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SAFE GUARDING VULNERABLE PERSONS

General Introduction

It is recognised that CEDA staff play an important role in identifying potential cases of abuse. It is also important that all relevant agencies involved in abuse of vulnerable persons cooperate together for the benefit of that person. CEDA has a designated staff member for the protection of vulnerable persons, who liaises with Devon County Council's Safeguarding Team and with staff in the organisation. For this procedure to work, it relies on the skills and expertise of every staff member within CEDA to recognise and report concerns.

At CEDA, the Director is the designated staff member for the safe guarding of vulnerable adults and the Children's Services Manager for the children. All staff have a total commitment to the protection of our service users. They raise the user's awareness about themselves through Personal and Social Education, Health Education, and develop a trusting climate so that users feel able to talk and share their thoughts and feelings.

CEDA has a policy of partnership between home and the organisation, but with abuse, or suspicion of abuse, our first and only responsibility is to the individual user. This may mean that parents are not informed or consulted in some instances. We may not be able to prevent abuse, but by following protection procedures, we are trying our best to protect all our users and this is our first and only responsibility.

Aims

By following protection of vulnerable persons procedures we:

- Care for the user;
- Care for our organisation;
- Care for the community we serve;
- Respond to the guidelines and procedures of other agencies.

Guidelines

In reporting concern or suspicion, all staff members must follow the procedures. The designated staff member will then follow the Devon County Council Safe guarding Vulnerable Persons procedure.

Up to date information can be found on
<https://new.devon.gov.uk/devonsafeguardingadultsboard/>

Who is included in the heading 'Vulnerable adult?' An Adult (a person aged 18 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 exploitation'.
(Definition from 'No Secrets' March 2000 Department of Health)

This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. It may include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above.

It may also include victims of domestic abuse, hate crime and anti social abuse behaviour. The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

Many vulnerable adults may not realise that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

It is important to consider the meaning of 'Significant Harm'. The Law Commission, in it's consultation document 'Who Decides,' issued in Dec 1997 suggested that; 'harm' must 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'.

Types of abuse and neglect

The following descriptions of types of abuse and neglect can help decide whether someone is at risk:

Physical abuse

Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence

Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

Sexual abuse

Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography

or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting

Psychological abuse

Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable withdrawal of services or supportive networks.

Financial or material abuse

Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse of property, possessions or benefits.

Modern slavery

Slavery, human trafficking, forced labour and domestic servitude.

Discriminatory abuse

Including forms of harassment, mistreatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission

Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect

This covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Signs and Symptoms of Abuse

This is intended as a guide. Please remember that the presence of one or more factors does not necessarily give proof that abuse has occurred. It may, however, indicate that investigation should take place.

- Unexplained delay in seeking treatment that is needed
- Incompatible explanations
- Constant minor injuries
- Unexplained bruising:
 - Bruise marks in or around the mouth
 - Black eyes, especially if both eyes are black and there are no marks to forehead or nose
 - Grasp marks

- Finger marks
- Bruising of the ears
- Linear bruising (particularly buttocks or back)
- Differing age bruising
- Bite marks
- Burns and scalds
- Cigarette burns
- General physical disability
- Unresponsiveness of the vulnerable person
- Soiling and wetting
- Change in behavioural patterns
- 'Frozen look'
- Attention seeking
- Apprehension
- Antisocial behaviour
- Unkempt appearance
- Sexually precocious behaviour
- Sexualised drawings and play
- Sudden poor performance
- Poor self esteem
- Self mutilation
- Withdrawal
- Running away
- Reluctance to return home
- Difficulty in forming relationships
- Confusing affectionate displays
- Poor attendance - repeated infections etc

PROCEDURE IN THE EVENT OF A DISCLOSURE

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused.

Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record must be made as soon as possible of the nature of the allegation and any other relevant information.

This must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the

complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

RESPONDING TO AN ALLEGATION

Any suspicion, allegation or incident of abuse must be reported to the Designated Officer Adult Protection Lead or Senior Manager (Safe Team List) on that working day where possible.

The nominated member of staff will telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report will be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

RESPONDING APPROPRIATELY TO AN ALLEGATION OF ABUSE

In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts – listening and using only open questions
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to the Designated Officer or Senior Manager (Safe Teams List) for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

DON'T

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume information
- Make promises
- Ignore the allegation

- Elaborate in your notes
- Panic

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the Designated Vulnerable Adult Protection Officer.

CONFIDENTIALITY

Vulnerable adult protection raises issues of confidentiality which must be clearly understood by all.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

Where a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result.

Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

This policy needs to be read in conjunction with other policies for the organisation including:

- Confidentiality
- Performance and Conduct
- Data Protection
- Recruitment and Selection
- Professional Behaviour Guidelines
- Safeguarding Children and Young People

THE ROLE OF KEY INDIVIDUAL AGENCIES

Adult Social Services

The Department of Health's 'No Secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding vulnerable adults. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

For Devon visit: <https://new.devon.gov.uk/devonsafeguardingadultsboard/>

For telephone referrals to a safeguarding team contact Care Direct on 0345 155 1007 or email Customerservicecentreperformancesecure-mailbox@devon.gcsx.gov.uk

Care Direct is open to take calls from 8am to 8pm Monday to Friday, and from 9am to 1pm on Saturdays. Outside these hours and on Sundays and Bank Holidays, in emergency only, contact the Emergency Duty Service on 0345 6000 388.

The Police

The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

ROLE OF DESIGNATED VULNERABLE ADULT PROTECTION OFFICER

The role of the designated officer is to deal with all instances involving adult protection that arise within the organisation. They will respond to all vulnerable adult protection concerns and enquiries.

The designated Vulnerable Adult Protection Lead for the organisation is The Director. Should you have any suspicions or concerns relating to the Adult Protection lead, contact The Chair of Trustees.

Training

Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training will be provided for the member of staff with vulnerable adult protection responsibilities.

Complaints Procedure & Whistleblowing

The organisation has a complaints procedure and whistleblowing policy available to all staff, volunteers and trustees.

Recruitment Procedure

The organisation operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including arrangements for appropriate checks on new staff, volunteers and trustees where applicable.

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

Mental Capacity Act exists to provide extra safeguards to protect the rights of people who may lack capacity to make critical decisions and to ensure that the care and treatment that they receive is in their best interests.

DoLS came into force in April 2009 and adds to the Mental Capacity Act 2005.

The law can sometimes allow people's freedom to be taken away, eg, prison sentence or detention under the Mental Health Act. DoLS is another way people can lose their freedom. They can only be used with people who lack capacity to decide about their own care or treatment.

Deprivation of Liberty can only be authorised under the safeguards if the person is being treated or cared for in a hospital or care home. If liberty is deprived in the person's own home, including supported living, an application must be made to the Court of Protection to authorise this.

The main conditions that would need to be met include:

- The person must be over 18
- They must have a mental disorder/disability of the mind – this includes learning disabilities but not drugs or alcohol
- They must lack capacity
- It must be in their best interests
- They must be regarded as being deprived of their liberties

One of the most difficult parts of DoLS is deciding what restrictions and restraint can be used to care for a person in their best interests under the Mental Capacity Act and when the additional protection of DoLS is needed.

DoLS authorisation cannot be made if the person is detained under the Mental Health Act or if an authorisation was inconsistent with an obligation placed on them under the Mental Health Act.

The difference between restriction, restraint and deprivation of liberty

There is no simple definition of DoLS. Whether someone has been deprived depends on the particular circumstances of each case. Staff should consider whether any steps they are taking, or proposing to take, might amount to depriving someone of their liberty. Examples of restriction or restraint include the use of beds rails to prevent someone falling out of bed or only allowing someone to go out with staff to keep them safe. Under the Mental Capacity Act, these restrictions would have made and be recorded as a best interests decision as the individual would be unable to make the decision for themselves.

DoLS is ultimately a legal decision. The courts have identified the following as possible signs of someone being deprived of their liberty:

- Staff exercising complete and effective control over the care and movement of a person for a significant period of time
- Staff exercise control over who the person sees and where the person lives

At CEDA, we are not a hospital or care home and cannot make an application under Deprivation of Liberty Safeguards through the standard authorisation. Applications must be made to the Court of Protection.

Concerns about unlawful Deprivation of Liberties

Concerns may be raised that a person is being deprived of their liberties without a standard authorisation. Concerns can be raised by relatives, friends, care home, hospital staff or an advocate. Concerns are taken seriously and should be raised in writing to the managing authority – in Devon this is Devon County Council.

Good Practice which supports the Prevention of Abuse

It is not only important to recognise and know what to do if abuse is disclosed or suspected but also to create a culture where abuse is not accepted or tolerated and where people feel able to raise concerns. At CEDA, we have a range of policies in place which set out the expectations of staff. In addition to this policy, other policies that support the robust prevention of abuse include:

- Confidentiality
- Performance and Conduct
- Data Protection
- Recruitment and Selection
- Professional Behaviour Guidelines
- Safeguarding Children and Young People
- Whistleblowing

- Intimate Care
- Lone Working
- Protection from Accusations of Abuse
- Remote Working and Portable Devices Policy

In addition to the policies, processes are in place that allow open and honest discussions and provide clear guidance including staff Supervision, regular team meetings, rigorous risk assessments, training, regular liaison with families and a multi disciplinary approach.

All staff supporting users should read the individual's support and care plan, risk assessments, protocols and other relevant documentation in order to appropriately deliver care and support.

It is expressly stated that mobile phones or recordable devices are not to be used whilst carrying out intimate personal care under any circumstances. This is considered an act of gross misconduct and any person found to have inappropriate images in their possession will be reported to the police.

LEGAL FRAMEWORK

Data Protection Act 1998, Freedom of Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice 2008

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.

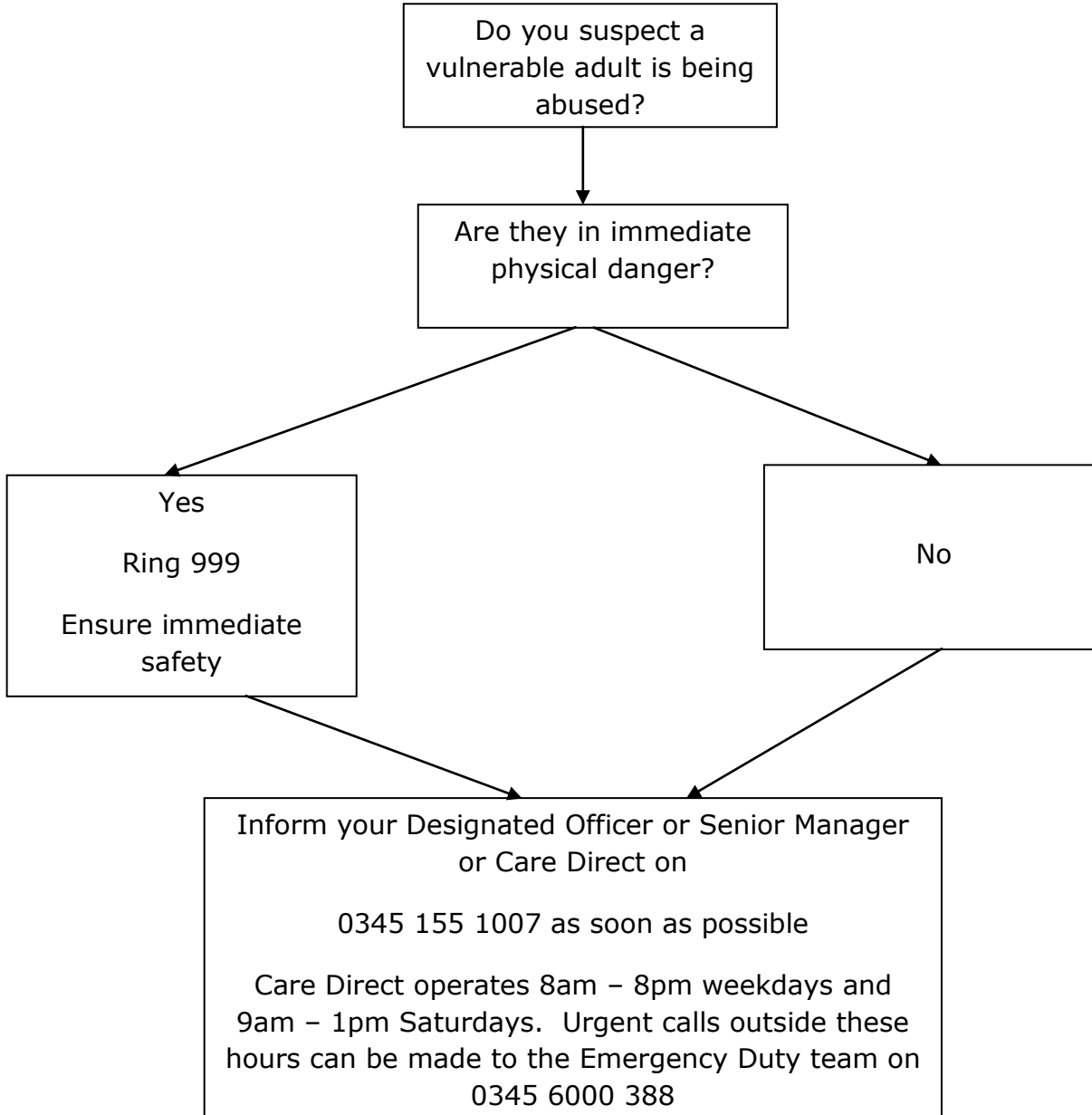
The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

Devon Safeguarding Adults Multi Agency Alerts Pathway

First steps – SA1

For everyone who has involvement with vulnerable adults



Remember:

- Do not investigate or ask questions.
- Do record any information or evidence that you are aware of.

Managers in all other agencies should also see Devon Safeguarding Adults Multi Agency Alerts Pathway for Managers not in ACS or DPT – diagram SA3

Devon Safeguarding Adults Multi Agency Alerts Pathway

Managers not in ACS or DPT – SA3

For all managers in organisations that work with vulnerable adults, except DCC Adult & Community Services (ACS), Devon Partnership Trust (DPT), or joint ACS and Devon Primary Care Trust (PCT

To be read in conjunction with Safeguarding Adults Multi Agency Alerts Pathway SA1

