

# BIRMINGHAM LINK

## PROTECTION OF VULNERABLE ADULTS POLICY

### 1. PURPOSE

To ensure that the members of Birmingham LINK are best able to protect vulnerable adults and to play their part in the wider system of adult protection.

### 2. POLICY STATEMENT

Birmingham LINK will work closely with relevant agencies to prevent abuse where possible and to ensure that people who have been abused receive support and protection from further abuse.

In this policy adults is defined as persons aged 18 or over.

### 3. DEFINITIONS

A “vulnerable adult” is “a person aged 18 years or over, who is in receipt of 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 or herself, or unable to protect himself or herself, or unable to protect him or herself against harm or exploitation”.

Abuse is “the violation of an individual’s human or civil rights by any other person or persons”.

Abuse may consist of a single act or repeated acts. It may be physical, sexual, verbal or psychological, an act of neglect or a deliberate failure to protect, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. It may also occur through deliberate targeting or grooming of vulnerable people and may be carried out by individuals or groups of individuals. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

### 4. FORMS OF ABUSE

- a) **Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, forced feeding, the use of force which results in the pain, injury or change in the person’s natural physical state.
- b) **Sexual abuse**, including rape and sexual assault or sexual acts to, which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects.

- c) **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy. Behaviour that has a harmful effect on the vulnerable adults emotional health and development.
- d) **Financial or material abuse**, including theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- e) **Neglect** and acts of omission, 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 and undermining personal beliefs.
- f) **Discriminatory abuse**, including racism, sexism, and ageism, based on a person's disability, and other forms of harassment, slurs or similar treatment.
- g) **Domestic violence** is “any criminal offence arising out of physical, sexual, psychological, emotional or financial abuse by one person against a current or former partner in a close relationship or against a current or former family member”. There is no statutory offence of Domestic violence it is a generic term to describe a range of behaviours often used by one person to control or dominate another with whom they have had a close relationship.
- h) **Poor professional practice** also needs to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems, this is sometimes referred to as institutional abuse.
- i) **Institutional Abuse** involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care.
- j) **Stranger Abuse** will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other vulnerable people.

- k) **Harm** should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development. Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

## 5. RECOGNISING ABUSE

### SOCIAL AND EMOTIONAL INDICATORS

The following are indicators for assessing the risks involved where abuse is suspected:

- The vulnerable adult appears to be withdrawn or agitated and anxious
- They may be isolated in one room of the house or confined to living in a small space
- Their mobility is restricted due to absence of suitable mobility aids
- They may be excluded from outside social contacts
- They are overly subservient or anxious to please
- Professional and other visitors may have difficulty gaining access to the vulnerable adult
- Lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual
- Dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered
- Refusal to allow the person into respite/permanent care
- Poor conditions, lack of clothing, lack of access to own money

### INDICATORS OF PHYSICAL ABUSE

The following are indicators for assessing the risks involved where physical abuse is suspected:

- Multiple bruising that is not consistent with the explanation e.g. a fall
- Cowering and flinching
- Bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
- Abrasions, especially around the neck, wrists and/or ankles
- Unexplained burns, especially on the back of the hands
- Scalds, especially with a well-defined edge from immersion in water
- Hair loss in one area – scalp sore to touch
- Frequent minor accidents without seeking medical help
- Unusually sleepy or docile
- Tendency to flounder or slip over
- Unexplained fractures
- Malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence
- Frequent 'hopping' from one GP to another or from one care agency to another

## **INDICATORS OF SEXUAL ABUSE**

The following are indicators for assessing the risks involved where sexual abuse is suspected.

- Changes i.e. the person starts to seek attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
- Complaints of soreness in genital/anal area, no medical cause known
- Recurring conditions such as thrush or cystitis
- Diagnosis of a sexually transmitted disease when the person is not known to be sexually active
- Bruising on the inner thighs or shoulders
- Objects to being washed in genital areas, which is a change in behaviour

## **INDICATORS OF FINANCIAL OR MATERIAL ABUSE**

The following are indicators for assessing the risks involved where financial or material abuse is suspected:

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently
- Personal possessions of value go missing from the home without satisfactory explanation
- Someone has taken responsibility for paying rent, bills, buying food etc; - But is clearly not doing so
- Unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters
- Next of kin refuse to follow advice regarding control of property via Court of Protection or through securing enduring power of attorney, but insist upon informal arrangements
- Where care services including residential care are refused under clear pressure from family or other potential inheritors.
- Unusual purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays

## **INDICATORS OF INSTITUTIONAL ABUSE**

The following are indicators for assessing the risks involved where Institutional abuse is suspected:

- There is poor staff morale, high turnover or high sickness rate amongst staff and excessive hours are worked
- There is a general lack of consideration of privacy e.g. staff walk casually into bedrooms; lack of appropriate privacy for washing and personal care tasks; there is no telephone that can be used privately
- Residents/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff

- Lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or teeth
- Poor hygiene e.g. strong smell of urine; dirty clothing or bed linen.
- Inappropriate use of tip back chairs, excessive use of bed rails, chairs with fixed tables
- Inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication
- Lack of communication between staff about service users
- Lack of communication between relatives and staff

## **6. RESPONDING TO ABUSE**

When abuse has been disclosed, reported or observed, it is important that the alleged victim be treated with dignity, is involved as an equal in the investigation, and kept fully informed on a regular basis. They have the right:

- To be believed when they report abuse of themselves and/or others, unless there is direct and unequivocal evidence to the contrary
- To appropriate education/information in order to identify behaviour which constitutes abuse
- To have the investigation processed through a timescale with which they can be comfortable
- To privacy and confidentiality in the conduct of the investigation.
- To be assisted by an interpreter, advocate, relative or carer in giving information, or evidence about the alleged abuse, unless the evidence, which is to be given, is subject to separate rules, e.g. Police procedures
- To expect arrangements to be made to promote safety and welfare in both the short and long term
- To expect that the issues of power, coercion and intent on the part of the alleged abuser to the alleged victim are given particular attention
- Not to have to undergo repeated presentations of information/evidence, except as required in criminal proceedings
- To be involved in decisions made as a result of the investigation
- To have access to Action For Justice procedures where appropriate

## **7. PROCEDURE**

### **a) SUSPICIONS AND ALLEGATIONS**

If you suspect a colleague of abuse it is your duty to report your suspicions to the Senior Manager.

It is not your responsibility to investigate your suspicions. Nor should you concern yourself with looking for evidence of abuse. This requires expertise you are not expected to have; your role is to respond appropriately

If an allegation is made to you about a colleague.

It is not your responsibility to investigate any allegation. Nor should you concern yourself with looking for evidence of abuse. This requires expertise you are not expected to have. Your role is to respond appropriately and to report what you have been told to the Senior Manager

If an adult makes a disclosure to you about abuse not involving Birmingham LINK members.

It is not your responsibility to investigate any disclosure. Nor should you concern yourself with looking for evidence of abuse. This requires expertise you are not expected to have. Your role is to respond appropriately and to report what you have been told to the Senior Manager.

**Concerns outside the immediate professional environment (e.g. a family member or carer):**

When talking to a family member or carer it is very clear that you may not be able to keep confidentiality – in any situation the needs of the individual must come first.

- Report your concerns to a member of staff within the Host Organisation who, in consultation with the Senior Officer, may contact social services or the police as soon as possible.
- See 4. below for the information social services or the police will need.
- Social services and the Senior Manager will decide how to involve the carers.
- The Senior Manager should also report the incident to the Birmingham LINK Board
- Maintain confidentiality on a need to know basis only.
- See note 6. regarding information needed for social services.

**Steps to take if a disclosure or allegation is being made to you:**

1. Listen carefully and sensitively, stay calm, and offer understanding and reassurance.
2. Check your understanding of the situation, without being investigative.
3. Record what you have been told.
4. Advise the person disclosing or alleging that this **cannot** remain confidential due to Protection of Vulnerable Adult Guidelines.
5. Alert a senior colleague at the earliest opportunity within 24 hours.

**b) REPORTING AND RESPONDING**

Incidents that must be reported/recorded.

If any of the following occur you should report this immediately to another colleague and record the incident. You should also ensure the carers/immediate family of the individual are informed:

- if you accidentally hurt an individual
- If he/she seems distressed in any manner
- if an individual misunderstands or misinterprets something you have done
- If a family member discusses suspicions of abuse.

### **Responding to allegations or suspicions**

It is not the responsibility of anyone who is a member of Birmingham LINK in a paid or unpaid capacity, to decide whether or not adult abuse has taken place. However, there is a responsibility to act on any concerns through contact with the appropriate authorities.

#### **DO YOUR BEST TO:**

- Stay calm
- Receive the information
- Listen, reassure
- Record the information
- Report to an appropriate colleague
- Accept your own feelings and consider getting support for yourself
- Act in a professional manner at all times

#### **DO NOT:**

- Probe in an investigative way or ask leading questions.
- Make the individual repeat the story unnecessarily.
- Promise confidentiality
- Take unilateral or individual action to physically or morally console the individual
- Make a judgment on the outcome of the allegation or suspicion

**If you become suspicious** about the behavior where vulnerable adults are concerned of a colleague or someone associated with Birmingham LINK steps 2, 3 and 4 above also apply.

**If you think the situation is sufficiently serious and urgent**, contact a senior manager or, failing that the Police.

Do not let anxiety that you might have jumped to a wrong conclusion deter you from reporting any genuine worries that you have. Procedures put in place will be used to follow up any such report, and we will not hold it against you should a well-intentioned, but mistaken report be made.

**If you feel you need expert support**, because you come across **adult** abuse while working with us, we recommend that you discuss it with a member of staff from the Host Organisation – Birmingham LINK Team

#### **If an allegation of abuse is made against you**

- If an allegation is made directly to you, you should advise the Senior Manager / Birmingham LINK Board even if you think it is trivial.
- If we receive an allegation against you, we will inform you.

- Any allegation will be scrupulously investigated, with due regard for confidentiality.
- In itself this should not be interpreted as indicating culpability. It is part of our duty to protect people working with us from any unfounded allegation.
- If your behaviour contravenes this policy and guidelines, it will be treated as gross misconduct. This includes disclosing, to friends and colleagues, that an allegation has been made.
- If you have concerns about how an allegation against yourself or anyone else is being dealt with, you should inform a colleague at the most senior level you think appropriate.

## **c) RECRUITMENT AND TRAINING**

### **Recruitment and training of staff and volunteers**

Birmingham LINK recognises that anyone may have the potential to abuse children and vulnerable adults in some way and that all reasonable steps are taken to ensure unsuitable people are prevented from working with children or vulnerable adults

#### **Pre-selection checks must include the following:**

- All staff should complete an application form. The application form will elicit information about an applicant's past and a self-disclosure about any criminal record.
- Consent should be obtained from an applicant to seek information from the Criminal Records Bureau.
- Two confidential references -these references must be taken up and confirmed through telephone contact.
- Evidence of identity should be provided (e.g. passport or driving licence with photo).

#### **Interview and Induction**

**All employees will be required to undergo an interview carried out to acceptable protocol and recommendations. All employees and volunteers should receive formal or informal induction, during which:**

- A check should be made that the application form has been completed in full (including sections on criminal records and self-disclosures).
- Their qualifications should be substantiated.
- The job requirements and responsibilities should be clarified.
- Adult protection procedures are explained and training needs are identified.

## Training

**In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:**

- Analyse their own practice against established good practice, and to ensure their practice is likely to protect them from false allegations.
- Recognise their responsibilities and report any concerns about suspected poor practice or possible abuse.
- Respond to concerns expressed by a vulnerable adult.
- Work safely and effectively with vulnerable adults.

### **d) GOOD PRACTICE GUIDELINES**

All personnel should be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. The following are common sense examples of how to create a positive culture and climate.

#### **Good practice means:**

- Always working in an open environment avoiding private or unobserved situations and encouraging open communication.
- Treating all individuals equally with respect and dignity.
- Always putting the welfare of each person first.
- Maintaining a safe and appropriate distance with vulnerable adults (e.g. it is not appropriate for staff or volunteers to have an intimate relationship with a client)
- Building balanced relationships based on mutual trust and empowering vulnerable adults to share in decision making.
- Keeping up to date with technical skills, qualifications and insurance.
- Involving parents/carers/families wherever possible
- Being an excellent role model – this includes not smoking or drinking alcohol
- Giving enthusiastic and constructive feedback rather than negative criticism.
- Recognising the developmental needs and capacity of vulnerable adults
- Securing consent in writing to act in consent with family/carers, if the need arises to administer emergency first aid and/or other medical treatment.

#### **Practices to be avoided:**

The following should be **avoided** except in emergencies. If a case arises where these situations are unavoidable (e.g. the client sustains an injury and needs to go to hospital, or a carer fails to arrive to pick an individual up at the end of a session), it should be with the full knowledge and consent of someone in charge of the session.

- Avoid spending excessive amounts of time alone with adults away from others.

## **Practices never to be sanctioned**

### **You should never:**

- Engage in rough physical or sexually provocative games, including horseplay.
- Share a room.
- Allow or engage in any form of inappropriate touching.
- Make sexually suggestive comments, even in fun.
- Reduce a person to tears as a form of control.
- Allow allegations made by a service user to go unchallenged, unrecorded or not acted upon.
- Do things of a personal nature for disabled adults that they can do for themselves.
- Invite or allow a service user to stay with you at your home unsupervised.

Birmingham LINK will assure all staff/volunteers that it will fully support and protect anyone who in good faith reports his/her concern that a colleague is, or may be, abusing an adult

### **e) CONFIDENTIALITY**

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

Information should be stored in a secure place with limited access to designated people, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

### **f) INFORMATION FOR SOCIAL SERVICES OR THE POLICE ABOUT SUSPECTED ABUSE:**

To ensure that this information is as helpful as possible, a detailed record should always be made at the time of the disclosure/concern, which should include the following:

- The person's name, age and date of birth
- The person's home address and telephone number.
- Whether or not the person making the report is expressing their own concerns or those of someone else.
- The nature of the allegation. Include dates, times, any special factors and other relevant information.
- Make a clear distinction between what is fact, opinion or hearsay.
- A description of any visible bruising or other injuries. Also any indirect signs, such as behavioural changes.
- Details of witnesses to the incidents.
- The person's account, if it can be given, of what has happened and how any bruising or other injuries occurred.
- Have the immediate family/carers been contacted?

- If so, what has been said?
- Has anyone else been consulted? If so, record details.
- If the vulnerable adult was not the person who reported the incident, has the person been spoken to? If so, what was said?
- Has anyone been alleged to be the abuser? Record details.
- Where possible referral to the police or social services should be confirmed in writing within 24 hours and the name of the contact who took the referral should be recorded.

If you are worried about sharing concerns about abuse with a senior colleague, you can contact social services or the police direct, or the **Elder Abuse Response helpline on 080 8808 8141**, alternatively **Action on Elder Abuse on 020 8765 7000**.

**APPENDIX A.**

**GENERAL PROCEDURE FOR DEALING WITH ALLEGED, SUSPECTED OR ACTUAL ABUSES**

