

BENCH OUTREACH

PROTECTION OF VULNERABLE ADULTS POLICY

(This policy should be read in conjunction with the local authority safeguarding guidance.)

Responsible Officer: Chief Operations Officer

The following definitions apply to terms in this policy:

- "Organisation" means Bench Outreach.
- "Worker" means trustee, staff member, volunteer, student or anyone else working for or representing Bench Outreach.
- "Client" means a resident or someone who is a present user of any of Bench Outreach services.
- "Vulnerable adult" means 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, history of offending, 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. Thus a vulnerable adult may be a person who is elderly, has a mental disorder (including dementia or a personality disorder), has a physical or sensory disability, has a learning disability, has a severe physical illness and/or is a substance misuser. The presence of a disability or age alone does not signify that an adult is necessarily vulnerable (i.e. unable to take care of themselves or unable to protect themselves from abuse or exploitation).
- "Abuse" may consist of a single act or repeated acts, be physical, verbal, institutional, psychological or emotional, be an act of neglect or an omission to act or occur when a vulnerable adult is persuaded to enter into a financial arrangement or sexual relationship to which they have not, or could not, have consented. Any or all of these categories of abuse may be perpetrated because of deliberate intent, negligence or ignorance.

Appendix 1 contains further information about categories of abuse and indicators that may help workers to recognise when abuse is occurring.

2. Policy Statement

This policy has been developed in recognition of the fact that Bench Outreach works with vulnerable adults who may be at risk of mistreatment and abuse and that the organisation is committed to preventing, identifying, investigating and responding to the abuse of vulnerable adults.

Bench Outreach is committed to:

- maintaining a dialogue at both a strategic and operational level to ensure effective action to prevent abuse
- developing a common definition and understanding of abuse
- ensuring staff are willing and able to co-operate with the terms of this policy
- monitoring and evaluating the operation of this policy
- ensuring that resources are available, within acknowledged constraints, to meet the above commitments
- ensuring the preferred procedures and protocols of the relevant local authority are understood and observed when handling safeguarding concerns

- seeing the local authority as a partner in safeguarding

Issues of capacity and consent are central to the work of adult protection. The ability of vulnerable adults to choose their lifestyle and the risks they wish to take, to understand the implications of their situation, to take action to prevent abuse and to actively participate in decision making are constant themes which give rise to dilemmas for Bench Outreach workers whose responsibility it is to respond. Protecting a vulnerable adult from abuse or exploitation may involve some invasion of a person's autonomy and leave Bench Outreach workers open to allegations of undue influence if they intervene. Conversely, not intervening may result in workers neglecting their duty and harm occurring. The law applicable to mental incapacity is fragmented and incoherent and there is a consequent reliance on medical opinion to decide on questions of capacity. However, this is not always possible with clients whose mental capacity fluctuates (as with mental illness or substance misuse).

Bench Outreach managers should consult the advice workers' guidance booklet "Making Decisions" produced by the NHS regarding the Mental Capacity Act (2005). for more information around capacity and consent and vulnerable adults. This can be found at:

<https://www.ouh.nhs.uk/patient-guide/safeguarding/documents/advice-workers-guide.pdf>

However, the following good practice issues should be noted:

- Information should always be presented in a way that will offer the vulnerable adult
- the maximum opportunity to understand it
- Special consideration should be given with regards to communicating with people for
- whom English is not their first language, people with visual or sensory impairment or
- people with a learning disability
- Any concerns about the mental capacity of a vulnerable adult at risk or an alleged
- abuser should be shared with the local Mental Health Team and a joint decision
- arrived at.

3. Statement of Rights

Bench Outreach's policy on protecting vulnerable adults from abuse is intended to ensure that its clients' rights are recognised and respected. Obviously, these rights should be enjoyed by all of Bench Outreach's clients but their inclusion in this policy relate to a recognition that vulnerable adults may be more at risk of exploitation and less able to defend their rights themselves. Bench Outreach workers should ensure that their work with vulnerable adults involves recognition of the following:

- Clients have the right to be respected by those professionals and volunteers
- providing services for them.
- Clients have the right to say what they want and think and feel so long as doing
- so does not break the law or affect other people's rights.
- Clients have the right to be involved in making decisions that affect them.
- Clients have the right to be safe and receive adequate care and protection. This
- includes protection from all forms of violence including physical punishment,
- intimidation, lack of respect, harassment and sexual assault.
- Clients have the right to report violence and have their report taken seriously,
- including the right to have the Police called if a crime has been committed.
- Clients have the right to access money and property that is legally theirs.

- Clients are entitled to leisure time and have the right to spend that time as they
- choose, including taking part in activities that include an element of risk.
- Clients have the right to personal privacy, including not having personal letters
- opened or phone calls listened to unless the law allows this.
- Clients have the right to a wide range of information, especially information that
- would make life better for them.

4. Prevention

Bench Outreach will take all necessary steps to protect the vulnerable adults with whom it works from abuse. This includes:

- Ensuring that the organisation regularly reviews its practice and services to ensure that they support the Statement of Rights shown above. This will be the responsibility of the manager.
- Ensuring that all workers providing services to vulnerable adults are subject to an Enhanced Disclosure check via the Disclosure and Barring Service (please refer to relevant policy document) and that employment references are routinely sought and carefully checked.
- Ensuring that workers receive instruction and/or training on the issues involved in protecting vulnerable adults from abuse and the need to be vigilant around the signs and potential for abuse.
- Ensuring that all workers receive instruction and/or training during their induction on relevant organisational procedures and practices (e.g., the Whistle Blowing Procedure, the Code of Conduct, etc.).
- Ensuring that risk assessments for all clients are promptly undertaken and kept up to date as per organisational procedure.
- Developing procedures that set out how the needs and preferences of vulnerable adults in receipt of personal care will be met and their dignity, privacy and safety will be safeguarded.
- With the consent of the vulnerable adult, encouraging good communication between workers and managers and between clients, carers/relatives and other professionals to foster an “open culture” within Bench Outreach.
- Ensuring that, in the event of discussions occurring that may have a serious or detrimental impact on a vulnerable adult (e.g. potential loss of accommodation, decision to take out an appointeeship), an appropriate adult or other representative is available to act as an advocate.
- Ensuring that all workers receive instruction and/or training working with challenging behaviour
- Ensuring that the summary of the policy attached at Appendix 2 is communicated to clients when they join the service and at periodic intervals thereafter.

5. Alerting

Alerting refers to the responsibility of any worker to be aware of the possibility that adult abuse may have taken place - or is likely to take place - and to act.

A concern that a vulnerable adult is, or could be, being abused may have arisen either from:

- A direct disclosure by the vulnerable adult
- A complaint or expression of concern by a worker, client, member of the public or carer
- An observation of the behaviour of the vulnerable adult by a worker

In this context, any Bench Outreach worker raising concerns about another worker or about abuse within the service will receive support and protection under the auspices of the organisation's Whistle Blowing Procedure.

Action to be taken by worker

If a Bench Outreach worker suspects or receives a report of actual or potential abuse, it is expected that they will:

Deal with immediate needs

- Take reasonable steps to ensure that the adult is in no immediate danger
- Seek medical intervention as appropriate
- Contact the Police if it is believed that a crime has been committed that is serious enough to warrant an immediate response (e.g., assault)

Listen

- Assure the person making the allegation that they will be taken seriously
- Not be judgmental, express disgust or jump to conclusions
- Explain the duty to report to their line manager (or that person's manager if they are implicated in the abuse) and that the concerns raised will have to be shared
- Not give any promises of complete confidentiality
- Listen carefully to what is being said, stay calm, clarify the facts of the abuse but avoid a detailed investigation and lots of questions. Explain that steps will be taken to protect them from further abuse
- Not discuss the allegation of abuse with the alleged perpetrator
- Not disturb or destroy articles that could be used in evidence

Inform

- Tell their manager of the concerns/complaint immediately
- Tell a trustee if the manager is implicated in the abuse

Record

An accurate record should be made at the time of the disclosure or discovery giving details of the incident and/or the grounds for suspecting abuse. This should include:

- The date and time of the incident
- What the vulnerable adult said about the abuse and how it occurred or what has been reported to the worker
- The appearance and behaviour of the victim, including any injuries

Action to be taken by the manager

It is the duty of the manager receiving the report from the worker to:

Deal with any immediate needs

- Ensure that the victim of the alleged abuse is safe
- Ensure that emergency medical treatment has been arranged as appropriate
- Ensure that no evidence is lost by securing the scene

- If the alleged perpetrator is also a vulnerable adult, ensure that a worker is allocated to attend to their needs
- Ensure that other clients are not put at risk

Clarify

- The facts stated by the worker making the report WITHOUT discussing the allegation of abuse with the alleged perpetrator or, if possible, the alleged victim
- Issues of consent and confidentiality
- Whether the alleged victim of abuse has the mental capacity to be able to decide who should be informed
- Whether any outside body should be informed (i.e.: CMHT or Social Services care management team)
- Whether a proper record of the allegation has been made

Investigate

Decide if the alleged abuse is serious enough to warrant a formal investigation. See section 6.

If the alleged perpetrator is also a vulnerable person

The steps set out above in sections 5.1 and 5.2 should be followed as a matter of course but, additionally, the manager receiving reports of this type should:

- Decide if the alleged perpetrator is to be represented during internal investigations (e.g. by a relative, social worker or solicitor) to avoid a potential conflict of interest
- Decide if the matter is likely to come to the attention of the Police
- Decide if there is an on-going risk of further abuse or of pressure being brought to bear on the person making the allegation. If it is felt that this is possible, arrangements should be made for the alleged perpetrator to be safely placed elsewhere while the investigation takes place. In the event of a refusal to agree to this, extra staffing cover should be considered to better manage the risk.

If the alleged perpetrator is a Bench Outreach worker

The steps set out above in sections 5.1 and 5.2 should be followed as a matter of course but, additionally, the manager receiving incident reports of this type should immediately discuss the matter with a trustee as part of an initial screening process to decide if there appears to be any substance to the allegations. If so, they should:

- Ensure that any investigation and action taken is additionally compatible with the organisation's policies
- Decide if there is an on-going risk of further abuse or of pressure being brought to bear on the person making the allegation. If it is felt that this is possible, the worker should be either suspended or reassigned to other duties while an investigation takes place
- Ensure that the worker and/or their representative are kept fully up to date on the progress of any investigations and associated actions
- Agree a sensitive message for other workers, stakeholders and clients regarding the absence of the worker under investigation

6. Investigating

Factors to be considered:

All allegations or incidents of adult abuse should be investigated and responded to but the extent of the investigation and formality of the response will be dictated by the seriousness of the abuse.

Factors to be considered are:

- The vulnerability of the individual
- The nature and extent of the abuse
- The reliability of the reporting process (e.g., whether anonymous)
- Length of time it has been occurring
- Impact on the individual and/or on others
- Risk of repeated or increasingly serious acts involving this or other vulnerable adults
- Whether the vulnerable adult gives permission for further action

If at all in doubt, formally investigate.

Options available:

The manager has two options available to them in responding to allegations of abuse in this context.

Options are:

- Using the organisation's existing Incident Reporting framework
- Convening a formal Protection Panel (see below)

The first may be appropriate for minor incidents or one-off incidents of abuse that are relatively clear-cut and unlikely to be repeated. The latter should be considered in all other situations.

7. Protection Panels

Within Bench Outreach, Protection Panels will usually consist of the following representatives:

- The manager
- An employee
- A trustee

The inclusion of an employee is intended to allow the panel the fullest knowledge of the victim and relevant background information. The manager will allocate this person.

Obviously, the membership of the panel is subject to change if any of those people who would normally sit on the panel are implicated in the abuse.

Protection Panels will meet within 7 working days of any report of alleged abuse being referred by the manager and report their findings within 7 working days of having concluded their investigations. The time taken on the investigations themselves cannot be prescribed but it is expected that the panel will seek the fullest co-operation of all within the organisation to progress the matter as promptly as possible.

The panel's findings will be considered by the Chairman of the Board of Trustees for them to approve and oversee any associated recommendations.

In response to serious allegations of abuse, it may be necessary to involve someone from outside the organisation on the Protection Panel (e.g., a representative of the local CMHT or Social Services) to provide further assurance that the alleged abuse has been thoroughly investigated and responded to.

8. Staff Support and Training

Bench Outreach will provide training/instruction for all workers on the operation of this policy commensurate with their responsibilities. It is intended that this training/instruction will fit well with that offered in relation to associated areas of work (e.g., risk assessments, support planning, etc.).

It is recognised that working with situations that may involve the abuse of a vulnerable adult can be upsetting and stressful for workers, particularly those who may have had personal experience of similar issues. In relation to this, Bench Outreach will ensure that workers involved in reporting, witnessing or investigating cases of adult abuse will be supported appropriately. This will include:

- Access to counselling
- Space to debrief and discuss the issues within the line management structure
- Support and protection under the organisation's Whistle Blowing Procedure
- Support and protection in the event of any retaliatory action from an abuser harassing a worker or acting aggressively because of their abuse being uncovered

9. Referring to the Disclosure and Barring service

Bench Outreach has the power to refer to the Disclosure and Barring service. The organisation will exercise this power when a person has either:

- harmed or poses a risk of harm to a child or vulnerable adult
- has satisfied the harm test; or
- has received a caution or conviction for a relevant offence and;
- the person they're referring is, has or might in future be working in regulated activity and;
- the DBS may consider it appropriate for the person to be added to a barred list

A person satisfies the harm test if they may harm a child or vulnerable adult or put them at risk of harm. It is something a person may do to cause harm or pose a risk of harm to a child or vulnerable adult.

SHOULD ANY BENCH OUTREACH TRUSTEE, STAFF MEMBER OR VOLUNTEER SUSPECT INCIDENTS OF ABUSE INVOLVING ANY PERSON ASSOCIATED WITH THE ORGANIATION, THEY SHOULD IMMEDIATELY INFORM

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Appendix 1 - Categories and Indicators of Adult Abuse

The existence of any one factor from the following lists should not be taken on its own as being an indicator that abuse is occurring. Rather it should be viewed as an alert to the need to make a further assessment and to consider other factors associated with the person's situation. In many cases, an assessment will be necessary to exclude the possibility that the physical/mental signs or behavioural changes that are causing concern are indicative of mental illness or substance misuse rather than of mistreatment or abuse. Some vulnerable adults may reveal abuse themselves by talking about or drawing attention to physical signs or, where verbal communication is limited or confused, displaying certain actions or gestures. Workers need to be alert to these signs and consider what they might mean.

1. Physical Abuse

The use of force which results in pain or injury or a change in the person's natural physical state or the non-accidental infliction of physical force that results in bodily injury, pain or impairment.

Indicators might be:

- Injuries inconsistent with the account of how they happened
- Lack of explanation as to how injuries happened
- Bruising, burns or other marks
- Unexplained falls/minor injuries
- Particularly subdued behaviour in presence of carer, relative, worker

2. Sexual Abuse

The involvement of a vulnerable adult in sexual activity or relationships which:

- they do not want or have not consented to
- they cannot understand and lack the capacity to consent to
- they have been coerced into because the other person is in a position of power, trust or authority
- are against the law

Non-contact sexual abuse might also be an issue (e.g.: forcing a vulnerable adult to look at sexual media, indecent exposure, photography, etc.).

Indicators might be:

- Bruising, infection, tearing in genital area
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Bruising to thighs and upper arms
- Unusual difficulty in walking or sitting
- Unusual wetting or "soiling"
- Significant change in sexual behaviour or attitude
- Unusually overt sexual behaviour/language
- Reluctance to be alone with an individual known to them
- Self-harming
- Withdrawal, sleep disturbance and/or poor concentration
- Fear of assistance with bathing, dressing, etc.
- Excessive fear/apprehension of, or withdrawal from, relationships

3. Psychological or Emotional Abuse

Behaviour that has a harmful effect on the vulnerable adult's emotional health and development or any other form of mental cruelty that results in:

- a) Mental distress

- b) The denial of basic human and civil rights, such as privacy and dignity
- c) The negation of choices, wishes and self-esteem
- d) Isolation or over-dependence and has a harmful effect on a vulnerable adult's emotional health, development or well-being

Examples of such abuse include:

- Preventing a vulnerable adult from using services
- Denial of access to friends
- Ignoring
- Harassment
- Use of threats, bullying, swearing
- Intimidation
- Indicators might be:
 - Visible discomfort or silence from the vulnerable adult when perpetrator is present
 - Vulnerable adult not allowed to express an opinion
 - Vulnerable adult denied freedom of movement or access to others
 - Alteration in psychological state (e.g.: withdrawal or signs of fear)
 - Insomnia, tearfulness, change of appetite

4. Financial or Material Abuse

The use of a vulnerable adult's property, assets, income or any other resources without their informed consent and authorization: Financial or material abuse occurs where an individual's funds or resources are being used inappropriately by a third person. It can include:

- a) The withholding of money
- b) The unsanctioned use of a person's money or property
- c) The entry of a person into contracts or transactions where are not understood and which are to their disadvantage and which have been because of duress or pressure of some kind (e.g.: loans, gifts)

Indicators might be:

- Unexplained lack of money to maintain lifestyle
- Unexplained and unusual bank withdrawals
- Lack of accountability shown by person handling vulnerable adult's affairs
- Unusual interest shown by others in vulnerable adult's assets
- Unjustified obtaining of Appointeeship or Power of Attorney without vulnerable adult's understanding or consent

5. Neglect and Acts of Omission

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others.

Examples of such abuse might include:

- Failure to provide food, shelter, clothing or heating
- Failure to provide agreed personal or medical care
- Inappropriate use of medication or over-medication
- Denial of needs
- Ignoring

Indicators might be:

- Physical condition of living space is poor
- Physical condition of vulnerable adult is poor

- Untreated injuries or other medical problems
- Inconsistent or reluctant contact with medical or social care agencies
- Poor personal hygiene

6. Discriminatory Abuse

Occurs when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals: It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities available to others. Incitement to discriminate is also treated as equivalent to actual discrimination.

Indicators might be:

- Verbal abuse, derogatory comments or inappropriate use of language
- Signs of a sub-standard service being offered
- Repeated exclusion from rights afforded to ordinary citizens (e.g.: health, employment, criminal justice)
- Expressions of anger or anxiety
- Denial of a person's communication needs (e.g.: access to a signer)

7. Institutional Abuse

The mistreatment or abuse of a vulnerable adult by a regime or individuals within an institution: It can be through repeated acts of poor or inadequate care and neglect or poor professional practice.

Institutional abuse occurs when the routines, systems and norms of an institution compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution. Research has shown that the culture of an institution is a powerful indicator of the practice and attitudes of those working within it. Institutions which have a "closed" culture, where there can be a lack of accountability, have been shown as more likely to foster poor practice.

Indicators might be:

- Inadequate staffing levels
- Inappropriate or poor care
- Lack of adequate procedures (e.g.: for medication, management of finances)
- Failure to ensure privacy or personal dignity
- Public discussion of personal matters
- Denial of visitors, phone calls
- Absence of individual care plans
- Inadequate or delayed response to reasonable requests
- Interference with mail