# PROTECTION OF VULNERABLE ADULTS IN BRENT MULTI-AGENCY POLICY AND PROCEDURES

### **BRIEF SUMMARY ON WHAT TO DO**

This brief summary on what to do is based on Brent's multi-agency policy and procedures *Protection of Vulnerable Adults in Brent* (2003). For full details, please refer to that document which reflects the Department of Health Guidance *No Secrets* (2000).

Each agency in Brent should have its own policy and procedures that is compatible with *Protection of Vulnerable Adults in Brent*.

The brief summary is intended to highlight some of the key features that staff in various organisations need to know, and what to do in cases of actual or suspected abuse of vulnerable adults.

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#### 1. KEY CONTACTS

| Agency   | Service   | Address  | Telephone      |
|--|---|--|----------------|
| Brent Social                                       | Out of Hours                                    |  | 020 8937 1234  |
| Services: Duty<br>Desks                            | Emergency                                       |  | 020 8863 5250  |
|  | Older People                                    | 13-15 Brondesbury                                  | 020 8937       |
|  |   | Rd, Kilburn,<br>NW6 6BX                            | 4003/4871/4870 |
|  | Physical<br>Disabilities                        | 36 London Road,<br>Wembley,                        | 020 8937 4621  |
|  | including Sensory<br>Impairment and<br>HIV team | HA9 7SŚ  |                |
|  | Drugs and Alcohol                               | 36 London Road,<br>Wembley,<br>HA9 7SS             | 020 8937 2114  |
| Brent Social                                       | Learning  | 36 London Road,                                    | 020 8937       |
| Services and                                       | Disabilities                                    | Wembley,   | 4347/4336/4381 |
| Health   | Partnership                                     | HA9 7SS  |                |
|  | Mental Health                                   | [East]   | 020 8937       |
|  | Service   | 13-15 Brondesbury<br>Rd, Kilburn,<br>NW6 6BX       | 4549/4557/4571 |
|  |   | [North + West]                                     | 020 8937       |
|  |   | 36 London Road,                                    | 4280/4278/6354 |
|  |   | Wembley,<br>HA9 7SS                                |                |
|  |   | [South]  | 020 8937       |
|  |   | 6 Avenue Road,<br>Harlesden NW10                   | 4772/4935/4941 |
| Brent Council                                      | One Stop Shop                                   |  | 020 8937 1200  |
| Police Service                                     | Community Safety Unit                           | Willesden Police<br>Station                        | 020 8733 3918  |
| National Care<br>Standards<br>Commission<br>(NCSC) | Brent and Harrow<br>Area Office                 | 166 College Road,<br>Harrow, Middlesex,<br>HA1 1BH | 020 8420 0100  |

#### **OTHER USEFUL CONTACTS**

**Action on Elder Abuse** – Tel: 020 8765 7000

Website: www.elderabuse.org.uk

Helpline, advice, information, leaflets, training materials and courses

Practitioner Alliance Against Abuse of Vulnerable Adults – Tel: 0114 233 5314

Brent Carers Centre - 116 Chaplin Road, Wembley, HA0 4UZ. Tel: 020 8795 6240

**Carers National Association** – Tel: 020 7490 8818 & helpline: 0808 808 7777

**Counsel and Care** – Tel: 020 7241 8555 & local rate: 0845 300 7585 (M-F am) Advice and information on welfare, benefits and other issues

#### 2. DEFINITIONS

#### 2.1 Who is defined as a vulnerable adult?

A vulnerable adult is defined as:

A person aged 18 years 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 or herself, or unable to protect him or herself against significant harm or expolitation.

#### 2.2 What is meant by abuse?

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

#### 2.3 Main different forms of abuse are:

- Physical
- Sexual
- Psychological/emotional
- Financial or material
- Neglect and acts of omission
- Discriminatory
- Institutional

See appendix 1 for further details – description, examples, indicators

#### 3. KEY POLICIES

- "There can be no secrets and no hiding place when it comes to exposing the abuse of vulnerable adults" (Department of Health)
- The primary aim of all agencies and individuals should be to protect and prevent abuse of vulnerable adults
- All agencies have a responsibility to ensure that there are guidelines, compatible with Brent's multi-agency policy and procedures, and that staff know and are trained to handle issues and allegations of adult protection appropriately

#### 4. KEY PRACTICES

#### 4.1 How to handle a disclosure of abuse - "do's" and "don'ts"

The person to whom a disclosure of abuse may be made will not necessarily be the person to take forward any investigation of the matter. If someone tells you about abuse, your role is to respond sensitively to the service user and pass the information on to your line manager.

Disclosure may take place many years after a traumatic event or when someone has left a setting in which they were afraid. This delay should not in itself cast doubt on its truthfulness.

If someone discloses abuse to you:

• stay calm and try not to show shock

- listen carefully
- be sympathetic (eg "I am sorry that this has happened to you")
- be aware of the possibility that medical evidence might be needed
- tell the person that:
  - they did right to tell you
  - you are treating the information seriously
  - it was not their fault
  - you are going to inform the appropriate line manager
  - the service will take steps to protect and support them
- report to your line manager
- write down what was said by the person disclosing as soon as possible

The matter must be reported (see 4.2 below).

#### Do not:

- press the person for more details
- promise to keep secrets you cannot keep this kind of information confidential
- make promises you cannot keep (eg "This will never happen to you again")
- contact the alleged abuser
- be judgemental (eg "Why didn't you leave")
- mix subjective opinion with the factual record
- pass on information to anyone other than those with a legitimate 'need to know' eg your line manager or other appropriate person

#### 4.2 Reporting

- All allegations of abuse of vulnerable adults must be reported to Social Services within 24 hours to the relevant service duty desk or the One-Stop Shop. Social Services is the lead co-ordinating agency.
- If the allegation may involve commitment of a crime, the Police (Community Safety Unit or Police Station) must be informed also immediately, and evidence preserved.
- If the allegation involves a regulated service, the National Care Standards Commission must also be informed within 24 hours.

See appendix 3 on alerting action to be taken after becoming aware.

#### 4.3 Action that will be taken

Appendix 2 outlines the action that must be taken by Social Services following a referral of alleged abuse of a vulnerable adult

## 5. KEY ISSUES THAT REQUIRE REFERRAL TO THE FULL DOCUMENT Check the main Policy and Procedure document for detailed advice on:

- Confidentiality and information sharing
- Acting in the best interests of vulnerable adults who lack mental capacity
- Appropriate support to the victims of abuse
- Responsibility of agencies to alleged perpetrators
- Roles and responsibilities of all agencies
- Preserving evidence and record keeping
- The Adult Protection Enquiry Process including the multi-agency strategy

meeting and protection case conferencePractice guidancesKey relevant legislation

**Appendix 1 – Categories of Abuse - examples** 

| Types of abuse   | Examples of behaviour  | Indicators of abuse include:   |
|--|--|--|
| Physical abuse   | * Hitting  | * Injuries inconsistent with the account of how they happened * Lack of explanation as to how injuries                                   |
| The use of force which results in pain or                  | * Slapping   | happened   |
| injury or a change in the person's natural physical state. | * Pinching   | * Injuries inconsistent with the lifestyle of the victim  * Multiple bruising and or welts on face, lips,                                |
| Or   | * Hair pulling   | mouth, torso, arms, back, buttocks and thighs * Cluster of injuries  |
| The non-accidental infliction of physical                  | * Pushing  | * Marks on the body including slap marks, finger marks   |
| Force that results in bodily injury, pain or impairment.   | * Kicking  | * History of unexplained falls/minor injuries Injuries at different stages of healing * Burns (inconsistency with life style)            |
|  | * Inappropriate application of techniques e.g. control and restraint | * Immersion burns or rope burns on arms, legs or torso   |
|  | * Involuntary isolation or confinement                               | * Induced or fabricated induced illness (formerly called Munchausen's Syndrome by Proxy). Injuries or physical symptoms induced, falsely |
|  | * Misuse of medication   | claimed or exaggerated on behalf of the victim by a "carer", spuriously attracting treatments or   |
|  | * Forcible feeding   | * Medication misuse eg excessive repeat prescriptions  |
|  |  | * Cuts not likely to be as a result of self injury  * Abnormally subdued behaviour in the presence                                       |
|  |  | of a carer  * Being left in wet clothing  * Malnutrition when not living alone   |

| Types of abuse                                    | Examples of behaviour                       | Indicators of abuse include:                       |
|---|---|--|
| Sexual abuse                                      | Non-contact sexual abuse                    | Physical indicators                                |
|   |   | * Bruising and or bleeding, pain or itching in     |
| The involvement of the vulnerable adult in        | * Inappropriate looking                     | genital area                                       |
| sexual activity or relationships which:           |   | * Foreign bodies in genital or rectal openings     |
|   | * Photography                               | * Infections, discharges in the above areas or     |
| * They do not want or have not consented to       |   | sexually transmitted diseases                      |
| •   | * Indecent exposure                         | * Pregnancy in a woman who is unable to            |
| * They cannot understand and lack the             |   | consent to sexual intercourse                      |
| capacity to give consent to                       | * Serious teasing or innuendo               | * Unusual difficulty in walking or sitting         |
| . , ,   |   | * Torn, stained or bloody underclothing            |
| * They have been coerced into because the         | * Pornography                               | * Bruising to thighs and upper arms                |
| other person is in a position of trust, power or  |   | * Wetting or soiling                               |
| authority   | * Harassment                                | * "Love" bites                                     |
| ·   |   | * Self inflicted injury                            |
| * Is against the Law                              | * Enforced witnessing of sexual acts or     |  |
| · ·   | sexual media (eg pornographic videos)       | Behavioural Indicators                             |
|   |   | * Significant change in sexual behaviour or        |
| <b>NB</b> : Sexual relationships or inappropriate | Contact sexual abuse                        | attitude   |
| sexual behaviour between a member of staff        |   | * Overt sexual behaviour/language                  |
| and a service user are <u>always</u> abusive and  | * Inappropriate touch anywhere              | * Poor concentration                               |
| will lead to disciplinary proceedings and         |   | * Withdrawal                                       |
| possibly criminal charges                         | * Masturbation of either or both persons    | * Sleep disturbance                                |
|   |   | * Excessive fear/apprehension of, or withdrawal    |
|   | * Penetration or attempted penetration of   | from relationships                                 |
|   | the vagina, anus, mouth – with or by penis, | * Fear of staff or other carers offering help with |
|   | finger, other objects                       | dressing, bathing etc                              |
|   |   | * Reluctance of person to be alone with an         |
|   |   | individual known to them                           |
|   |   | * Self-harming                                     |

| Types of abuse  | Examples of behaviour   | Indicators of abuse include:   |
|---|---|--|
| Psychological or Emotional abuse  | * Prevention of a vulnerable adult from using services                            | * Air of silence when the alleged perpetrator is present * General lack of consideration for the needs of                                |
| Behaviour that has a harmful effect on the vulnerable adult's emotional health and development or any other form of mental cruelty that results in: | * Denial of access to friends  * Denial of religious and cultural needs           | the vulnerable adult  * Vulnerable adult not allowed to express an opinion  * Privacy denied in relation to care, feelings or            |
| * Mental distress   | * Ignoring  | other aspects of life  * Denial of access to vulnerable adult especially when the person is in need of assistance                        |
| * Denial of basic human and civil rights eg self-expression, privacy and dignity  | * Lack of stimulation and meaningful occupation – common for people with dementia | * Denial of freedom of movement e.g. locking person in a room, tying them to a chair * Alteration in psychological state e.g. withdrawal |
| * The negation of the vulnerable adult's choices, independent wishes and self esteem  | * The use of threats, humiliation, bullying, swearing, and other verbal abuse     | or fear  The following can occur in vulnerable adults  |
| * Behaviour that causes isolation or over<br>dependence and has a harmful effect on an<br>adult's emotional health, development or                  | * Intimidation  | for a variety of social, psychological or<br>medical reasons but could also be an<br>indicator of mistreatment or abuse                  |
| wellbeing   | * Deprivation of contact  | <ul><li>Insomnia</li><li>Low self-esteem</li></ul>   |
|   | * Lack of positive reinforcement  | Excessive ambivalence, confusion, resignation, agitation   |
|   | * Harassment  | Change of appetite     Weight loss/gain  |
|   |   | <ul><li>Tearfulness</li><li>Unexplained paranoia</li></ul>   |

| Types of abuse                                       | Examples of behaviour                     | Indicators of abuse include:                        |
|--|---|---|
| Financial or Material abuse                          |   | * Unexplained lack of money or inability to         |
|  | * Taking personal possessions             | maintain life style                                 |
| The use of a vulnerable adult's property,            |   | * Unexplained withdrawal from accounts or bank      |
| assets, income funds or any resources                | * Misappropriating money valuables or     | account activity                                    |
| without their informed consent or                    | property                                  | * Power of attorney, enduring power of attorney     |
| authorisation. Includes:                             |   | obtained when the vulnerable adult is unable to     |
|  | * Forcing changes to a will and testament | comprehend and to give consent                      |
| * The individual's funds or resources are used       |   | * Failure to register an enduring power of          |
| inappropriately by a third person                    | * Preventing access to money, property or | attorney after the vulnerable adult has ceased to   |
|  | inheritance                               | have mental capacity                                |
| * Unsanctioned use of a person's money or            |   | * Signs of financial hardship in cases where the    |
| property   | * Stealing                                | financial affairs are being handled by a receiver   |
|  |   | or an attorney whether that is an ordinary power    |
| * Entry of the vulnerable person into contracts      | * Loans between the vulnerable adult and  | or an enduring power that has been registered       |
| or transactions that she/he does not                 | member of staff or paid carer             | * Money belonging to the vulnerable person that     |
| understand, are to their disadvantage, or have       |   | is being withheld from them                         |
| been entered into as a result of duress, undue       | * Loan made to any one if made under      | * Recent change of deeds or title to property       |
| influence or pressure of some kind                   | duress, threat or dishonestly extracted   | * Unusual interest shown by family or others in     |
|  |   | the vulnerable adult's assets                       |
| <b>NB</b> : Financial abuse is very often associated |   | * Person managing the financial affairs is          |
| with other forms of abuse                            |   | evasive or uncooperative                            |
|  |   | * Lack of clear financial accounts held by          |
|  |   | residential/nursing home or carer                   |
|  |   | * Mis-use of personal allowance by person           |
|  |   | managing finances in residential/nursing care or    |
|  |   | by carer  |
|  |   | * Informal carers moving into a person's home,      |
|  |   | living rent free and there being no clearly set out |
|  |   | financial arrangements                              |

| Types of abuse  | Examples of behaviour                        | Indicators of abuse include:                       |
|---|--|--|
| Neglect and Acts of Omission                            | * Failure to provide food, shelter or        | * Withholding or failure to provide care, food,    |
| The repeated deprivation of assistance that             | clothing, heating                            | clothing or heating which has a detrimental effect |
| the vulnerable adult needs for important                | * Failure to provide or arrange medical care | on the person's welfare                            |
| activities of daily living, including the failure to    | * Failure to provide hygiene or personal     | * Denial of religious or cultural needs            |
| intervene in behaviour that is dangerous to             | care   | * Physical condition of the vulnerable adult is    |
| the vulnerable adult or to others.                      | * Inappropriate use of medication or over    | poor e.g. bed sores, unwashed, ulcers              |
| <b>NB</b> : This form of abuse may arise in cases       | medication                                   | * Inadequate physical environment                  |
| where the carer is also a vulnerable adult. It is       | * Denial of religious or cultural needs      | * Untreated injuries and medical problems          |
| then important to respond in such a way to              | * Denial of educational, social and          | * Inconsistent or reluctant contact with medical   |
| ensure that the carer's needs are addressed,            | recreational needs                           | and social care agencies                           |
| consideration given to their right to an                | * Ignoring                                   | * Failure to engage in social interaction          |
| assessment and to access to an independent              | * Lack of stimulation                        | * Poor personal hygiene                            |
| advocate.   | * Lack of emotional warmth                   |  |
| Discriminatory abuse                                    | * Unequal treatment                          | * Lack of respect shown to the individual          |
| When values, beliefs or culture result in a             | * Verbal abuse                               | * Signs of a sub-standard service offered to an    |
| misuse of power that denies opportunity to              | * Inappropriate use of language              | individual   |
| some groups or individuals. It is the                   | * Derogatory remarks                         | * Repeated exclusion from rights afforded to       |
| exploitation of a person's vulnerability,               | * Harassment                                 | ordinary citizens such as health, education,       |
| resulting in repeated or pervasive treatment of         | * Deliberate exclusion                       | employment, criminal justice and civic status      |
| an individual which excludes them from                  |  | * Tendency to be withdrawn and isolated            |
| opportunities in society eg health, justice, civic      |  | * Expressions of anger, frustration, fear or       |
| status and access to services and protection.           |  | anxiety  |
| Incitement to discriminate is treated as                |  | * Denial of a person's communication needs e.g.    |
| equivalent to actual discrimination.                    |  | not allowing access to a signer or lip reader      |
| <b>NB</b> : The principles are contained in legislation |  |  |
| eg Race Relations Acts, Sex Discrimination              |  |  |
| Act, Disability Discrimination Act, Human               |  |  |
| Rights Act  |  |  |

| Types of abuse   | Examples of behaviour   | Indicators of abuse include:   |
|--|---|--|
| Institutional abuse  The mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution. | * Discouraging the involvement of relatives or friends in the care of the vulnerable adult * Rundown/overcrowded establishment * Authoritarian or rigid management * Lack of managerial leadership and/or staff supervision * Disharmony in the staff group * Pervasive abusive and disrespectful attitudes among staff * Residents abusive to staff and other residents * Residents sexually or racially harassing staff or other residents * Inappropriate use of physical interventions (control and restraint) by poorly trained staff * Poor practice in the provision of intimate care * Staff not taking account of individuals' needs, culture, religion or ethnicity * Failure to take action where there have been incidents of racial or sexual harassment | * Lack of flexibility/choice * Inadequate staffing levels * Inappropriate or poor care * No opportunity for drinks or snacks * Lack of choice or consultation eg over meals, bed times etc. * Misuse of medication * Inappropriate use of restraint * Sensory deprivation e.g. denial of use of spectacles or hearing aids * Loss of and failure to replace dentures * Lack of personal clothing and possessions and use of communal personal toiletries * Lack of adequate procedures for e.g. management of finances, medication * Failure to ensure privacy or personal dignity * Lack of respect shown to the person e.g. derogatory remarks * Controlling relationship between staff and service users * Poor professional practices e.g. record keeping * Denial of visitors or phone calls * Interference with mail * Lack of opportunity for social, educational or recreational activity * Public discussion of personal matters * Inadequate or delayed response to medical requests * Missing documents eg no individual care plans |

#### **Appendix 2 – Adult Protection Enquiry Flowchart** Concern about a Vulnerable Adult Immediately or Within **REFER** 4 hours Police SS Care Management team or CMHT Regulatory Authority/NCSC if Known Case / Alert (CSU) regulated service if a crime Within 24 hours or on next APEC Informed working day Other (First Part of AP Monitoring form completed) **Agencies** Decision point Initial inter-agency information gathering AP Enquiry AP Enquiry Indicated? Police (Community Safety Unit) involvement? Yes / Not Clear Not a vulnerable No Within 5 Decision point Multi-agency strategy adult refer working Continue with enquiry? meeting/discussion convened elsewhere. Not days Who will investigate? abuse Care AP Enquiry indicated? management/ CPA/AP enquiry: "signed off" Yes Decision Investigation Point/continue AP Enquiry? Multi –agency case Within 20 conference **Investigation Report** needed? working days Yes **Decision Point** Multi-agency case conference AP Enquiry closed C.C. Review Needed? ? Case remains open to Yes Care Management or Within 6 Multi- agency case conference CPA months Review Closure of AP Enquiry Completion of AP monitoring form

Appendix 3 - ALERTING ACTION TO BE TAKEN AFTER BECOMING AWARE

