



## **PROTECTION OF VULNERABLE ADULTS POLICY**

### **The Villages Housing Association Limited**

Original Issue Date: 21 March 2007  
Last Review Date: 21 March 2007  
Next Review Due: 21 March 2009  
Author: Bernie McConnell  
Approved by VHA Board: 30 March 2007

The Villages Housing Association Limited  
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## Version Control

(Summarises revisions to the document)

<b>Version Number/ Date</b>	<b>Revision Details</b>	<b>By (person)</b>	<b>Approved by</b>	<b>Board approval date</b>
1	First Version	Bernie McConnell (Area Director FH)	Claire White (Supporting people Manager)	30 March 07
2	Second Version – no change to policy except some phone number	Michelle Askew and Dana Murphy	Lyn Kelly	24 Sept 2010. Not presented but Board informed that the policy has been reviewed as a mater of information

## Distribution /Alert

This document and subsequent changes to it will be distributed to/alerted to the following staff members or groups:

<b>Team Managers</b>	All managers
<b>Team Members</b>	All staff
<b>Board Members</b>	All board members



# **Protection of Vulnerable Adults**

## **Policy & Procedure**

**The Villages Housing Association  
Ltd  
16 The Croft  
Stockbridge Village  
Knowsley L28 1NR  
(Head office)**

**The Villages Housing Association  
Ltd  
2 Fircroft Road  
Fitton Hill Oldham  
OL8 2QN**

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## 1 Policy Statement and Introduction

**It is the policy of Villages Housing Group to raise awareness of the existence of vulnerable adult abuse, how and where it manifests itself, and to give staff guidance and information on identifying and dealing with incidents of abuse.**

“Abuse of older people is a hidden and often ignored problem in society” (House of Commons Health Committee’s 2004 Inquiry into elder abuse.)

This could very easily describe the situation facing all vulnerable adults. Their abuse is often difficult to recognise or accept and can be complex to address. Often the abusers are people that the victim should be able to trust.

Striking the right balance between an adult’s right to choice and independence, as opposed to their equal right to protection and security, can be challenging. It is time consuming supporting a vulnerable person through processes that may add to their anxiety; yet the support is crucial to their protection.

We must take action in an appropriate manner to ensure that we make the situation better for victims of abuse, rather than compound their problems and risk becoming abusers ourselves.

The whole thrust of the “Protection of Vulnerable Adults (POVA)” guidance, as with other forms of anti-social behaviour, is to put the victim at the centre of the process, involve them appropriately and enable them to make choices and decisions in so far as they are capable. Protection does not necessarily mean disempowerment.

Villages staff are empowered to use their own discretion and judgement, whilst being as clear and supportive as possible. The goal is to ensure that no case of abuse goes unnoticed or neglected.

The primary purpose of intervention is to protect a vulnerable adult.

Suspecting a case of abuse does not automatically trigger a formal enquiry or investigation, but it should trigger an assessment of the situation to ascertain what is happening and to determine the level of risk. Our response should be in proportion to the situation, and appropriate.

## 2 Definitions

These definitions are primarily drawn from "No Secrets" (the government's guidance on policies to protect vulnerable adults from abuse).

### LINK

[http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT\\_ID=4003726&chk=L/ffc/](http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4003726&chk=L/ffc/)

Do not focus on definitions in the early stages following suspicions of abuse – focus on the individual, not on whether they meet particular definitions.

### 2.1 Abuse

Definition	Guidance
<p>Abuse "Is a single or repeated act, or lack of appropriate action, usually occurring within a relationship where there is an expectation of trust, and which causes harm or distress to a person".</p> <p>"Abuse is a violation of an individual's human and civil rights by any other person or persons"</p>	<p>"A relationship where there is an expectation of trust" should not be too rigidly interpreted. It is intended to imply that those involved are not complete strangers, but have some sort of relationship – e.g. family, friends or neighbours (who have an opportunity for abuse of power or a breach of trust).</p>

### 2.2 Vulnerable adult

Definition	Guidance
<p>Vulnerable Adult: "An adult who is or may be in need of community care services by reason of mental or other disability, age or illness</p> <p>and</p> <p>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</p>	<p>People can be vulnerable for all sorts of reasons (physical, mental or emotional). They may have difficulty standing up to someone who has a hold or influence over them. They may need help to protect themselves.</p>

### **3 Indicators Of Abuse**

(The following list is not intended to be exhaustive or prescriptive. It is included to provide guidance and information.)

#### **3.1 Physical Abuse**

Physical abuse is the deliberate infliction of pain, physical harm or injury including: hitting, slapping, punching, pushing, kicking, hair-pulling, restraint, withholding or misuse of medication.

##### **Indicators include:**

- Multiple bruising
- A history of unexplained falls and/or minor injuries
- Fractures not consistent with falls or explanations or the injury
- Unexplained loss of hair, in clumps
- Cuts that are not likely to be explained by self-injury
- Finger marks
- Burns not consistent with possible explanations
- Unusually excessive consumption of alcohol
- Suspected intentional misuse of medication

#### **3.2 Psychological and emotional abuse**

Psychological and emotional abuse is any pattern of behaviour by another that results in the psychological harm to a vulnerable adult and may include: verbal abuse, humiliation, insults, ridicule, bullying, threats, enforced isolation, coercion, lack of privacy or choice, denial of dignity.

##### **Indictors include:**

- Strain within a relationship
- The suspected abuser acts differently towards the vulnerable adult when others are present
- An air of silence in the home when the alleged abuser is present
- A general lack of consideration for the vulnerable adult's needs
- Refusal to allow the vulnerable adult an opinion of their own
- Denial of privacy in relation to their care, feelings or other aspects of their life
- A denial of access to the vulnerable adult, especially where the adult is in need of assistance
- Denial of freedom of movement e.g. locking the person in a room or tying them to a chair
- Alterations in the psychological state, possible withdrawal or fear.

### **3.3 Sexual abuse**

Sexual abuse is any sexual act carried out without the informed consent of a vulnerable adult and may include fondling, sexual intercourse, offensive or suggestive language, inappropriate touching.

#### **Indicators include:**

- Unexplained difficulties in walking
- Reluctance of the person to be alone with an individual known to them
- Unexplained behaviour change
- Stained or bloody clothing
- May be supported by reports of unexplained bruising or bleeding around genital areas (normally only visible to homecare workers, district nurses, doctors etc.)

### **3.4 Financial abuse**

Financial abuse is the misappropriation of the funds of a vulnerable adult and may include misuse of finances, exploitation, theft or fraudulent use of money, embezzlement, misuse of property or possessions.

#### **Indicators include:**

- Situations where, despite having a personal income/pension, the vulnerable adult is without money soon after its receipt. Particularly where that person is not able to spend money without assistance
- Unexplained shortage of money despite a seemingly adequate income
- Unexplained withdrawals from savings accounts
- Unexplained disappearance of financial documents e.g. building society books and bank statements.

### **3.5 Neglect**

Neglect may be deliberate or by default where the abuser is not able to provide the care needed and may not recognise the need for that care to be given. The abuser may also be neglecting themselves.

#### **Indicators include:**

- Persistent hunger
- Loss of weight
- Poor hygiene
- Inappropriate dress
- Consistent lack of supervision for long periods, especially during activities which may be dangerous e.g. unsupervised bathing
- Denial of religious or cultural needs
- Constant fatigue or listlessness
- Physical problems and medical needs that are not attended to

### **3.6 Discrimination**

Discriminatory Abuse can manifest itself in any of the above ways and frequently will include a combination of forms of abuse. What differentiates it from the other categories is that the abuse is motivated by prejudice and discrimination against the individual because he or she is perceived to belong to a specific group; this may be gender, sexual orientation, race, religion or disability amongst others.

When delivering services to older people from minority ethnic communities, it is important to acknowledge that the failure to recognise their cultural, religious and ethnic diversity can be interpreted as a form of abuse, since it denies the individual of their own personal identity.

### **3.7 Abusive regimes**

On occasion institutions develop practices, which allow the abuse of residents.

**In supported and sheltered housing, indicators include:**

- Staff using master keys without due cause
- Staff entering flats/rooms without permission or not waiting for reply after knocking
- Breaches of residents' confidentiality
- Restrictive practices in the use of communal facilities
- Lack of consultation

## **4 General Causes and Indicators of Abuse**

### **4.1 Causes of Abuse**

- Social isolation
- A pattern of family violence exists
- The person who abuses is dependent upon the person they abuse for accommodation, financial and emotional support
- The person who abuses has a history of mental health problems or a personality disorder or a drug or alcohol problem

### **4.2 General Indicators of abuse**

- Seeking shelter or protection
- Unexplained reactions towards particular individuals
- Unexplained reactions towards particular settings
- Unexplained marks, bruises or injury
- Frequent or regular visits to the GP or hospital A and E or hospital admissions
- Frequent or irrational refusal to accept investigations or treatments for routine difficulties
- Unexplained change in material circumstances
- Inconsistency of explanation

### 4.3 Additional Indicators of abuse (triggers)

- Destruction of physical environment
- Turning night into day/sleep disturbance
- Chronic incontinence
- Extreme physical and/or emotional dependence
- Verbal abuse and aggression towards the carer
- Sudden unexplained changes in behaviour/personality
- Non compliance with carers wishes
- Obsessive behaviour
- Wandering
- Self harm

### 4.4 Increased risk and likelihood of an abusive situation

The following problems exhibited by the suspected abuser may increase the likelihood:

- Alcoholism
- Mental illness
- Stress
- Chronic fatigue
- Conflicting demands of other family members
- Individual un-met needs
- Financial strains

## 5 Guidance

### 5.1 Definitions of Emergency, Confirmed, Alleged and Suspected abuse

<b>Emergency</b>	When someone has been attacked and immediate assistance is needed to help the individual, protect property or protect evidence.
<b>Confirmed abuse</b>	A situation when there is clear evidence of abuse taking place, for example when you have seen it for yourself and it can't be anything else.
<b>Alleged abuse</b>	A situation when someone reports to you that an individual is being abused or the individual alleges he/she is being abused.
<b>Suspected abuse</b>	A situation where, from your own observation, rumours etc. you think someone may be being abused but you don't know for certain.
<b>Grey areas</b>	Situations where what is actually going on is very unclear and there may not even be a definite victim, but there's a lot of hostility, people may feel victimised or someone is acting out of character.

## **6 How To Handle Disclosure Of Abuse (by the victim)**

### **6.1 "Do's"**

- Stay calm and try not to show shock
- Listen carefully and ensure the victim knows that you are taking what they say seriously
- Reassure them that they are doing the right thing in telling you
- Tell the victim that:
  - you are treating the information seriously;
  - it is not their fault;
  - you are going to inform your line manager;
  - you will work with others to take steps to protect and support them.
- Show sympathy and concern ("I am sorry that this has happened to you")
- Write down what was said to you
- Report to your line manager

### **6.2 "Do nots"**

- Appear shocked, horrified, disgusted or angry
- Press the person for more details (it is not your job to do a detailed investigation)
- Promise to keep secrets
- Pass on information to anyone other than those with a legitimate "need to know" such as your line manager or Social Services
- Confront the alleged abuser
- Give sweeping assurances ("he won't be allowed to come near you again")
- Contaminate or remove forensic evidence such as blood, semen or saliva.

## **7 PROCEDURE**

The following procedure provides a guide on what you may do in different circumstances together with an example case study for each definition.

### **7.1 Process Overview**

- **Assessment**
- **Taking action**
- **Reporting and supporting**
- **Recording**
- **Reviewing**
- **Closing**

## 7.2 Dealing With Emergencies

<b>Assessment</b>	Even in an emergency, you need to make a quick assessment of the situation in order to conclude that emergency services should be summoned.
<b>Assessing the level of risk</b>	Consider the safety of all people present and the consequences of any action taken.
<b>Action: -</b>	<ul style="list-style-type: none"> <li>• Call appropriate emergency service(s)</li> <li>• Do not put yourself in danger</li> <li>• Do not contaminate the evidence</li> <li>• Once emergency over, follow the process under appropriate non-emergency situation</li> </ul>
<b>Reporting and supporting</b>	Talk to your line manager as soon as possible
<b>Recording</b>	Accurately record the incident and the actions taken
<b>Reviewing the case</b>	This should be agreed in collaboration with the victim, other agencies and the family as appropriate.
<b>Closing the Case</b>	This should be done in agreement with all parties, but staff should remain alert if there is any possible risk of recurrence.

## 7.3 Example of an emergency situation.

When someone has been attacked and immediate assistance is needed to help the individual, protect property or protect evidence

### **Example:**

The Scheme Manager was walking on the outside of the building in order to visit one of the residents. As he did so he passed the bungalow of Cynthia Entwistle.

Cynthia was 90 and was physically quite frail, having a heart condition and arthritis. She had always been a feisty lady, not slow to voice her opinions. However recently the Scheme Manager had noticed she had become much quieter but had always maintained nothing is wrong.

As he passed the window of Cynthia's flat he saw her son Raymond, slap his mother hard and Cynthia disappear from view, presumably having lost her balance with the blow and fallen.

The Scheme Manager immediately called for an ambulance and the Police. The Scheme Manager's immediate risk assessment of the circumstances concluded that he should not attempt entry to the property as he may put his own safety at risk.

## 7.4 Dealing With Confirmed Abuse

<p><b>Assessing the situation;</b></p> <p><b>the risk;</b></p> <p><b>the reliability of the source;</b></p> <p><b>the accuracy of the information</b></p>	<p>Try to find out what is happening by talking to people. You are not seeking to attach a label. How wide-ranging and detailed your assessment is will depend on the nature of the situation. It may take you a short interview to feel you understand what is happening or you may need to gather information and have several conversations with a range of people over days or even weeks in some cases.</p> <p>Do not, as part of this process, discuss the situation with the alleged perpetrator.</p> <p>(For help with handling disclosure of abuse see paragraph 6)</p> <p>The level of risk may be obvious, or you may need help or a specific tool to come to a judgment.</p> <p>Consider whether completing the risk assessment form (see paragraph 20) with the victim would help you in this process. This tool will also assist in assessing someone’s vulnerability.</p> <p>Refer to the framework for assessing the seriousness of risk in Supporting Information see paragraph 13.</p> <p>Gather as much factual information as possible and ensure judgements about the reliability of the source are not made at this stage. If an investigation takes place it will be the role of the case conference to ascertain reliability.</p> <p>Would it be appropriate to talk to the victim? This should only take place as a means of information gathering in the first instance.</p> <p>Do not as part of this process discuss the situation with the alleged perpetrator without first checking with an expert – e.g. Police, Social Services.</p>
<p><b>Seeking consent</b></p>	<p>You would normally expect to involve the victim in decisions about what steps to take and gain their consent for these. You would only dispense with their consent in certain circumstances (See “Confidentiality” paragraph 8 and “Dispensing with Consent” paragraph 15.2). These include:</p> <ul style="list-style-type: none"> <li>• Not capable of understanding and making an informed decision</li> <li>• Unacceptable risk to person or others (part of the risk assessment)</li> <li>• Disclosure of an illegal act which you may be legally bound to disclose or obliged to disclose for other reasons, e.g. if perpetrator is a member of staff a report should be made to the Police.</li> </ul>

<p><b>Seeking support and advice (including line manager)</b></p>	<p>Your line manager needs to get involved if:          You're not sure what to do or the situation may be quite serious          You and your line manager will make a judgment re your respective roles.          Also don't hesitate to speak to, another staff member or an expert agency such as Social services if you need advice. Do make sure if you contact such an agency that they, and you, are clear what you are seeking. i.e. advice and information, not their direct involvement.</p>
<p><b>Taking Action</b></p>	<p><b>Draw up action plan</b>          If the way forward is clear or this process would help you to clarify the way forward, do so. Including timescales where possible. Also include when and how the case is to be reviewed</p> <p><b>Referral to social services</b>          Social Services are the lead agency in abuse of vulnerable adult situations and, in virtually all confirmed cases, you should make a referral to Social Services or at least inform them of the situation.          If, in your judgment their involvement would be helpful to:</p> <ul style="list-style-type: none"> <li>• get a fuller investigation of what is happening</li> <li>• and/or help protect the vulnerable adult</li> <li>• and/or access services which may help</li> </ul> <p><b>Contacting the Police</b>          If the situation appears to involve a criminal act you should involve the Police – unless the resident is adamant they do not want a referral made, in which case you should discuss this with your line manager. Sexual abuse, physical abuse, some forms of psychological abuse, financial exploitation, theft or fraud constitute criminal offences.</p> <p><b>Arranging a case conference</b>          Once a referral is made to Social Services, they are likely to arrange a case conference of all interested parties. If they don't, you should discuss this with your line manager who will who will consider whether it is appropriate to press Social Services further.</p> <p><b>Instituting a formal investigation</b>          Once a referral has been made to Social Services, it might be decided at the case conference to conduct a formal investigation.</p> <p><b>Involving partner organisations</b>          Where Villages are working with other agencies e.g. Keyring (Oldham) or partner organisations e.g. TESS (Stockbridge), staff should consider:</p> <ul style="list-style-type: none"> <li>• Whether the abuse raises issues that need to be jointly handled (e.g. publicity)</li> <li>• Whether the abuse throws up issues related to joint arrangements and agreements</li> <li>• If there has been a breach in service standards.</li> </ul> <p>If so, a meeting of managers of appropriate seniority from each organisation should be arranged to address these.</p>

	<p><b>Exploring alternative courses of action</b> If no referral is made in line with the vulnerable adult's wishes, then other courses of action should be considered including utilising the help-line advice services and/or independent advocacy services provided by national and local agencies (see lists paragraphs 17 &amp; 18)</p> <p><b>Ongoing work with the vulnerable adult</b> Staff should continue to support the vulnerable adult and work with other agencies towards the elimination of the abuse.</p>
<b>Reporting and supporting</b>	<p><b>Informing your line manager</b> You should inform your line manager of any abuse situation. Consider with your line manager whether there is a pattern emerging. Have there been previous episodes?</p> <p><b>Support of staff member</b> The line manager should clarify the staff member's role, extent of their responsibility and provide the necessary support to the employee either directly or through an agreed other source.</p> <p>At regular intervals, Line managers must enquire whether there have been any incidents of concern.</p>
<b>Recording</b>	<p>Record incident, assessment, options identified and actions taken and continue to maintain accurate, legible, concise, factual and up-to-date records during all stages.</p> <p>Complete an "Abuse of Vulnerable Adults monitoring form" (see paragraph 21).</p>
<b>Reviewing the case</b>	<p>This should be agreed in collaboration with the victim, other agencies and the family as appropriate.</p>
<b>Closing the Case</b>	<p>This should be done in agreement with all parties, but staff should remain alert if there is any possible risk of recurrence.</p>

### 7.5 Example of confirmed abuse.

***A situation when there is clear evidence of abuse taking place, for example when you have seen it for yourself and it can't be anything else***

Benjie Morrison is an 89 year old resident in a sheltered housing block. He cares for his wife, Maisie, who is 82 and can be very forgetful. She is also physically frail and walks with a Zimmer frame. Benjie has a heart condition and is also physically frail and rather breathless. He has now also become a little forgetful. They have one daughter, who lives some distance away and only visits about once a month. Social Services assist the couple with a care package which consists of a Home Care Worker who comes at lunch time to help them with their dinner and in the early evening to give them an evening meal. The home care worker also collects the couple's pension and does their shopping.

Benjie keeps mentioning to the Scheme Manager that he cannot find their pension. On the last occasion the Scheme Manager goes to help Benjie look for his money and she cannot find it either. Benjie suggests that Maisie might have hidden it. It is only midway through the week and the Scheme Manager feels they should have some

money left from the pension.

When Deirdre Macpherson, the Home Care Worker, arrives the Scheme Manager asks her about the money. Deidre tells her they are always losing things and she is not surprised that Benjie could find no money. She says that she always puts the money left over from the shopping in the desk drawer, but that she has found money hidden all over. She adds that they are a hopeless couple, always losing things and should be in a home.

The following week the Scheme Manager receives a call from the daughter, Anita, who is very concerned about her parents. She says she found no food in the cupboards and when she went out to buy them some fish and chips, they wolfed it down as if they were starving. She also checked to see if they had any money, but could not find any. She did some shopping, has left them with plenty of supplies, and put some money in the desk drawer, but she is worried about them.

The following Monday on her routine call the Scheme Manager she sees Maisie and Benjie sitting outside their flat on the patio. She goes over to talk to them and they tell her Deirdre told them to go and sit outside while she cleaned up. This sounded a little odd so she goes to the flat to make sure all is well. As she arrives at the flat she finds the door open and sees Deirdre taking the money out of the desk drawer and putting it in her pocket. Monday is not a shopping day.

## 7.6 Dealing With Alleged Abuse

<p><b>Assessing the situation;</b></p>	<p>Try to find out what is happening by talking to people. You are not seeking to attach a label. How wide-ranging and detailed your assessment is will depend on the nature of the situation. It may take you a short interview to feel you understand what is happening or you may need to gather information and have several conversations with a range of people over days or even weeks in some cases.</p> <p>Do not, as part of this process, discuss the situation with the alleged perpetrator.</p> <p>(For help with handling disclosure of abuse see paragraph 6)</p>
<p><b>the risk;</b></p>	<p>The level of risk may be obvious, or you may need help or a specific tool to come to a judgment.</p> <p>Consider whether completing the risk assessment form (see paragraph 20) with the victim would help you in this process. This tool will also assist in assessing someone's vulnerability.</p> <p>Refer to "Assessing the seriousness of risk" see paragraph 13.</p>
<p><b>the reliability of the source;</b></p>	<p>Gather as much factual information as possible and ensure judgements about the reliability of the source are not made at this stage. If an investigation takes place it will be the role of the case conference to ascertain reliability.</p>
<p><b>the accuracy of</b></p>	<p>Would it be appropriate to talk to the victim? This should only take</p>

<b>the information</b>	place as a means of information gathering in the first instance. Do not as part of this process discuss the situation with the alleged perpetrator without first checking with an expert – e.g. Police, Social Services.
<b>Seeking consent</b>	<p>You would normally expect to involve the victim in decisions about what steps to take and gain their consent for these. You would only dispense with their consent in certain circumstances (See “Confidentiality” paragraph 8 and “Dispensing with Consent” paragraph 15.2) these include:</p> <ul style="list-style-type: none"> <li>• Not capable of understanding and making an informed decision</li> <li>• Unacceptable risk to person or others (part of the risk assessment)</li> </ul> <p>Disclosure of an illegal act which you may be legally bound to disclose or obliged to disclose for other reasons, e.g. if perpetrator is a member of staff a report should be made to the Police.</p>
<b>Seeking support and advice (including line manager)</b>	<p>Your line manager needs to get involved if:</p> <ul style="list-style-type: none"> <li>• You’re not sure what to do</li> <li>• The situation may be quite serious</li> </ul> <p>You and your line manager will make a judgment re your respective roles.</p> <p>Also don’t hesitate to speak to another staff member or an expert agency such as Social services if you need advice. Do make sure if you contact such an agency that they, and you, are clear what you are seeking. i.e. advice and information, not their direct involvement.</p>
<b>Taking Action</b>	<p><b>Draw up an action plan</b> If the way forward is clear or this process would help you to clarify the way forward, do so. Including timescales where possible. Also include when and how the case is to be reviewed</p> <p><b>Referral to social services</b> Social Services are the lead agency in abuse of vulnerable adult situations and, in virtually all confirmed cases, you should make a referral to Social Services or at least inform them of the situation. If, in your judgment their involvement would be helpful to:</p> <ul style="list-style-type: none"> <li>• get a fuller investigation of what is happening</li> <li>• and/or help protect the vulnerable adult</li> <li>• and/or access services which may help</li> </ul> <p><b>Contacting the Police</b> If the situation appears to involve a criminal act you should involve the Police – unless the resident is adamant they do not want a referral made, in which case you should discuss this with your line manager. Sexual abuse, physical abuse, some forms of psychological abuse, financial exploitation, theft or fraud constitute criminal offences. See “Confidentiality” paragraph 8 and “Dispensing with Consent” paragraph 15.2, and also “Crime and Criminal Records Checks” paragraph 15.3 (“Taking Action” section).</p>

	<p><b>Arranging a case conference</b> Once a referral is made to Social Services, they are likely to arrange a case conference of all interested parties. If they don't, and you feel one would be useful, discuss this with your line manager.</p> <p><b>Instituting a formal investigation</b> Once a referral has been made to Social Services, it might be decided at the case conference to conduct a formal investigation.</p> <p><b>Involving partner organisations</b> Where Villages are working with other agencies e.g. Keyring (Oldham) or partner organisations e.g. TESS (Stockbridge), staff should consider:</p> <ul style="list-style-type: none"> <li>• Whether the abuse raises issues that need to be jointly handled (for example publicity)</li> <li>• Whether the abuse throws up issues related to joint arrangements and agreements</li> <li>• If there has been a breach in service standards.</li> </ul> <p>If so a meeting of managers of appropriate seniority from each organisation should be arranged to address these.</p> <p><b>Exploring alternative courses of action</b> If no referral is made, in line with the vulnerable adult's wishes, then other courses of action should be considered including utilising the help-line advice services and/or independent advocacy services provided by national and local agencies (see paragraphs 17, 19).</p> <p><b>Ongoing work with the vulnerable adult</b> Staff should continue to support the vulnerable adult and work with other agencies towards the elimination of the abuse.</p>
<b>Reporting and supporting</b>	<p><b>Informing your line manager</b> You should inform your line manager of any abuse situation.</p> <p>Consider with your line manager whether there is a pattern emerging. Have there been previous episodes?</p> <p><b>Support of staff member</b> The line manager should clarify the staff member's role, extent of their responsibility and provide the necessary support to the employee either directly or through an agreed other source.</p> <p>At regular intervals Line Managers must enquire whether there have been any incidents of concern.</p>
<b>Recording</b>	<p>Record incident, assessment, options identified and actions taken and continue to maintain accurate, legible, concise, factual and up-to-date records during all stages.</p> <p>Complete an "Abuse of Vulnerable Adults monitoring form" (See paragraph 21).</p>

<b>Reviewing the case</b>	This should be agreed in collaboration with the victim, other agencies and the family as appropriate.
<b>Closing the Case</b>	This should be done in agreement with all parties, but staff should remain alert if there is any possible risk of recurrence.

### 7.7 Example of alleged abuse

***A situation when someone reports to you that an individual is being abused, or the individual alleges he/she is being abused.***

**Example:**

Matilda Jones is 83 and has been a resident for five years. Her husband died last year and she has one daughter, Agnes, who is married with three children and lives locally. Matilda has arthritis and Agnes collects her pension and does her shopping each week. Matilda is quiet and well liked by her neighbours.

It is approaching Christmas and at the Wednesday coffee morning Matilda is asked for a contribution to a party fund. She tells the social committee representative that she does not have any money at present. The Scheme Manager is surprised to overhear this. A week later, the Scheme Manager meets another resident selling raffle tickets outside Matilda's flat, who says that Matilda told her she did not have any money for a ticket.

The Scheme Manager is surprised and decides to check on Matilda, she knocks at the door and Matilda invites her in and offers her a cup of tea. Matilda apologises for not being able to offer her any biscuits, she says she did not have enough money for them this week. The Scheme Manager asks Matilda if all is well with her finances. Matilda then confides in the Scheme Manager that Agnes is taking half her pension each week. She is very upset about it, but does not want her to do anything about it or tell anyone else.

### 7.8 Dealing With Suspected Abuse

<b>Assessing the situation;</b>	<p>What clues, signs or indicators do you have? What can you do with them?</p> <p>Do not discuss the situation with the alleged perpetrator.</p> <p>(For help with handling disclosure of abuse see paragraph 6)</p>
<b>the risk;</b>	<p>The level of risk may be obvious, or you may need help or a specific tool to come to a judgment.</p> <p>Consider whether completing the risk assessment form (see paragraph 20) with the victim would help you in this process. This tool will also assist in assessing someone's vulnerability. Refer to "Assessing the seriousness of risk" see paragraph 13.</p>

<b>the accuracy of the information</b>	Part of your assessment will almost certainly involve talking to the suspected victim about your concerns unless there are good reasons not to.
<b>Seeking consent</b>	<p>You would normally expect to involve the victim in decisions about what steps to take and gain their consent for these. You would only dispense with their consent in certain circumstances (See “Confidentiality” paragraph 8 and “Dispensing with Consent” paragraph 15.2 These include:</p> <ul style="list-style-type: none"> <li>• Not capable of understanding and making an informed decision</li> <li>• Unacceptable risk to person or others (part of the risk assessment)</li> <li>• Disclosure of an illegal act which you may be legally bound to disclose or obliged to disclose for other reasons, e.g. if perpetrator is a member of staff a report should be made to the Police.</li> </ul>
<b>Seeking support and advice (including line manager)</b>	<p>If you are unsure what to make of the situation seek advice. This may be from your line manager, another member of staff with expertise, or an agency such as Social Services or Action on Elder Abuse Response  Tel: 080 8808 8141 Mon to Fri 10am to 4pm  <a href="http://www.elderabuse.org.uk/">http://www.elderabuse.org.uk/</a></p>
<b>Taking Action</b>	<p><b>Draw up an action plan</b>  If the way forward is clear or this process would help you to clarify the way forward, do so. Including timescales where possible. Also include when and how the case is to be reviewed</p> <p><b>Referral to social services</b>  Social Services are the lead agency in abuse of vulnerable adult situations and, in virtually all confirmed cases, you should make a referral to Social Services or at least inform them of the situation. If, in your judgment their involvement would be helpful to:</p> <ul style="list-style-type: none"> <li>• get a fuller investigation of what is happening</li> <li>• and/or help protect the vulnerable adult</li> <li>• and/or access services which may help</li> </ul> <p><b>Contacting the Police</b>  If the situation appears to involve a criminal act you should involve the Police – unless the resident is adamant they do not want a referral made, in which case you should discuss this with your line manager. Sexual abuse, physical abuse, some forms of psychological abuse, financial exploitation, theft or fraud constitute criminal offences.  See “Confidentiality” paragraph 8 and “Example of Dispensing with Consent” paragraph 15.2, and also “Crime and Criminal Records Checks” paragraph 15.3 (“Taking Action” section).</p> <p><b>Arranging a case conference</b>  Once a referral is made to Social Services, they are likely to arrange a case conference of all interested parties. If they don’t, and you feel one would be useful, discuss with your line manager.</p>

	<p><b>Instituting a formal investigation</b> Once a referral has been made to Social Services, it might be decided at the case conference to conduct a formal investigation.</p> <p><b>Involving partner organisations</b> You may need to do this before taking particular action, depending on the severity of the situation and proposed actions.</p> <p><b>Exploring alternative courses of action</b> If no referral is made in line with the vulnerable adult's wishes, then other courses of action should be considered including utilising the help-line advice services and/or independent advocacy services provided by national and local agencies (see paragraph 17 and 19) and the situation regularly monitored and reviewed by the front line worker and their line manager.</p> <p><b>Ongoing work with the vulnerable adult</b> Staff should agree with their line manager a framework for working with the vulnerable adult, whether or not the referral to Social Services has been made or accepted. Within this framework, staff should continue to support and ensure the safety of the vulnerable adult as well as work with other agencies towards the elimination of the abuse.</p>
<p><b>Reporting and supporting</b></p>	<p><b>Informing your line manager</b> You should inform your line manager of any abuse situation.</p> <p>Consider with your line manager whether there is a pattern emerging. Have there been previous episodes?</p> <p><b>Support of staff member</b> The line manager should clarify the staff member's role, extent of their responsibility and provide the necessary support to the employee either directly or through an agreed other source.</p> <p>At regular intervals, Line managers must enquire whether there have been any incidents of concern.</p>
<p><b>Recording</b></p>	<p>Record incident, assessment, options identified and actions taken and continue to maintain accurate, legible, concise, factual and up-to-date records during all stages.</p> <p>Complete an "Abuse of Vulnerable Adults monitoring form" (See paragraph 21).</p>
<p><b>Reviewing the case</b></p>	<p>This should be agreed in collaboration with the victim, other agencies and the family as appropriate.</p>
<p><b>Closing the Case</b></p>	<p>This should be done in agreement with all parties, but staff should remain alert if there is any possible risk of recurrence.</p>

## 7.9 Example of suspected abuse

***A situation where, from your own observation, rumours etc., you think someone may be being abused but you don't know for certain.***

Patricia Fenright is 53 and has Alzheimer's disease, she is small and delicate. She lives with her husband Bill Fenright. Bill is 61, very fit, both physically and mentally, he used to work for the emergency services and still goes down to the pub to meet ex-colleagues. They have a son, who is also with the emergency services, in London and a daughter who is married and lives locally.

The Estate Management Officer has seen Patricia with a bruised eye and she said she fell. A month ago Bill had to take her to hospital because she fell and broke her arm.

The Estate Management Officer had only just arrived at work, when a neighbour of the Fenrights called at the office and said she was very worried as she heard lots of banging, shouting and screaming last night, then everything went quiet. She knocked at the door and when she asked if all was well, Bill said it was. She is worried about Patricia, as she heard the same sort of thing the night she broke her arm. At that moment the Home Support Worker asked for a word. She arrived to help Patricia get up and dressed and Bill sent her away, saying that Patricia's not too well today and is staying in bed. When she suggested giving Patricia a wash and making her more comfortable, Bill told her that she's sleeping. She is not very happy about this state of affairs and doesn't understand why Bill won't let her in.

The Estate Management Officer decides to call on the Fenrights and check on Patricia; however Bill will not let her in either, saying that Patricia is sleeping and cannot be disturbed.

The Estate Management Officer calls Social Services, to express severe concerns and several hours later the social worker visits and asks to see Patricia. This time Bill let her in. The Social Worker sees that Patricia is badly bruised on the left side of her face; Bill tells her that Patricia had had a fall. The Social Worker calls an ambulance and Patricia is taken to Casualty.

Her daughter is informed and goes to the hospital. There it is discovered that Patricia has considerable bruising all over her body, both old and new. When asked how she came by the bruises she just said she doesn't know. She appears rather dazed and more confused than normal. When the daughter comes to collect some clothes for her mother, she tells the Estate Management Officer that Bill has been giving her mother 'a smack' for years. She wants her father arrested and for her mother to continue in her flat. Bill maintains that Patricia fell.

## 7.10 Example of “grey area”

***Situations where what is actually going on is very unclear and may not even be a clear victim, but there’s a lot of hostility or a group is ganging up on an individual. This is the sort of situation which may not be defined as abuse by some Social Services Departments, and we may be left having to lead the process of investigating what lies behind it and how to resolve it.***

### **Example – (taken from the Country Close Enquiry):**

In a sheltered scheme, there were four particular residents who were quite cliquey and relatively active. One of them was treasurer of the social club. Over a period of time, complaints were made that the four residents were making nasty remarks about other residents, in particular those with disabilities. Staff made a number of attempts to tackle them over their behaviour.

On two occasions, another resident, Mrs Pope, intervened on behalf of people with dementia whom she felt were being mocked by the four. This resulted in a souring of relationships between the four residents and Mrs Pope. Relations between them became increasingly unpleasant and bitter, and at one point Mrs Pope was told she was not welcome in the lounge. Mrs Pope was not satisfied with the staff’s attempts to deal with the situation and she became increasingly aggressive towards them.

Her behaviour became increasingly challenging and as it did, what had started off being dealt with as a dispute between neighbours switched to a focus on Mrs Pope. She herself came to be seen by the staff as a difficult woman who was the main cause of the problems.

At some point during the unfolding of these events, Mrs Pope had been admitted to a psychiatric hospital for an assessment because the Community Psychiatric Nurse (CPN) was so concerned about her. She was found not to have any current mental health problems. Also, she was a completely different person when out of the scheme at her day centre, compared to when she was at the scheme.

A case conference attended by members of Mrs Pope’s family and a range of professionals was arranged by the RSL to discuss her behaviour. The CPN who had instigated the psychiatric assessment introduced the possibility that Mrs Pope manifested signs of being a victim of elder abuse.

A subsequent enquiry concluded that Mrs Pope had indeed been the victim of abuse by the four and her behaviour returned to normal once the situation had been resolved.

## **8 Confidentiality**

Staff must respect confidentiality and not divulge information given in confidence unless justified by assessed risk to the vulnerable adult or if required under contract with Social Services or agreed through inter-agency protocols.

Staff should never promise to keep information to themselves personally or promise it on behalf of their line managers.

It is part of your professional responsibility to notify your line manager or appropriate professionals of circumstances that have a bearing on the well-being of a resident or other party. You can however, promise that the information will be treated within the normal bounds of confidential information.

## **9 Additional Considerations**

### **9.1 Advocacy**

Staff are encouraged to assist victims by putting them in touch with independent advocates if this is what the person wishes.

Use the list of local and national organisations paragraphs 17 and 19 to find the most suitable. (Your local Age Concern is the best starting point).

### **9.2 Collaboration With Other Agencies**

Protecting vulnerable adults from abuse is a complex process. Staff assessment and action on abuse must usually be in co-operation and collaboration with other agencies, such as social services, doctors and the Police. Villages is committed to interdisciplinary working with these and other agencies, working within the guidelines of "No Secrets" government guidance.

#### **LINK**

[http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT\\_ID=4003726&chk=L/fFc/](http://www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/HealthServiceCircularsArticle/fs/en?CONTENT_ID=4003726&chk=L/fFc/)

Staff should make contact with lead link abuse officers employed by Social Services and the Police in their localities, assist in the development of multi-agency procedures if invited, and tap into multi-agency training opportunities.

### **9.3 Person Centred Approach**

We must never lose sight of the fact that there is an individual at the centre of the situation. By definition, the individual concerned is in a vulnerable position, and there may be a temptation for staff to take control of the situation in an inappropriate way.

Villages staff must remember at all times that it is for the individual concerned to decide what action (if any) they want to take. The role of Villages staff is to identify potential threats and assist the victim in determining a way forward. Staff may work with relatives or close friends of the individual concerned.

Some vulnerable adults may not have the mental capacity to make a decision about an abusive situation. For example, someone with dementia might not be able to fully understand a problem or make a realistic assessment of the risk. Villages staff are not qualified to make such judgments. In such situations the individual's next of kin (if not

involved in the abuse) in conjunction with the GP or the social services department or Action on Elder Abuse should be consulted.

LINK

<http://www.elderabuse.org.uk/>

There may be occasions when a person with severe dementia is involved that it may be appropriate to consider bring in a specialist advocate to work with them.

#### **9.4 Recording**

Staff must ensure that their recording of facts, incidents, assessments, referral and case discussions are all sufficient, accurate, concise, up-to-date, legible, dated and factual. Opinions should be kept to a minimum and backed up by factual evidence. Statements from victims should be recorded verbatim. These records must be stored in an individual file and stored securely in a manner that safeguards the individual's right to privacy and security.

An individual is entitled to find out what information Villages holds about them. Access can be refused on very limited grounds. The Association has the right to edit or remove data which could identify third parties; or which could prove harmful to the person concerned. If a request is received, by a resident, to view their records your line Manager must be informed.

Records may be used as evidence in civil or criminal prosecutions or in disciplinary proceedings.

#### **10 Risk And Protection**

We acknowledge that an individual's rights to independent living may involve a degree of risk. Where an individual chooses to accept this risk, their wishes should be respected within the context of their capacity to anticipate and understand the risk. Where a number of individuals are at risk, a decision may need to be made to protect others which goes against an individual's wishes. We will work with other agencies to uphold the right of vulnerable adults to protection from harm and exploitation making constructive use of the law.

#### **11 Training**

Appropriate training on abuse will be provided to staff working with vulnerable adults. Staff should also be pro-active in trying to attend locally arranged multi-agency training on abuse/adult protection.

#### **12 Whistleblowing**

Staff are encouraged to take action when suspicious that abuse is occurring at work, no matter what the setting, who the perpetrator is or who the victim is. In line with the Public Interest Disclosure Act 1998, Villages will respect and not penalise those who stand up for anyone who is suspected of being abused. You should follow the Public Interest Disclosure Policy contained within the staff handbook.

LINK: -

[http://sharepoint/sites/corporate/personnel2/Shared%20Documents/Handbook%20-%20Villages%20\(new\).DOC#\\_Toc116274121](http://sharepoint/sites/corporate/personnel2/Shared%20Documents/Handbook%20-%20Villages%20(new).DOC#_Toc116274121)

## 13 Assessing The Seriousness Of Abuse Or Risk

“Taking risks involves deciding that the potential benefits of a proposed act outweigh the potential drawbacks. Risk taking is about making choices on whether or not to act to achieve beneficial results in an awareness of potential harms.” (David Carson – Taking risks with patients, your assessment strategy 1988.)

We all take risks; it is a part of everyday life. When running late for work we make an assessment of whether or not to run across the road to catch the bus. Making this assessment is a process of examining the information at our disposal. Is there on-coming traffic? How fast is the traffic? Then we decide whether the benefit of being slightly late outweighs that of misjudgement and the possibility of an accident.

Problems occur when people become physically frail or have mental health problems and may not fully appreciate the risks they are taking when adopting a particular course of action. It is then that professionals are involved in assessing risks and seeing if there are ways in which the risk can be managed to minimise the potential damage to an older person.

In the case of abuse it is important to identify the level of risk to the resident. It is also essential to consider the following factors:

- The vulnerability of the individual
- The nature and extent of the abuse
- The length of time it has been occurring
- The impact on the individual
- The risk of repeated or increasingly serious acts involving this or other vulnerable adults

In some circumstances it may be helpful to communicate (with the victim’s permission) with the person’s carer, family or others to attempt to ensure that the person understands the risk they are facing and the choices available to reduce or remove this risk. Seek confidential advice from agencies such as Action on Elder Abuse.

### LINK

<http://www.elderabuse.org.uk/>

The level of risk to other people may also need to be assessed, for example other residents in a situation of theft.

## 14 Capacity And Self-Determination

Adults should be free to determine their own lives, take risks and make their own decisions except in certain prescribed circumstances. Legally there is a presumption of capacity unless demonstrated otherwise, Mental Capacity Act refers: -

### LINK: -

<http://www.dca.gov.uk/menincap/legis.htm>

The fact that someone has dementia does not automatically mean that they lack capacity. In some cases, capacity can fluctuate. Also an individual can be deemed to have capacity to take responsibility for some decisions and not others. Therefore in a situation of suspected, alleged or actual abuse, an individual's capacity to understand and make decisions should be assessed.

Very often, capacity to make key decisions is determined by GPs and mental health teams. However in order to make a referral for such an assessment, if it has not already been made, the vulnerable adult's consent needs to be obtained. If consent is withheld an initial judgement needs to be made whether refusal to consent should be respected or whether the individual lacks the capacity to make that decision. Considering the following questions may help reach a conclusion:

Is the person aware of the choice/decision they are making? Are they able to make their own decisions and choices and do they wish to do so? Do they have the capacity to understand the implications of their situation and to what they are consenting? Do they have the capacity to refuse, or to assert and communicate their will?

In order to make a sound assessment of this, the vulnerable adult's emotional, physical, intellectual and mental capacity in relation to self-determination & consent should be considered. Where a vulnerable adult appears to be able to make informed decisions and choices, and is not being intimidated, the available options should be explored with them. Their wishes should be respected, unless these conflict with a statutory duty to intervene, or unless another person(s) is/are considered to be at risk.

## **15 Consent**

Did the person subject to apparent abuse give their consent and did they give it freely and willingly? Action with which the vulnerable adult does not agree, or where they do not understand what they are agreeing to, may be abusive. Consent is a critical issue in defining when sexual or financial transactions might be deemed abusive, and in determining whether to intervene. Both ability to understand and freedom from pressure or intimidation are essential components in assessing this question.

### **15.1 Does the vulnerable adult understand the risk?**

Does the vulnerable adult appreciate and understand the nature, extent and consequences of any risk they may be subject to and do they willingly accept such risk? All people have a right to make choices, in so far as they are able, and maintain their independence even when this involves a degree of risk. Where an individual chooses to accept this risk, their wishes should be respected within their capacity to anticipate and understand the level of risk and the possible consequences. i.e. There is a need to balance the right to self-determination and risk taking against the capacity to exercise these rights freely and with understanding and awareness. The greater the risks the more important it is to be sure that capacity and freedom from pressure exist in exercising these rights.

## **15.2 Dispensing with Consent**

Circumstances when consent to contact Social Services or the Police can be dispensed with:

- The level of risk to the individual is deemed to be unacceptably high
- It is in the public interest e.g. other people are at risk
- The alleged perpetrator is a vulnerable adult and may be at risk as well
- The victim lacks capacity and you are acting in their best interests as a consequence
- If a serious crime has been committed

## **15.3 Crime and Criminal Record Checks**

If a criminal act has been committed, this strengthens the case to share the information with Police and/or social services, but should not automatically trigger sharing of the information against the victim's wishes. The following should be considered:

What are the risk levels to the individual, others and the perpetrator?

Does the individual have the capacity to make a sound decision?

How serious is the crime? Is there any risk of being seen to be complicit if you don't report it?

Who is the perpetrator? Members of staff committing a crime should be reported.

Under the Rehabilitation of Offenders Act (ROA) 1974, it is unlawful to take into account "spent convictions" in recruitment, promotion and dismissal situations. Staff working with vulnerable adults and children are exempt from the ROA i.e. they must disclose spent convictions if asked about their criminal record. Criminal records are checked through the Criminal Records Bureau.

## 15.4 Example of dispensing with consent

Lily is a 90 year old lady living alone. Physically frail, she is becoming forgetful but generally is very aware of what's going on.

In the last year, her son has maintained he has discovered her in the flat when she has fallen. On both occasions, Lily was admitted to hospital. On the first occasion she sustained cuts to the head which needed stitches. On the second occasion Lily had bruises on her head, and she also sustained a broken hip.

Whilst Lily was in hospital, neighbours have reported to the Scheme Manager, concerns about Lily's son, who only visits occasionally in the evenings. They maintain they've heard him shouting at Lily and he appears drunk when coming into the building.

On her return home from hospital the Scheme Manager asks Lily about her most recent fall. Lily confides in the Scheme Manager that her son hit her and she fell breaking her hip in the fall.

The Scheme Manager encourages Lily to think about raising this with Social Services or the Police. Lily doesn't know what she should do; she's afraid but doesn't want to get her son into trouble. She refuses permission for the Scheme Manager to involve Social Services. The Scheme Manager discusses the situation with her line manager and following a further discussion and confidential advice from Action on Elder Abuse, the Scheme Manager considers that she has sufficient grounds to overrule Lily's refusal to give permission for a referral. She therefore contacts Social Services to discuss her concerns about the unacceptably high level of risk Lily is facing.

## 16 Where To Get Help

There are a range of healthcare providers who may be involved in assessing and meeting the needs of an abused vulnerable adult and determining capacity. These include:

### 16.1 Health

**Ambulance Service** – They are accessed through 999 in an emergency.

**General Practitioners (GPs)** – GPs are the first port of call in non-emergency abuse situations where an abuse victim's mental or physical health has been affected. They are also in a key position to spot signs and symptoms of abuse in their patients.

**District/Community Nurses and Health Visitors** – These are part of the primary care team and are accessed either via GPs or through direct referral. Health personnel are sometimes more acceptable to vulnerable people and their families than social workers and may have a role in monitoring a situation.

**Community Psychiatric Nurses (CPNs)** – They may be involved where a mental illness (including dementia) of the abuse victim or the abuser is a contributory factor.

Specialists such as geriatricians, psycho-geriatricians, nutritionists, occupational therapists, physiotherapists and so on may be called in depending on the needs of the situation. Psycho-geriatricians have a particular contribution to make in establishing the capacity of a vulnerable adult.

## **16.2 In Hospital**

Hospital personnel including doctors, nurses, occupational therapists, physiotherapists and other health specialists play an important part in responding to an emergency and setting the wheels in motion to ensure the future safety and well-being of the abuse victim. They also have a key role in spotting signs and symptoms of abuse which may have been overlooked in the community.

Health providers like other statutory agencies are required to work in a collaborative, multi-disciplinary way.

## **16.3 Police**

Most Police authorities now have specialist units/staff dealing with domestic violence and abuse of children and vulnerable adults. Their special expertise and support should be sought regarding cases of actual, suspected or alleged abuse.

A referral to social services is likely to trigger Police involvement but you need to check if this is the case in your area.

The Police have a duty to the victim to assist, support and obtain evidence of alleged offences and a responsibility to investigate a reported crime as well as interview any identified suspects. The best interests of the victims as well as their wishes should be taken into consideration. This process may not always result in criminal proceedings.

The following points should be considered:

- Early referral or consultation with the Police will enable them to establish whether a criminal act has been committed and this will give them the opportunity of determining if, and at what stage, they need to become involved.
- Early involvement of the Police will help ensure that forensic evidence is not lost or contaminated.
- Police officers have considerable skill in investigating and interviewing, and early involvement may prevent the abused person being interviewed unnecessarily on subsequent occasions.
- A higher standard of proof is required in criminal proceedings (beyond reasonable doubt) than is required for civil, disciplinary or regulatory proceedings.

## 17 Useful contacts local (Oldham)

<p><b>Elder Abuse Response</b> Tel: 080 8808 8141</p>	<p><b>Manchester Police Main Switchboard</b> Tel: 0161 872 5050</p>
<p><b>Police Oldham NDC Team</b> Tel: 0161 856 9018</p>	<p><b>Accident and Emergency Oldham</b> Tel: 0161 627 8933</p>
<p><b>Accident and Emergency Tameside</b> Tel: 0161 331 6258</p>	<p><b>Adults with learning difficulties</b> Tel: 0161 911 3868</p>
<p><b>Adults with Mental Health problems</b> Tel: 0161 909 8060</p>	<p><b>Adults with physical disabilities or sensory impairment</b> Tel: 0161 911 4799</p>
<p><b>D.I.A.L. Disablement and Advice Line</b> Tel: 0161 628 8825 / 0800 0430834</p>	<p><b>Oldham Disability Alliance</b> Tel : 0161 628 8825</p>
<p><b>Social Services Emergency Duty Team</b> Tel: 0161 222 6900</p>	<p><b>The Tameside Advocacy Project</b> Good Hope Mill Bentinck St Ashton-Under-Lyne OL6 7SS Tel: 0161 331-9053</p>
<p><b>Citizens Advice Bureau</b> 1-2 Ascroft Court Oldham, OL1 1DE Tel: 0845 120 3703</p>	<p><b>Services for Older people</b> 1 Whitney Court Southlink Business Park Hamilton Street Oldham OL4 1DE</p>
<p><b>Age Concern Oldham</b> 10 Church Lane OLDHAM OL1 3AN Tel: 0161 633 0213 Fax: 0161 620 6197 Email: oldham.ageconcern@btclick.com Website: <a href="http://www.oldham-ageconcern.co.uk">http://www.oldham-ageconcern.co.uk</a></p>	

## 18 Useful contacts local (Stockbridge)

<p><b>Older People's Mental Health Services</b> Aintree Hospital Site Longmoor Lane Fazakerley 'L9 7AL Tel: 0151 529 3685 Fax: 0151 529 3683 Website: <a href="http://www.merseycare.nhs.uk">www.merseycare.nhs.uk</a></p>	<p><b>Victim Support and Witness Service,</b> Merseyside Tel: 0845 30 30 900 Website: <a href="http://www.victimsupportmerseyside.org.uk">www.victimsupportmerseyside.org.uk</a></p>
<p><b>Knowsley Primary Care Trust Health &amp; Social Care Headquarters</b> PO Box 23, Nutgrove Villa Westmoreland Road Huyton Merseyside L36 6GA Tel: 0151 489 6000 Email: <a href="mailto:info.knowsleypct@sthkhealth.nhs.uk">info.knowsleypct@sthkhealth.nhs.uk</a></p>	<p><b>5 Boroughs Partnership NHS Trust</b> Hollins Park House Hollins Lane Winwick Warrington WA2 8WA Tel: 01925 664000 Fax: 0151 430 1841 Email: <a href="mailto:hq@5boroughspartnership.nhs.uk">hq@5boroughspartnership.nhs.uk</a> Website: <a href="http://www.5boroughspartnership.nhs.uk">www.5boroughspartnership.nhs.uk</a></p>
<p><b>Whiston Hospital</b> Warrington Road Whiston Merseyside L35 5DR Tel: 0151 426 1600</p>	<p><b>Royal Liverpool University Hospital</b> Prescot Street Liverpool Merseyside L7 8XP Tel: 0151 706 2000 Fax: 0151 706 5806</p>
<p><b>University Hospital Aintree</b> Longmoor Lane Fazakerley Merseyside L9 7AL Tel: 0151 525 5980 Fax: 0151 525 6086</p>	<p><b>St Helens &amp; Knowsley Hospitals NHS Trust</b> Whiston Hospital Warrington Road Whiston Merseyside L35 5DR Tel: 0151 426 1600</p>
<p><b>Mersey Care NHS Trust</b> Hamilton House 24 Pall Mall 'Liverpool City Centre 'Merseyside L3 6AL Tel: 0151 250 3000 Email: <a href="mailto:communications@merseycare.nhs.uk">communications@merseycare.nhs.uk</a> Website: <a href="http://www.merseycare.nhs.uk">www.merseycare.nhs.uk</a></p>	<p><b>Huyton Resource Centre for the Elderly</b> Tarbock Road Huyton Merseyside L36 5XW Tel: 0151 443 3619</p>
<p><b>Huyton Social Work Team – Adults</b> Municipal Buildings, PO Box 28 Huyton L36 9YY Tel: 0151 443 3714</p>	<p><b>KMBC Social Services Department</b> 25 Derby Road Huyton L36 9UG Tel: 0151 443 3617 Fax: 0151 443 3805</p>

Continued: Useful contacts local (Stockbridge)

<p><b>Social Services Adult Care</b> 25 Derby Road Huyton L36 9UG Tel: 0151 443 3450</p>	<p><b>Social Services Department</b> Knowsley MBC PO Box 23 Huyton L36 9YY Tel: 0151 443 3439</p>
<p><b>Worst Kept Secret Domestic Violence Project</b> PO Box 182 Liverpool L69 2SW Tel: 0151 227 5808 Fax: 0151 227 5783 Email: wks@btconnect.com Website: www.domesticviolenceprevention.com</p>	<p><b>Age Concern Knowsley</b> Nutgrove Villa 1 Griffiths Road Huyton Tel: 0151 480 4632 Tel: 0151 480 4632 Email: @acknowsleyfsnet.co.uk Website: www.acknowlseyy.ssnet.co.uk</p>
<p><b>Intervening in Partnership Abuse Change for Tomorrow</b> KDVSS, Knowsley CVS 149 Cherryfield Drive Kirkby L32 8SE Tel: 0151 548 3333 Fax: 0151 548 3333 Email: inpact2003@3tc4u.net</p>	<p><b>Kirkby Branch Victim Support</b> 149 Cherryfield Drive Kirkby L32 8SE Tel: 0151 547 4177 Fax: 0151 547 4177 Email: kirkby@victimsupportmerseyside.org.uk</p>
<p><b>Knowsley Domestic Violence Support Services</b> 149 Cherryfield Drive Kirkby L32 8SE Tel: 0151 548 3333 Fax: 0151 548 3333</p>	<p><b>Knowsley Pensioners Advocacy and Information Service</b> 149 Cherryfield Drive Kirkby L32 8SE Tel: 0151 546 3088 Fax: 0151 548 6161</p>
<p><b>St Helens West, East, Huyton Victim Support</b> Rear of Prescott Leisure Centre Warrington Road 'Prescot L35 5AD Tel: 0151 493 1557 Fax: 0151 431 1829</p>	<p><b>Learning Disability Community Team</b> Willis House Whiston Tel 0151 289 7705.</p>
<p><b>Tenants Extra Support Scheme (TESS)</b> Tel: 0151 480 1313</p>	<p><b>Drugs Lighthouse Project</b> Huyton Tel: 0151 489 3005</p>
<p><b>SHAP</b> (Alcohol floating support, Whiston Tel 0151 430 8282</p>	<p><b>Elder Abuse Response</b> Tel: 080 8808 8141</p>

## 19 Useful contacts National

<p><b>Fire / Police / Ambulance</b> 999</p>	
<p><b>Help the Aged</b> 207-221 Pentonville Road London N1 9UZ Tel: 020 7278 1114 Fax: 020 7278 1116 Email: info@helptheaged.org.uk Website: www.helptheaged.org.uk</p>	<p><b>Elder Abuse Response</b> Tel: 080 8808 8141</p>
<p><b>Action on Elder Abuse (AEA)</b> Astral House 1268 London Road London SW16 4ER 020 8765 7000 Helpline 0808 808 8141 Email: enquiries@elderabuse.org.uk Website: www.elderabuse.org.uk</p>	<p><b>Age Concern England</b> Astral House 1268 London Road London SW16 4ER 020 8765 7200 Information line: 088 009966 Website: www.ageconcern.org.uk</p>
<p><b>Carers National Association</b> Ruth Pitter House 20-25 Glasshouse Yard London EC1A 4JT 020 7490 8818 Helpline 0345 573369</p>	<p><b>Victim Support</b> National Office Cranmer House 39 Brixton Road London SW9 6DZ 020 77359166 Victim Support Line 0845 3030900 Email: contact@victimsupport.org.uk Website: www.victimsupport.org.uk</p>
<p><b>Alzheimer's Society</b> Gordon House Greencoat Place London SW1P 1PH 020 73060606 Helpline 0845 3000336 Email: info@alzheimers.org.uk Website: www.alzheimers.org.uk</p>	<p><b>Relatives &amp; Residents Association</b> 24 The Ivories 6-18 Northampton Street London N1 2HY 020 7359 8148 Email: advice@relres.org</p>

## 20 RISK ASSESSMENT Recording Form

The purpose of this form is to assist you in establishing what level of risk a resident may be experiencing and help you and your line manager decide if action needs to be taken.

### The Resident

Name:	
Address:	

### Resident Risk Indicators (Circle and expand where appropriate)

	High	Medium	Low	Unknown
<b>Does the resident have supportive friends and family?</b>	Isolated	Limited involvement	Frequent contact	
<b>Has the resident been diagnosed with dementia or is confused?</b>	Confused/ has dementia	Some short term memory loss/disorientation	No memory loss	
<b>Does the resident have mental health problems?</b>	History of mental health problems/ evidence of fear, anger, withdrawal, depression	Some anxiety, depression, withdrawal	Minimal/ no signs	
<b>How able is the resident?</b>	Dependent on others	Some help with tasks of daily living	Independent	
<b>How is the resident's general health</b>	Poor	Some problems	Good	
<b>How good is the resident's communication?</b>	Has considerable difficulty understanding & speaking	Has some difficulty in understanding and speaking	Has no difficulty	
<b>Finance</b>	Dependent on state benefits/ others	Some aid given by others	Independent	
<b>Financial management</b>	Managed by others – legal power? Self managed Who has legal authority?	Some assistance in place e.g. appointeeship If so, who is appointee?	Self managed Competently	
<b>History of abuse/neglect/ exploitation?</b>	Known history or current report	Previous report/ suspicion	No history	
<b>History of alcohol or drug abuse?</b>	Active abuse	Occasional abuse or history	No abuse	
<b>Does the resident have any sensory impairment?</b>	Loss of sight, loss of Hearing	Some impairment	No impairment	

### Caregiver/Suspected abuser

<b>Is the suspect dependent on the victim for housing or finance?</b>	Dependent on the victim	Some dependency	Independent	
<b>Is the suspect confused or have dementia?</b>	Confused	Some memory loss/disorientation	No memory loss	
<b>Does the suspect have a history of mental health problems?</b>	History and current problems	History	No known problems	
<b>Does the suspect have an alcohol or drug problem?</b>	Active abuse	History of abuse or occasional use	No abuse	
<b>Is the suspect in good general health?</b>	Good health	Some health problems	Poor health	
<b>Does the suspect appear stressed?</b>	Overwhelmed by stress (emotional/economic/physical/social)	Overwhelmed at times	No stress	
<b>Does the suspect have contact with other vulnerable people?</b>	Frequent contact	Occasional contact	No contact	
<b>Where does the suspect live?</b>	With the victim	Locally	Distant	
<b>*Is the suspect providing a service?  Who for?</b>	Yes	Only occasionally	No	

**Type of abuse :**

Suspected

Alleged

Confirmed

**Please state what has happened under the appropriate heading**

Physical

Psychological

Financial/Material

Sexual

Discriminatory

Neglect

What other evidence is there to support your suspicions?

**What degree of damage do you think the victim has sustained?**

	Severe	Moderate	Little	Can't judge
Physical				
Emotional				
Financial				

Yes No

**Do you think it is likely to happen again?**

Why?

**How long do you think it has been happening?**

	<b>Yes</b>	<b>No</b>
<b>Has the doctor examined the resident?</b>		
If so, what was the outcome?		

**What other agencies are involved with the resident?**


	<b>Yes</b>	<b>No</b>	<b>No Involvement</b>	<b>Not discussed</b>
<b>Do the other agencies share your suspicions?</b>				

**Has the next of kin/other relative/spouse expressed thoughts on the situation? (Expand if so)**

--

**What is the level of risk based on this assessment?**

High                       Medium                       Low

**What action do you think is appropriate at this point?**

--

**Agreed action to be taken:**

--

To be reviewed monthly, for 3 months. After 3 months, decide on next step or closure

**Further action**

--

**No further action**

--

**Continue to review**

--

**Signed: EMO/Scheme Manager/Warden**

--

**Date**

--

**Signed: Senior Officer**

--

**Date**

--

## 21 Abuse of Vulnerable Adults monitoring form

*Strictly Confidential*

### VILLAGES HOUSING ASSOCIATION

ABUSE OF VULNERABLE ADULTS MONITORING FORM		
Initials of victim:	Male <input type="checkbox"/>	Age:
Street:	Female <input type="checkbox"/>	
Victim lives in: High support unit <input type="checkbox"/> Sheltered housing <input type="checkbox"/> Normal housing <input type="checkbox"/>	Type of abuse: Suspected <input type="checkbox"/> Alleged <input type="checkbox"/> Confirmed Abuse <input type="checkbox"/>	By: Paid Carer <input type="checkbox"/> Partner <input type="checkbox"/> Friend <input type="checkbox"/> Housing staff <input type="checkbox"/> Relative <input type="checkbox"/> Neighbour <input type="checkbox"/> Other.....
<b>Brief details:</b>		
Referred to Social Services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date:
Other agencies involved		
Completed by (Name):		
Position:		
Date:		

Once completed this form should be marked private and confidential and returned to: Bernie McConnell, Area Director, Villages Housing Ltd, 2 Fircroft Road, Fitton Hill, Oldham OL8 2QN

This form is intended to monitor both suspected, alleged and actual abuse. If a form has been completed for a suspected/alleged case, which then becomes actual, a new form should be completed to accompany the original.

The purpose of the monitoring form is to

- monitor the number of cases in the organisation
- feed into the continuous improvement process;
- act as a flag or check to senior managers – particularly to pick up patterns and related events

It is not a tool for managing the case. It should be filled in for every case of suspected, alleged or confirmed abuse. It should be completed even if the resident wants no action taking. Only in the event of a different perpetrator, or change in status from alleged/suspected to actual should a new form be completed.