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## Telford Mind Policy on Vulnerable Adults and their Protection

**Aim of this policy** The aim of this policy is to outline the practice and procedures for paid and voluntary staff 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. The policy covers all staff and areas of work. *The definitions: 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* "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) and Medical/healthcare maltreatment

**Sexual abuse:** Rape, incest, acts of indecency, sexual assault. Also, 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:** threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation, acts of humiliation, bullying, shouting and swearing.

**Neglect:** Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services and / or the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Financial or material:** Includes theft, fraud and / or exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Discriminatory:** Includes racism, sexism, or based on a person's disability, and other forms of harassment, slurs or similar treatment. (See Telford Mind policies on Harassment and Equality and Diversity).

**Multiple forms of abuse** may occur in an ongoing 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.

### Rights & responsibilities

#### Responsibilities of Telford Mind Staff

- To ensure staff and volunteers are aware of the adult protection policy at induction
- 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 and from October 2009 to check registrations with the independent Safeguarding authority

### **Responsibilities of Telford Mind employees and volunteers**

- To be familiar with the adult protection policy and procedures
- To take appropriate action in line with the policies
- 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 by the appropriate authorities. If Staff, they will be given support from Telford Mind through the process.

**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 and to be involved in any process as appropriate.

**Recruitment of staff and Volunteers:** Telford Mind always follows the set recruitment procedures and policies, including: Risk assessment of role to assess need for CRB Disclosures, Completion of a staff / volunteer application form, Checking references thoroughly including appropriate Disclosure (please refer to Telford Mind Recruitment policy)

**Management and Supervision:** It is the line manager or co-ordinator'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.

**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.

**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 people are present or within sight. (In the case of the Befriending project, the Project co-ordinator will undertake a Risk Assessment of the activity).

**Access to an independent person:** Any vulnerable adult has the right to talk with an independent person. We advise the use of SIAS. (Shropshire Independent Advocacy service 01743 492275. We also have regular contact with A4U (Action, Advice, and Advocacy 0845 6025561)

### **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 over or under medicating causing recurring crises/hospital admission

### **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

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 such as 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, 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

**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

**What to do:** 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** Factors informing assessment of seriousness will include:

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

**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. Don't try to cope alone.

**Practice guide:** 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. Note your concerns and any information given to you or witnessed by you. Report concerns to the appropriate line manager.

**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.

## 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 Service Director is not available, then any concerns should be discussed with the Chair or the Vice Chair.

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 Service Director.

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 then they must be discussed with the Service Director.

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 difference

## 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 or a crime has been committed

## Who to refer to or report concerns to

- Social services: contact 01952 641641.

- Community Mental Health Team where the vulnerable adult has an ongoing mental health need. Ring 01952 381670 and ask for the Duty Officer.
- 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

**Information, if known, which will be required when you report your concerns:  
(Information passed on must be relevant, necessary and up to date)**

- Details of alleged victim – 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 are any concerns/doubts about this?)
- preferred/advised method or environment when approaching the alleged victim or perpetrator.
- 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

**Write down any verbal information you have given.**

**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

**Always Discuss with the Relevant Manager / Co-ordinator 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