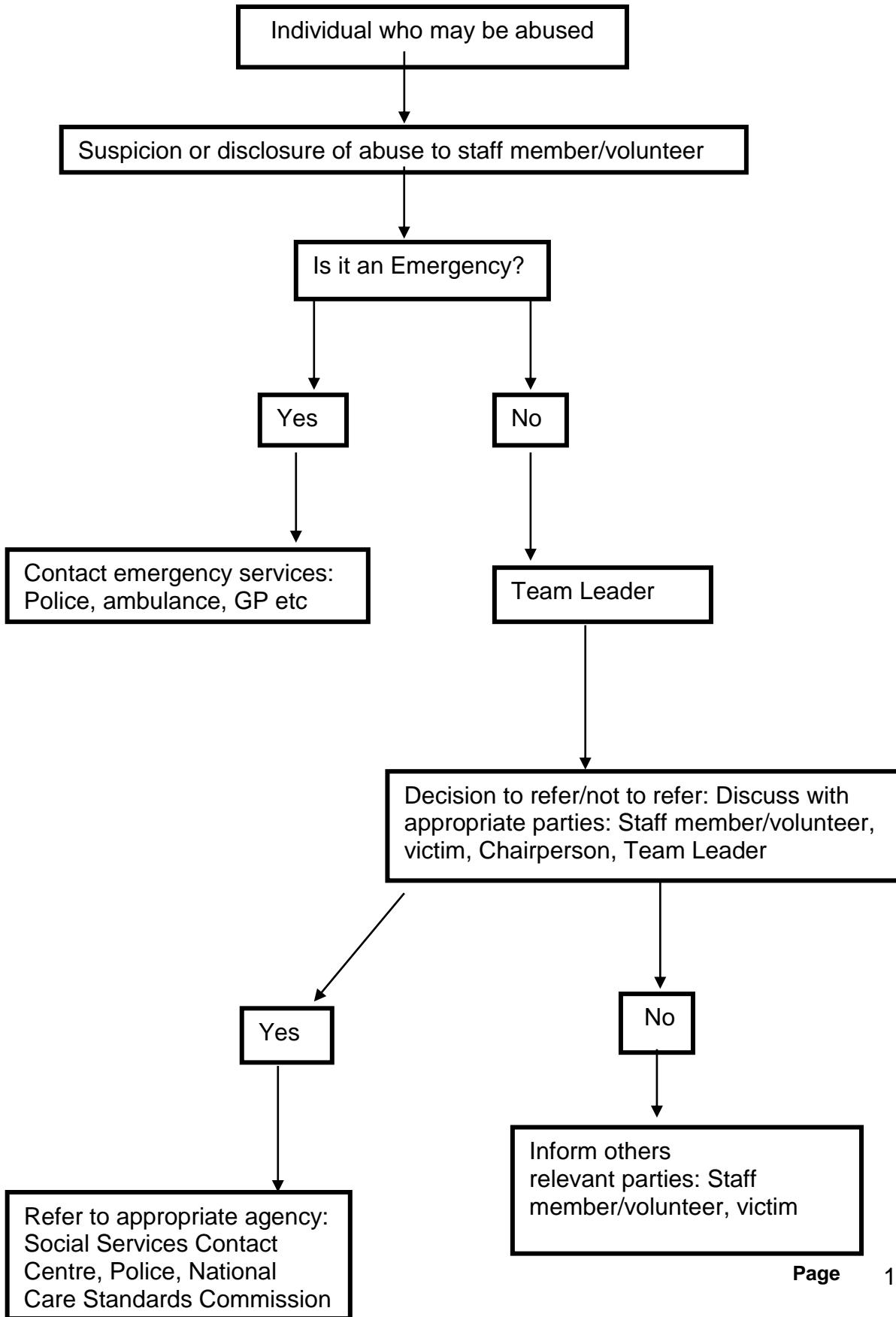
Volunteer means any volunteer including Trustees

Office Administrator is the Office Administrator at the New Forest Mencap, Nedderman Centre

Chairperson For most Club activities this refers to the Chairperson of the relevant Club Management Committee. Otherwise issues can be raised with the Chairperson of New Forest Mencap.

PRACTICE GUIDE

8.0. FLOW CHART



CONTACT ADDRESSES

Police

At **weekends** the contact number is 101 or 999 and report to the Police.

Social Services

The Social Services number during **Office Hours** is 0300 555 1386

The Social Services number during **Out of Hours** is 0300 555 1378

Hampshire Social Services Direct

This helpline is staffed by social workers and other specialists who can deal with anything from advice about how best to help an elderly relative to getting help in an emergency.

Source: <http://www.hants.gov.uk/socialcareandhealth/adultsocialcare>

NATIONAL ORGANISATIONS

Churches Child Protection Advisory Service 24 Hour Helpline

Tel: 0845 120 4550.

Support, information and confidence to literally thousands of workers, leaders, parents, carers and those people hurting from abuse, or the consequences of abuse. Staffed only by professionals (including social workers, ex-police officers and counsellors) who have decades of collective experience in the field. All are knowledgeable, practical and approachable.

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.

VOICE UK

Tel: 080 880 28686

Provide support to people with learning disabilities who have been abused, raise awareness, campaigns and promotes best practice

RESPOND

Helpline Tel: 0800 808 0700

helpline@respond.org.uk

Provides therapeutic intervention for people with learning disabilities who have been abused.

MIND infoline

Tel: 0300 123 3393

Text: 86463

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

Mon – Fri 9.15 – 5.15.

RELATIVES AND RESIDENTS ASSOCIATION

Helpline Tel: 020 7359 8136 9.30am – 4.30pm

Email: info@relres.org

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

SANELINE

Tel: 0300 304 7000

National helpline for anyone coping with mental illness

ACTION ON ELDER ABUSE

Tel: 080 8808 8141

Raise awareness of elder abuse and provides information.

COUNSEL & CARE

Tel: 0800 319 6789

Advice Line. This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations.

ALZHEIMERS SOCIETY

Local Tel: 01425 621188

Helpline: 02392 892034