

Introduction

This document contains Traverse's policy, procedures and guidance on protecting vulnerable adults. It has been developed to protect and ensure the safety and well-being of vulnerable adults who take part in Traverse's research activities or engagement work and to ensure that Traverse responds effectively in the event of safeguarding concerns arising during the course of a project. Traverse works with vulnerable adults in a number of research and engagement activities, and regards safeguarding of vulnerable groups, and the promotion of good practice in this respect, as a core commitment of our work.

All staff working with vulnerable adults should be familiar with this document's content. Project managers should ensure that team members are conversant with it and that the correct processes are followed.

We have worked with the NSPCC to create and review this document.

Effective procedures need to be in place to ensure a speedy and effective response to concerns about actual or suspected abuse of vulnerable adults. Under no circumstances should anyone within Traverse begin to carry out an investigation into suspicions or concerns about any such person. This is the role of the statutory services and any concerns or worries should be passed promptly to Traverse's designated person responsible for protection of vulnerable adults (see 'What do I do if I have concerns about a vulnerable adult?' below).

You may become aware of actual or likely abuse of a vulnerable adult in a number of ways:

- A vulnerable adult might tell you
- Someone else might report to you that the vulnerable adult in question has told them or that they strongly believe that the person has been or is being abused
- A vulnerable adult might show some signs of physical injury for which there appears to be no satisfactory explanation
- A vulnerable adult's behaviour may indicate that it is likely that she or he is being abused
- Observing one person abusing another
- Something in the behaviour of an adult (includes staff, carer, another vulnerable person etc) or in the way the adult relates to a vulnerable person seems inappropriate or makes the vulnerable person feel uncomfortable in some way

These procedures explain what to do in these situations and apply to all Traverse staff working with vulnerable adults and those working on our behalf, including partners and suppliers.

The role of the designated person

Every organisation should designate a person or persons to be responsible for dealing with any concerns about the protection of vulnerable adults. In Traverse the designated person (DP) for



safeguarding vulnerable adults is Chih Hoong Sin. In Chih Hoong's absence or unavailability, the deputy designated person (DDP) is Tim Vanson. If neither Chih Hoong or Tim are available to discuss your concerns, call adult social care in the vulnerable adult's local area. Staff should ensure they have all the relevant contact details available to them in advance of encounters with vulnerable adults.

The role of the DP/DDP is to:

- Receive and record information from staff, vulnerable adults or carers who have concerns relating to the protection of vulnerable adults (whether the information is in the form of a completed information form, see Appendix 3: Vulnerable adult protection concerns report form, or other form).
- In discussion with the DDP and/or the CVASG, assess the information promptly and carefully, clarifying or obtaining more information about the matter as appropriate
- Consult initially with a statutory agency such as the local authority adult social care
- Make a formal referral to a statutory agency such as the local authority adult social care or police without delay

It is not the role of the DP or the DDP to decide whether or not a vulnerable adult has been abused. This is the task of the adults services department that has the legal responsibility. The DP should have the relevant contact numbers and addresses of the statutory agencies. Adult social care has an out of hours emergency duty team so can be contacted at any time outside of normal office hours. The contact details for the out of hour's service can be obtained from the police or the local authority website.

The DP and DDP, in conjunction with CVASG, are responsible for acting as a source of advice on safeguarding vulnerable adults and for co-ordinating action within the organisation. It is the responsibility of the DP or DPP to liaise with adult social care and other agencies about suspected or actual cases of abuse of vulnerable adults.

Lines of responsibility

The Project Director on any project involving vulnerable adults will have overall responsibility to safeguard and promote the welfare of vulnerable adults in accordance with relevant and current legislation in each of the countries of the UK and be accountable for Traverse's practice during the project.

The Project Manager will have day-to-day responsibility for ensuring the correct policy and procedures relating to the protection of vulnerable adults are adhered to by the project team. They will be responsible for updating the Project Director of any concerns or risks that arise over the course of the project.

The DP and the relevant Project Director and Project Manager should liaise with each other if a concern about a vulnerable adult is brought to the attention of any of them.

Consent

Consent is an important issue in respect of working with vulnerable adults. The Mental Health Act 1983: Code of Practice defines 'informed consent' as:



The voluntary and continuing permission of the adult to agree to a course of action or inaction, based on adequate knowledge of the purpose, nature, likely effects and risks of the 'proposed action/inaction' including the likelihood of its success and any alternatives to it. Permission given under any unfair or undue pressure is not consent.

Undue pressure could be deemed to have been exerted when an individual or agency who is more powerful in some way manipulates a vulnerable person into doing something they would not otherwise have done. Traverse needs to ensure that those participating in the research or consultancy work it delivers have are capable of making an informed choice to do so and are not subject to undue pressure.

Traverse staff need to ensure that those participating in research are provided with clear, appropriate communication about:

- What participation will involve. Information that may affect a participant's willingness to participate should not be withheld.
- How data will be used.
- Any potential risks they may incur by participating.
- The voluntary nature of their participation: they are not obliged to participate and may withdraw from participation at any time, and that they may withdraw data just supplied.
- Traverse staff cannot and should not assume that they have the requisite expertise to make decisions about whether or not a vulnerable adult has the mental capacity to consent to participation in research/consultancy activities. Where vulnerable adults are involved in Traverse's work, the appropriate professionals and persons involved in the adults' care should be consulted as well as the vulnerable adult themselves and consent obtained from both parties.

It may be that Traverse is involved in a research study that requires participation from vulnerable adults who lack capacity according to the Mental Capacity Act. A person lacking capacity is defined by the Act as follows:

For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

Where research of this type is conducted it must conform to the guidelines set out in sections 30 to 33 of the Act. These sections make clear the requirements of research organisations in respect of:

- Research (section 30)
- Requirements for approval (section 31)
- Consulting carers etc. (section 32)
- Additional safeguards (section 33)

Traverse staff working with vulnerable adults should also notify and seek advice from the Designated Person (DP) immediately should they suspect a research participant to have lost capacity during a project whereupon the DP must ensure Traverse is compliant with section 34 of the Mental Capacity Act: 'Loss of capacity during a project'.

What sorts of things might raise concerns?



Recognising abuse of vulnerable adults might not always be easy. It is not the responsibility of Traverse staff to decide whether or not abuse has taken place or if a vulnerable adult is at significant risk of harm. All staff, however, have a responsibility to act if they have a concern about a vulnerable adult's welfare or safety. The information in Appendix 1: Concepts and types and signs of abuse is designed to help you to be more alert to the indicators of possible abuse and neglect. It outlines some of the signs to look out for physical, emotional and sexual abuse and neglect.

You may become concerned about a vulnerable adult in a number of ways:

- A vulnerable adult could make an allegation of abuse to you in a one to one situation, for example, during an interview.
- They could make an allegation of abuse in a group situation, for example, during a focus group or when engaging with Traverse online, for example, on an online consultation.
- You may notice some of the indicators outlined above, such as bruising or disturbed behaviour, which could relate to abuse of the vulnerable adult.
- External partners, suppliers or Traverse staff may describe a vulnerable adult, or actions that they or others have taken involving a vulnerable adult that suggest abuse or are abusive.
- External partners, suppliers or Traverse staff may behave towards a vulnerable adult in ways that suggest abuse (see subsequent sections for definitions of abuse).

Observing indicators of potential abuse

During the course of a project, you may be concerned about a vulnerable adult's behaviour or observe bruising or indicators which might suggest abuse or neglect. If you observe bruising you might ask the vulnerable adult something straightforward – for example – “you've been in the wars – what have you been up to?” – and be attentive to the way in which s/he responds to the question. This might reduce or heighten your concerns. If you are still at all concerned you should report this to the DP.

If a vulnerable adult's behaviour gives you cause for concern – for example, if they are behaving inappropriately towards others involved in a project – record your concerns and report them to the designated person.

Responding to a vulnerable adult making allegations of abuse

There are different things to bear in mind in these different circumstances. These are outlined below:

How to respond to a vulnerable adult making allegations of abuse - one to one situation

You may be in a 1-to-1 situation with a vulnerable adult, for example during a 1-to-1 interview. If a vulnerable adult makes an allegation of abuse or tells you something that suggests they are being harmed then you should respond in the following way:

- Stay calm.
- Listen carefully to what is said.



- Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets.
- Allow the vulnerable adult to continue at her/his own pace.
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer.
- Reassure the vulnerable adult that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information will be shared but do not make any promises to the vulnerable adult about actions over which you have no control.
- Do not speculate or make assumptions or make negative comments about the alleged abuser.
- Record in writing what was said, using the vulnerable adult's own words as soon as possible – note date, time, place and circumstances, any names mentioned, to whom the information was given and ensure that the record is signed and dated. This information may be important if a case goes to court, so it is vital to record, as far as possible, the exact terms and expressions used by the vulnerable adult. Ensure you keep any original handwritten notes you make, as these may also be required later.
- Contact the designated person and make the project manager and project director aware of your actions. You should do this as soon as possible following conversation with the vulnerable adult, within the same working day.
- If your concerns are raised during an evening or weekend and you are not able to get in touch with the designated person or deputy, if you think the vulnerable adult may be in immediate danger then contact the police and adult social care in the vulnerable person's local area (you should have these contact details with you). Keep a record of any advice you were given and actions taken or agreed on, and inform the designated person or deputy as soon as you are able and within the same working day. Report your concerns even if you have doubts.

The designated person will take responsibility for the case from this point on and will ensure that the project director and project manager and reporting staff are kept informed.

How to respond to a vulnerable adult making allegations of abuse – group situation

It is unlikely that a vulnerable adult would make allegations of abuse in a group situation. However, if this happens the procedure outlined for disclosure on a one to one basis should be followed. If it seems appropriate to take the vulnerable adult to one side to ask questions for clarification and reassurance then do so. Make sure the remaining vulnerable adults are with an appropriate adult and are in a safe environment.

How to respond to a vulnerable adult making allegations of abuse – online

A vulnerable adult could make allegations of abuse or share information which suggests they have been harmed or at risk of harm whilst engaging in an online forum or over email. In this instance the allegation or concerns should be passed directly to the designated person who will liaise with the project manager and project director about the appropriate course of action.



How to respond if a researcher witnesses a vulnerable adult being abused

If this is in the adult's home, the researcher should leave the home as soon as is practicable, without engaging in dialogue about the incident. If there is serious harm, the police may need to be alerted.

The incident or concerns should be passed directly to the designated person who will liaise with the project manager and project director about the appropriate course of action. Record what you have witnessed as soon as possible using the form in Appendix 3: Vulnerable adult protection concerns report form, and pass the information to the DP or deputy.

Responding to concerns about adult behaviour

How to respond to concerns about adults outside of Traverse

The behaviour of an adult or their interaction with a vulnerable adult may be a cause for concern and could suggest that s/he is harming a vulnerable adult. This could include clients or other adults involved in a project. In this instance, your concerns should be passed directly to the designated person who will liaise with the project manager and project director about the appropriate course of action.

How to respond to concerns or allegations about staff within Traverse

It is always difficult to envisage that colleagues may behave in ways which would be harmful to a vulnerable adult. Traverse's code of conduct (see the Traverse Charter) outlines the expected behaviour of staff within Traverse and is there to guide staff about what is appropriate behaviour. Where staff are unable to adhere to the code they should bring this to the attention of the project manager as soon as possible. Any breaches of the code may be a cause for concern and could suggest poor working practices.

If you have concerns about a staff member or receive an allegation about them you should report this to the designated person within one working day. The designated person will then decide on the next course of action. If the concern or allegation meets any of the concerns outlined above in this section, Responding to concerns about adult behaviour, the designated person will follow the steps outlined in Figure 2 which shows the steps involved in reporting concerns about the protection of vulnerable adults relating to a member of staff.

If the concern or allegation is about the designated person you should contact the deputy designated person instead, and at the same time, Traverse's Chief Executive.

If a member of staff is subject to an allegation, clear advice will be given to them by the designated person on the process of investigation, as set out in Traverse's disciplinary procedure. Failure or withdrawal of a prosecution does not rule out an investigation under the Vulnerable Adults Safeguarding Policy or a disciplinary investigation. The fact that a person tenders his/her resignation, or ceases to provide their services, will not prevent an allegation or concern being followed up in accordance with these procedures.

See Figure 2 below, which describes the processes for reporting and recording concerns about the behaviour of an adult.



How to respond to information from adults that a vulnerable adult may be being harmed

Adults within Traverse or outside may be concerned that a vulnerable adult is being harmed and report their concerns to you. Adults within Traverse should go directly to the designated person but if they do report their concerns to you in the first instance, pass your concerns directly to the designated person who will liaise with the project manager and project manager about the appropriate course of action.

How to respond to concerns that one vulnerable adult is harming another

You may become concerned during a project that one vulnerable adult is harming another. Your concerns may be aroused in the ways described above, either through disclosure or because you observe indicators of potential abuse. You should treat these concerns as seriously as you would treat concerns about any other person, and follow the same processes.

If you are concerned that a vulnerable adult is being bullied by, or is bullying, other vulnerable adults involved in a project you must report this on the same day to the DP or if they are unavailable to the DDP. The DP or DDP will decide whether the concern falls under safeguarding vulnerable adults concerns. Information about identifying bullying can be found on the website of the Anti Bullying Alliance .

If the DP decides it does then the same procedures for those of safeguarding vulnerable adults apply.

If the DP decides it does not then you should write down what happened for the project file and discuss with the DP how to take the matter forward. If you do not agree with the decision of the DP, you have the right to contact the deputy DP, or another manager within Traverse.

If the vulnerable adult was recruited through a third party such as a support group you should let the senior designated person for adult wellbeing from this organisation know what has happened so they can follow their own anti-bullying policies.

If the vulnerable adult was recruited through a recruitment agency e.g. Plus 4, then Traverse will have the contact details of their carer or responsible person. The DP (not you yourself) should pass on details of what happened to this person so they are aware of the situation.

What do I do if I have concerns about a vulnerable adult?

Traverse staff have no powers to investigate abuse of vulnerable adults but all staff have a responsibility for reporting any suspicions or concerns about vulnerable adults and for ensuring that the person in question is being taken seriously. Traverse will make clear to clients at the start of any project involving vulnerable adults the policy and procedures that Traverse will follow if it has concerns.

All concerns about the safety of a vulnerable adult should be discussed immediately with the designated person (DP) or the deputy designated person (DDP). At the time of your concerns or incident, you should record exactly what was said and done on the recording form (in Appendix 3: Vulnerable adult protection concerns report form) The DP or DDP will decide on the appropriate course of action (see flowcharts).

You should pass on your concern to the DP or DPP on the same day that your concern arises. If neither the DP nor the DDP are available then consult with the Project Director. If you are concerned that a vulnerable adult is at immediate risk of significant harm, you should contact



the police and adult social care in the vulnerable person's local area. Note that even if the police have been contacted, the DP/DDP will still need to contact social care through the agreed processes (see the flow chart, below).

Recording information

In all situations, including those in which the cause of concern arises from someone telling you something 'in confidence', it is vitally important to record the details of an allegation or reported incident or concern, regardless of whether or not the concerns are shared with a statutory agency. An accurate note should be made of:

- Date, time and place of the incident or disclosure
- Parties who were involved, including any witnesses
- What was said or done by whom
- Any action taken by the organisation to investigate the matter
- Any further action e.g. suspension of a worker
- Where relevant, reasons why there is not a referral to a statutory agency
- Names of person reporting and to whom reported
- The record should be signed. Use the template in Appendix 3: Vulnerable adult protection concerns report form to record this information.

The record should be clear and factual as it may be needed by the statutory agencies investigating the incident and may, in the future, be used as evidence in court. It is crucial that you use the terms and language used by the vulnerable adult: do not substitute your own language. The record should be stored electronically in a restricted access folder in the project management file. Access will be limited to those who need to know about the incident or allegation (usually the DP, DDP, project manager and director).

Information about how long records should be kept for and about sharing information can be found in Appendix 2: Sharing information and Appendix 4: Records retention below.

Process for reporting concerns

Information relating to issues about the protection of vulnerable adults should be passed on immediately to the relevant social care or police authority. The DP at Traverse will do this and will inform the project manager and project director that action has been taken. It is their responsibility to ensure that the reporting staff member is informed of what action has been taken.

The two flow charts below (Figure 1 and Figure 2) show the procedure to follow if you have concerns about a vulnerable adult. The first flowchart shows what to do if you have concerns about a vulnerable adult. The second flowchart shows the steps to follow if you have concerns about the behaviour of a colleague in relation to the welfare of a vulnerable adult.

In all circumstances outlined in these flow charts it is important to ensure:

- That accurate and timely records are kept of all relevant information, decisions, actions and responsibilities, with deadlines if required.



- That information is stored securely: guidance on how to do this is appended to this policy. Please note that password protection on documents does not keep information secure.
- The reporting person is offered support and counselling (further details on this process are included below).

Figure 1: Flowchart to show steps involved in reporting vulnerable adult protection concerns

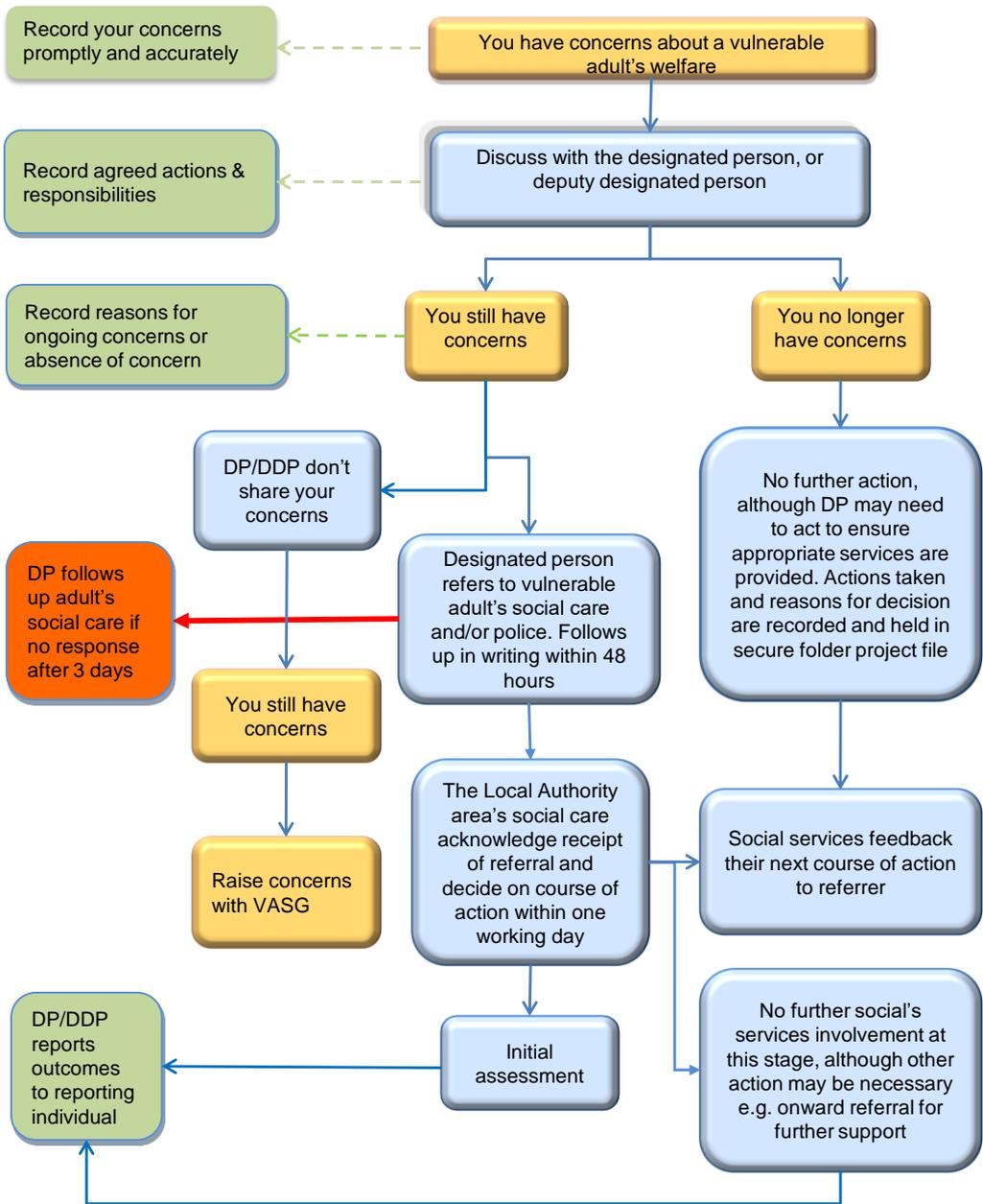
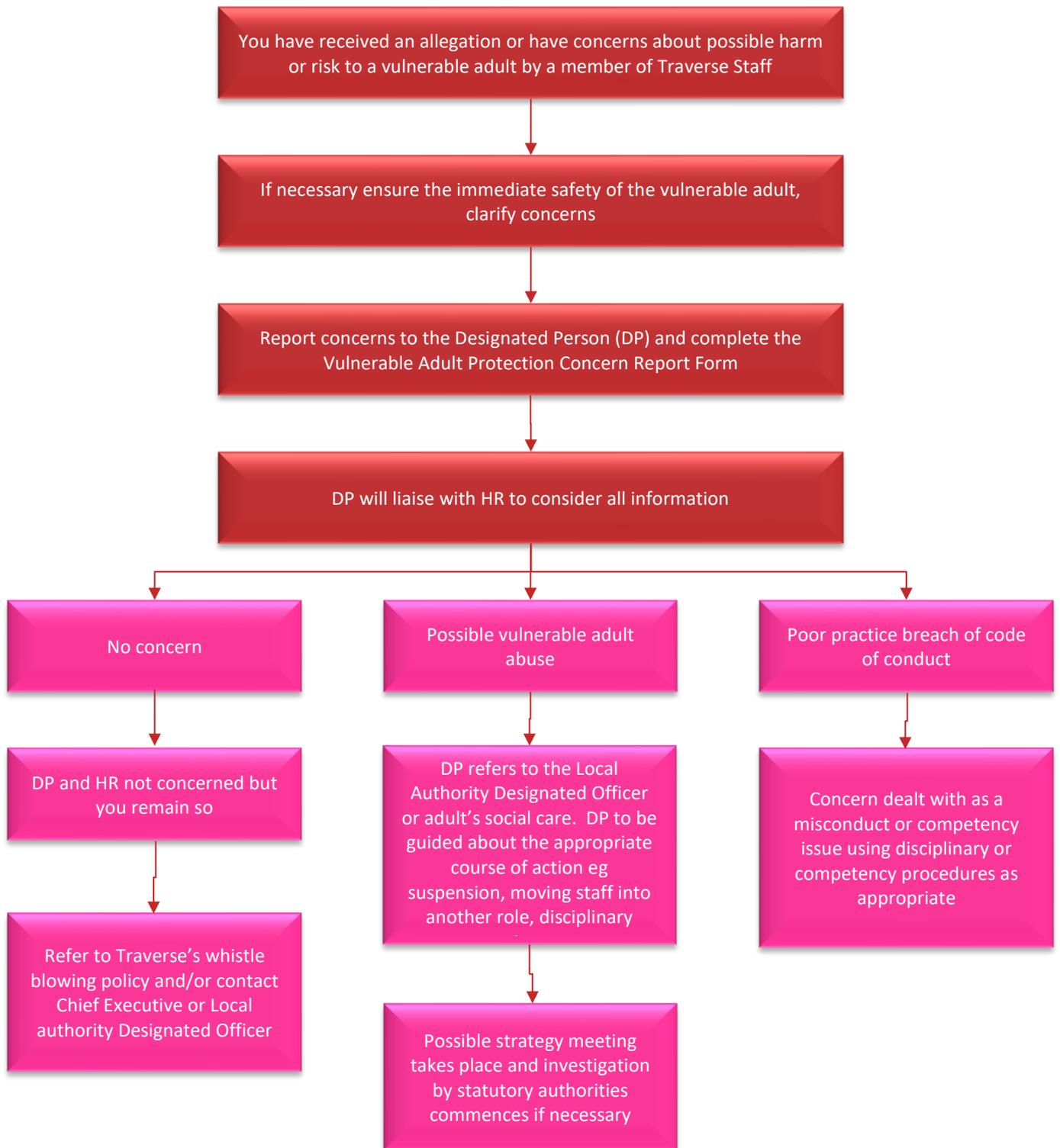


Figure 2: Flowchart to show steps involved in reporting vulnerable adult protection concerns relating to a member of staff



Working with partners

When Traverse works with partners on projects involving vulnerable adults, it is the responsibility of the project manager to discuss and agree how any concerns about the protection of this group will be managed and who will have responsibility for what. There may be circumstances in which partner organisations do not have a policy or processes in place that relate to protecting vulnerable adults. If so, they should be made aware of and become familiar with Traverse's policy and procedures and agree to follow them in any work involving members of this group. Any associates working on behalf of Traverse and coming into direct contact with



vulnerable adults must be made aware of the 'Protecting vulnerable adults policy' and agree to abide by it for the duration of the time they are employed by Traverse.

If working on premises which vulnerable adults attend, or in which they reside (e.g. day centres, social or health care settings, residential homes etc.), Traverse staff should make the designated senior person for the protection of vulnerable adults in the location aware of any concerns or allegations; you should have the contact details for this person available to you. If the person raising the concern does not feel confident about sharing information with the designated senior person in the location, they should alert the DP/DDP immediately, so that they can liaise with the relevant staff member on the premises.

Supervision and support for staff working with vulnerable adults

Staff working on projects involving vulnerable adults should be well-informed, trained, supervised and supported so they are less likely to become involved in actions, which can lead to harm or be misinterpreted. All staff working closely with vulnerable adults should have attended the training on working with children and vulnerable adults. At the beginning of each project, at the start up meeting, the project manager should make the team aware of the child protection policy and procedures, and of who the DP and DDP are and how to contact them.

The project manager and project director are responsible for providing appropriate levels of support and supervision to the project team. This should involve regular project meetings for the team to share any concerns or potential risks.

Support for staff in handling the emotional consequences of situations involving abuse or neglect of vulnerable adults

Traverse staff are not qualified to provide specialist support for staff in handling the emotional consequences of engagement with situations involved abuse or neglect of vulnerable adults. Project managers and directors are responsible for discussing with individual staff members their needs and, if required by the individual, to identify and arrange the appropriate professional expertise, e.g. counselling.

Complaints procedure

Families, carers, and advocates of vulnerable adults should feel able to complain about an activity or service that Traverse is providing if they are unhappy with any part of it, as should the vulnerable adult themselves. Traverse's complaints policy must be made clear, in writing, to the vulnerable adult and/or their carer/advocate as appropriate, at the beginning of any project at the consent-seeking stage.

Clear and simple instructions are written into every consent form for participating in research on how to make a complaint. Researchers follow guidance that involves verbally informing research participants about how to make a complaint when this is a more appropriate manner of passing on the information.

The project manager on any project is the first point of contact for vulnerable adults and their families, carers, advocates or other workers from partner bodies wishing to make a complaint. If



the project manager is the source of the complaint then the project director is the first point of contact. Their contact details will be made available to the vulnerable adults and/or their carer/advocate as appropriate at the consent-seeking stage.

The project manager is responsible, with the project director for considering complaints and taking appropriate action. This should be done within 24 hours of the complaint being made. Details should be recorded and kept securely of the nature of the complaint. The project manager and project director will decide if and how to involve parents and/or carers. Following a complaint the project manager and project director will also be responsible for liaising with the CVASG to make improvements to practices as appropriate. If the complaint concerns a possible matter relating to the protection of vulnerable adults then the project manager and project director will involve the designated person and the protection of vulnerable adults procedures will be invoked.

Related policies

There are a number of other Traverse policies and procedures which are relevant to child protection and mentioned in this document. They are:

- Data protection policy;
- Disciplinary procedure;
- Misuse of computers policy;
- Archiving and destruction;
- Classification policy;
- Sensitive data management policy;
- Whistle-blowing policy;
- Equalities and diversity policy;
- HR policies and induction processes
- Complaints policy;
- Vulnerable adults safeguarding policy.

Staff should be familiar with these policies and consider the implications of them for any work they do that involves children and young people.

References

Association of Directors of Adult Social Services (2005), Safeguarding Adults: a National Framework of Standards for good practice and outcomes in adult protection work, <http://www.adass.org.uk/images/stories/Publications/Guidance/safeguarding.pdf>

Data Protection Act 1998, <http://www.legislation.gov.uk/ukpga/1998/29/contents>

Department for Constitutional Affairs (1997), Making decisions on behalf of mentally incapacitated adults, <http://www.dca.gov.uk/menincap/meninfr.htm>

Department of Health & Home Office (2000) No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse London: DH. Crown Copyright, p9-11,



http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationsPolicyAndGuidance/DH_4008486

Mental Health Capacity Act 1983, <http://www.legislation.gov.uk/ukpga/1983/20/contents>

Royal Pharmaceutical Society of Great Britain (2007) Guidance on the protection of vulnerable adults London: RPSGB, <http://www.rpsgb.org.uk/pdfs/vulnadultsprotectguid.pdf>

Social Care Institute for Excellence, At a glance 69: Adult safeguarding: Types and indicators of abuse, January 2015, <http://www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>

Social Research Association (2003) Ethical Guidelines, <http://the-sra.org.uk/wp-content/uploads/ethics03.pdf>

Members of the CVASG

Designated Person (DP): Dr Chih Hoong Sin

Deputy Designated Person (DDP): Tim Vanson

Appendix 1: Concepts and types and signs of abuse

Definitions and concepts

Adults

An adult is a person aged 18 or over. In this document the term 'adult' is used to refer to a person aged 18 or over who is not defined as a vulnerable adult.

Safeguarding

The term safeguarding is used extensively in governmental policy and guidance. Safeguarding and promoting the welfare of vulnerable adults is defined in guidance as: ...all work which enables an adult "who is or may be eligible for community care services" to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect.

“Significant harm”

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

Definition of significant harm

Building on the concept of 'significant harm' introduced in the Children Act, the Law Commission suggested in the paper *Who Decides?* that:

“‘harm’ should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in,



physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'."

In making any assessment of seriousness the following factors need to be considered:

- 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;
- the vulnerability of the perpetrator (is the perpetrator a vulnerable adult?)

Protection of vulnerable adults

The protection of vulnerable adults is an important element of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific vulnerable adults who are suffering, or at risk of suffering, significant harm. 'Autonomy, capacity and the ability to consent are key components in working with vulnerable adults'

"Abuse is a violation of an individual's human and civil rights by any other person or persons."
Department of Health, 2000

The Department of Health's No Secrets guidance advises that, in giving substance to the above statement, consideration is given to a number of factors: type of abuse, frequency of abuse, and who the abuser is. The following descriptions of these three factors are taken from the guidance.

Types of abuse

A consensus has emerged identifying the following main different forms of abuse:

- Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions;
- Sexual abuse, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting;
- Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;
- Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;
- Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating;
- Discriminatory abuse, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment;
- Poor professional practice, which may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill



treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.

- Domestic abuse, which is the use of physical and/or emotional abuse or violence by a person who is or has been in a close relationship. It includes the destruction of a person's property, their isolation from friends or family, threats, control over money, personal items, food, transportation, telephone, and stalking. Domestic violence is not a 'one-off' occurrence .

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Some instances of abuse will constitute a criminal offence. In this respect vulnerable adults are entitled to the protection of the law in the same way as any other member of the public. In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways. Examples of actions which may constitute criminal offences are assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.

Frequency of abuse

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm.

Who the abuser is

Vulnerable adults may be abused by a wide range of people, including:

- a member of staff, proprietor or service manager
- a member of a recognised professional group
- a volunteer or member of a community group such as place of worship or social club
- another service user
- a spouse, relative or member of the person's social network
- a carer, i.e. someone who is eligible for an assessment under the Carers (Recognition and Services) Act 1996
- a neighbour, member of the public or stranger
- a person who deliberately targets vulnerable people in order to exploit them.

Indicators of abuse

Traverse staff should be alert to the following signs of abuse, but are not responsible for investigating them. Your role is reporting, not investigating. The presence of one or more indicators does not confirm abuse and they are no substitute for a thorough assessment. However, a cluster of several indicators may indicate a potential for abuse and a need for assessment. These indicators are taken from a briefing by the Social Care Institute for Excellence (SCIE) :

Social and emotional indicators of abuse

- An air of silence when a particular person is present



- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity



- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Indicators of institutional or organisational abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Indicators of domestic violence and abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Indicators of self-neglect

- Very poor personal hygiene



- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

The above list is not meant to be definitive nor make you an 'expert' but is a guide to assist you. It is important to remember that many vulnerable adults will exhibit some of these indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour, for example, relationship problems with their partners/families/carers, underlying medical problems or a disability, or a death of someone close to them.

In addition to these indicators it is important to be aware that some vulnerable adults live in adverse circumstances that can make them more vulnerable to abuse and/or neglect. These circumstances include: vulnerable adults living with others suffering from mental illness and/or drug and alcohol misuse, and families facing multiple disadvantages (chronic poverty, social isolation, racism and living in highly disadvantaged areas). Disabled adults are at increased risk of abuse, and the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Appendix 2: Sharing information

Traverse is guided by the Data Protection Act 2018 which requires that personal information is: obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; accurate, relevant and not held for longer than is necessary; and kept securely. The Act allows for the disclosure (i.e. information sharing) without the consent of the person in certain conditions, including for the purposes of the prevention or detection of crime. The need to safeguard vulnerable adults from harm is covered by this allowance.

Below are some guidelines about information sharing and these provide the basis for information sharing on projects involving vulnerable adults at Traverse:

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately. If you are unsure about what you can and can't share, check the specifics of the Act.
2. Be open and honest with the adult (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so. This should be clearly outlined at the stage of gaining informed consent.



3. Seek advice from the designated person or the deputy designated person if you are in any doubt, without disclosing the identity of the person where possible. If you are not able to reach the DP or DDP, call adult social care or the police for advice.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case. If the designated person makes the decision that it is necessary to forgo consent then, if safe to do so, the adult should be informed first. Most often it is wise to seek advice about what to tell the vulnerable adult.
5. Consider safety and well-being and base your information sharing decisions on considerations of the safety and well-being of the vulnerable adult and others who may be affected by their actions.
6. Information sharing should be necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. This information should be kept in a secure folder in the project management folder of the project file on Sharepoint. Access to the folder will be restricted to named individuals only. These are likely to be the designated person, project manager and project director.

Appendix 3: Vulnerable adult protection concerns report form

Name of vulnerable adult

Age and date of birth Ethnicity

Religion First language

Disability

Any special factors

Parent's/carer's name(s)

Home address (and phone no. if available).

.....

.....

Are you reporting your own concerns or passing on those of somebody else? Give details.

.....

.....



Brief description of what has prompted the concerns: include dates, times, location and any other relevant details of specific incidents.

.....
.....

Any physical signs? Behavioural signs? Indirect signs? (Record where on the body, if known)

.....
.....

Have you spoken to the vulnerable adult? If so, please provide details:

WHERE WERE YOU?.....

DATE & TIME:.....

WHAT WAS SAID? – it is important that you use the child’s own words

HOW WAS THE PERSON? – describe whether they were upset, angry etc – make clear whether this is your interpretation or how they have described their own feelings

Have you spoken to the carer(s) or, in a residential setting, the manager? If so, what was said?

Has anybody been alleged to be the abuser? If so, give details.

Have you consulted anybody else? Give details.

YOUR NAME AND POSITION:

To whom reported and date of reporting.

Signature

Today’s date.....



Subsequent actions taken – to be completed by DP or DDP. Include details of who the concerns have been reported to (e.g. children’s services, police), when and how, or if not reported, why.

Signature

Today’s date.....

Appendix 4: Records retention

Guidance contained within Data Protection Act 1998: Guidance to Social Services (2000) is a useful point of reference for organisations to consider as it represents what can be regarded as best practice. This guidance states that:

“Where no legal requirement to retain information beyond the closure of the record exists, the authority will need to establish its own retention periods.”

Normally personal information should not be held for longer than 6 years after the subject's last contact with the authority. Exceptions to the 6 year period will occur when records:

- Need to be retained because the information in them is relevant to legal action that has been started.
- Are required to be kept longer by law.
- Are archived for historical purposes (e.g. where the organisation was party to legal proceedings or involved in proceedings brought by a local authority). Where there are legal proceedings it is best to seek legal advice about the retention period of your records.
- Consist of a sample of records maintained for the purposes of research.
- Relate to individuals and providers of services who have, or whose staff, have been judged unsatisfactory.
- Are held in order to provide, for the subject, aspects of his/her personal history (e.g. where the vulnerable adult might seek access to the file at a later date and the information would not be available elsewhere)."
- When records are being kept for more than the 6-year period, files need to be clearly marked and the reasons for the extension period clearly identified.
- Note: Some records are subject to statutory requirements, i.e. there is a defined retention period. Guidance on these can be provided where required. DBS disclosure certificates should not be stored for more than 6 months unless specific consent has been given to store them for longer (for example permission has been given to do this by the body that



regulates your organisation). Whilst the disclosure certificate should normally be destroyed after 6 months, it is permissible to keep a record of the date the check was completed, the reference number of the disclosure certificate and the decision made as to whether the person was employed.