

Kinergy Vulnerable Adults Policy and Procedures

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1. Statement

1.1 All people are entitled to a life without exploitation or abuse. Kinergy considers it a duty of staff and volunteers to protect vulnerable adults with whom they come into contact from abuse.

2. Introduction

2.1 Kinergy is involved in providing services for a wide range of people. Some of these people are likely to be 'vulnerable adults.'

2.2 This policy is based on *No Secrets*, the national guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, (Department of Health, 2000).

2.3 Kinergy has an obligation to strive to protect vulnerable adults who it may believe to be abused or at risk of abuse or neglect.

2.4 The policy and procedures have been developed to assist staff and volunteers in acting on reported or suspected abuse.

2.5 Depending upon the nature of particular services or the requirements or particular funders or partner agencies, the policy and procedures may be supplemented by local procedures.

3. Definitions

3.1 *No Secrets* defines a vulnerable adult as:

A person over 18 who

- 'Is or may be in need of community care services by reason of mental or other disability, age or illness'.

'Other disability' can include physical or sensory impairment, learning difficulties, mental illness, emotional distress or fragility due to old age. And

- 'Who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'.

3.2 *No Secrets* defines abuse as:

- 'a violation of an individual's human and civil rights by any other person or persons.'

Abuse may be something that is done to another person or something not done when it should have been.

4. Categories of Abuse

No Secrets recognises six categories of abuse:

4.1 Physical Abuse, including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, involuntary isolation or confinement.

4.2 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; sexual abuse also includes observing sexual acts or pornography to which the adult has not consented.

4.3 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.

4.4 Financial or Material Abuse, 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.

4.5 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.

4.6 Discriminatory Abuse, including abuse linked to race, gender, sexuality, disability, HIV status or religion, which excludes the adult from the opportunities in

society. It may involve unequal treatment, verbal abuse, inappropriate language, slurs, harassment or deliberate exclusion.

5. Indicators of Abuse.

Possible indicators of current or past abuse.

Note: These are only indications and you should take account of the particular circumstances of the vulnerable person.

- Bruises or marks or an attempt to hide them
- Lack of appetite
- Over eating
- Depression
- Changed personal appearance
- Lack of, or changes to, personal care and hygiene
- Fear or avoidance of certain people, places and activities
- High or unusual levels of anxiety
- Unexpected or sudden shifts in mood and behaviour
- Inappropriate sexual behaviour or physical contact
- Sexualised behaviour and language
- Aggression, violence or threats towards others
- Substance or alcohol misuse
- Self Harm
- Running away
- Increase in confusion
- Increase in doctor and hospital visits
- Sleep disturbance
- Psychosomatic disorders eg stomach pains
- Medical conditions such as genital soreness or injury
- Emotional flatness
- Withdrawal
- Refusing to let people into the house
- Withdrawing from the service
- Overly compliant behaviour

6. Predisposing Factors Which May Lead to Abuse.

6.1 Abuse can occur in any setting no matter where a person lives or where they are being cared for. Perpetrators of abuse may be visitors, neighbours, relatives, carers, care practitioners, voluntary visitors or other service users.

6.2 Domestic Environment

- Where family relationships over the years have been poor or where family violence is the norm.
- Where the family is under stress due to poor income or housing conditions.
- Where carers are not receiving practical and/or emotional support from their family members and/or professionals.
- Where carers have had to unwillingly change their lifestyle.
- Where carers are showing signs of physical or mental illness or are becoming dependent on alcohol or drugs.
- Where carers are feeling emotionally and socially isolated.
- Where carers have other responsibilities e.g. work, family

- Where carers have no personal or private space.
- Where roles have been reversed, where for example a parent becomes dependent.
- Where the person being cared for is self-centred and does not consider the needs of the carer and other family members.
- Where the carer has frequently requested help from professionals and problems have not been or cannot be resolved.
- Where the carer is being abused or being subject to excessive demands by the dependent person.

7. Responsibilities of Staff and Volunteers

7.1 Paid staff and volunteers have a responsibility to be aware and alert to signs that all is not well with a vulnerable person. However, they are not responsible for diagnosing, investigating or providing a therapeutic response to abuse. In addition, not all concerns relate to abuse, there may well be other explanations. It is important to keep an open mind and consider what is known about the vulnerable person and his or her circumstances.

7.2 No action should be taken without discussion with; in the first instance the Co-ordinator, in the second instance the Chairperson or in the third instance any other member of the Management Committee. Managers should be aware of local *No Secrets* policies which will apply in their region.

8. Disclosure of Abuse

8.1 If a vulnerable person discloses that they are being abused or any service user discloses that they are involved in the abuse of a vulnerable person, action should continue as in section 10.

9. Suspicion of Abuse

9.1 There may be circumstances when a volunteer or member of staff suspects that a vulnerable person is being abused or neglected.

9.2 It is vital that anyone who suspects that a vulnerable person is being neglected or abused discusses the situation with firstly the Co-ordinator/ Chairperson. Action should continue as in section 12.

10. Action on Disclosure of Abuse

10.1 There should always be the opportunity to discuss welfare concerns with and seek advice from colleagues, managers and agencies, but:

- Never delay emergency action to protect a vulnerable person
- Always record in writing concerns about a vulnerable person's welfare, whether or not further action is taken. At the close of discussion, always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

10.2 At all times action must proceed urgently.

10.3 A staff member or volunteer informed of abuse should remind the service user

that Kinergy cannot guarantee confidentiality where a vulnerable person is at risk of abuse or further abuse.

10.4 Volunteers should consult with the Co-ordinator/ Chairperson before they take action.

10.5 Additionally, all action that will be taken following a disclosure of abuse should be discussed in advance with the Co-ordinator/ Chairperson.

10.6 In circumstances where a vulnerable person declines to disclose, despite some work having been done towards disclosing, it may be necessary to report the alleged abuse without the service user's agreement. In these circumstances, a service user must be notified in advance of the decision to report to social services.

10.7 Any staff member may report a disclosure of abuse to social services irrespective of the opinion of other staff.

10.8 It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the vulnerable person using the same language the vulnerable person used especially names used for body parts or sexual acts.

10.9 Full written records must be maintained of all disclosures and actions following disclosure.

11. Support for the Adult who has disclosed Abuse.

11.1 Ensure that the person subject to abuse is safe and supported before proceeding with any other action.

11.2 Do not tamper with any potential evidence by clearing up, moving or washing things: be aware medical evidence might be needed.

11.3 Stay calm and assist the vulnerable person to remain calm. Tell them you are treating the information very seriously, it was not their fault: if they wish, you will contact social services and/or the police. In certain circumstances social services and perhaps the police will be notified without their consent, but that their wishes will be made clear throughout. Listen to the person but do not press for more details than they have originally disclosed (this could be seen as leading if the case goes to court).

11.4 Let the vulnerable person know you will need to talk with the Co-ordinator/ Chairperson.

11.5 Write down as soon as possible and as far as you are able what was said by the person disclosing. Ensure the notes are passed on to the Co-ordinator/ Chairperson who will file them.

11.6 **Do Not**- Make judgements ('Why didn't you run away?'), or promise to keep

secrets but gently explain Kinergy's Confidentiality Policy.

12. Action on Suspicion of Abuse

12.1 There should always be the opportunity to discuss welfare concerns with and seek advice with and seek advice from colleagues, managers and other agencies, but:

- Never delay emergency action to protect a vulnerable person
- Always record in writing discussions about a vulnerable person's welfare. At the close of discussion always reach clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

12.2 At all times action must proceed urgently.

12.3 Volunteers should consult with the staff member co-ordinating their service before they take action.

12.4 Additionally, all action taken following a suspicion of abuse should be discussed in advance with firstly the Co-ordinator/ Chairperson.

12.5 In all cases of suspected abuse the Co-ordinator/ Chairperson and staff member should discuss whether issues relevant to different cultures and lifestyles have any bearing on the matter.

12.6 As an organisation Kinergy welcomes the fact that people and lifestyles are diverse and does not make judgements about the acceptability or otherwise of lifestyles. However, it is important that this philosophy does not stand in the way of the organisation's responsibility to protect vulnerable people from harm.

12.7 Any staff member may report a disclosure of abuse to social services irrespective of the opinion of other staff.

12.8 It is important for staff and volunteers to make written records of any incidents or concerns that they have as soon as possible and if appropriate to include sketches of sites and sizes of injuries. It is also important to make a record of conversations with the vulnerable person using the same language the vulnerable person used especially names used for body parts or sexual acts.

12.9 Full written records must be maintained of all disclosures and actions following disclosure.

13 Making a Referral

13.1 Social services departments have been designated as the lead agencies with responsibility for co-ordinating a response to allegations or concerns of abuse.

13.2 The Co-ordinator/ Chairperson have the responsibility of informing the relevant social services department of concerns over the abuse or neglect of vulnerable people. They should ensure that they have up-to-date referral information for their locality.

13.3 The Co-ordinator/ Chairperson should work within the following timescales for

reporting allegations or suspicions of abuse:

- Immediately if the vulnerable person is at risk of serious physical harm, or a serious criminal act has taken place, and evidence will need to be kept safe.
- Within 24 hours if it relates to a specific incident which is, or may be still going on, or may happen again.
- Within 7 days if it is a more general concern which does not indicate immediate harm.

14 Support to Staff and Volunteers

14.1 Kinergy will support staff and volunteers in these circumstances. If social services department need further involvement from staff or volunteers following a report of abuse, the Co-ordinator/ Chairperson will discuss with the social services department the nature of their needs and how they might be met.

15 Allegation of Abuse Made Against a Staff Member or Volunteer.

15.1 Staff and volunteers may be subject to abuse allegations. Kinergy will offer support in these circumstances, but the social services department will be assisted in their investigation and the disciplinary procedure may be implemented.

16 Confidentiality

16.1 Confidentiality is central to the work of Kinergy and the attention of all staff and volunteers is drawn to the Confidentiality Policy.

16.2 Kinergy workers need to be aware that acknowledging contact with an individual or a family may implicitly reveal sexual abuse.

16.3 This makes the issue of the protection of the vulnerable person in an organisation like Kinergy more complicated and sensitive than it might be for other organisations involved with vulnerable people.

16.4 People who come to use the service must be made aware from the very start that there are some situations where their right not to have their experience disclosed is compromised by a person's right to be protected from harm.

16.5 These procedures override any parts of the Confidentiality Policy with which they may appear to be in conflict.

17 Preventing Abuse by Staff and Volunteers

17.1 It is important that any staff who are likely to be working with vulnerable people are thoroughly vetted before being employed. This includes volunteers. At Kinergy this means as well as references being checked there will also be a requirement for offences to be declared and a Criminal Records Bureau check undertaken.

17.2 It may be very hard for a worker to report a concern about a colleague to the Co-ordinator/ Chairperson but, as with all the other difficulties people will come across, the safety and protection of a vulnerable person must be the priority in any

decision that is made.

18 Practice Notes on Recording

18.1 If an incident has not necessitated immediate referral to emergency services, but subsequently it is decided to refer to social services, be prepared to provide as much of the following information as possible. Remember, even if you do not have this information it should not prevent you making a referral.

- Details of the alleged victim (name, address, age, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical health any communication difficulties)
- Your job title and involvement
- Substance of the incident, disclosure, suspicion or allegation
- Details of care givers
- Details of alleged abuser and current whereabouts and likely movements within the next 24 hours (if known)
- Whether the alleged abuser cares for any other vulnerable adults or children including their own or others' children and if there are thought to be any other people at risk
- Details of any specific incidents e.g. dates, times, injuries, witnesses, evidence such as bruising
- Background of any previous concerns
- Awareness or not/consent or not by the alleged victim or alleged abuser
- Records of any immediate action taken by staff or Co-ordinator/Chairperson in your agency

18.2 A full, accurate, and factual record of all events and actions taken in relation to vulnerable adults must be kept, whether due to disclosure or suspicion of disclosure. These records are strictly confidential and only disclosed to the Co-ordinator/Chairperson. This information should be gathered gently avoiding as much as possible, distress to the vulnerable adult. This information is helpful not essential.