



A new view on an old problem  
**DAYBREAK**  
Family Group Conferences

# Vulnerable Adult Protection Policy Statement and Principles

**If you have any concerns regarding the safety of a vulnerable adult, you must report this following the instructions below.**

**You must do this without delay, and certainly within 24 hours.**

**It is not your role to assess whether abuse has happened. Your role is to report any concerns,**

## **Reporting allegations or suspicions of abuse**

- **Inform the Manager** (who will inform the relevant Senior Practitioner)
- consult form DAP/01 (Reporting allegations or suspicions of abuse), and
- complete form DAP/2 (checklist for suspected abuse. This should be sent to the relevant Project Manager with a copy to the CEO of Daybreak. This is to be done within the working day of the report or actual incident. If the Project Manager is not available to discuss the matter with you, contact any other Daybreak Project Manager or the CEO, or failing that, any other senior practitioner or experienced coordinator.

**The Manager will consider the information, and may phone to discuss with the relevant child protection team, make a referral and inform the CEO**

Note – should allegations of abuse be made against a member of staff or volunteer, whether contemporary in nature, historical or both, the same procedures apply.

## **Policy Statement**

We at Daybreak are committed to practice that protects vulnerable adults from harm. The organisation accepts and recognises our responsibilities to develop awareness of the issues that cause vulnerable adults harm. This document will clarify the roles and responsibilities of staff, trustees and volunteers when

faced with suspected abuse or inadequate care of a vulnerable person and establishes a standard procedure that should be followed when someone suspects abuse has taken place.

We will endeavour to safeguard vulnerable adults by:

- Adopting adult protection guidelines through procedures and a code of conduct for staff and volunteers.
- Sharing information about adult protection and good practice with family members, carers, staff and volunteers.
- Sharing information about concerns with agencies who need to know, and involving others appropriately.
- Following carefully the procedures for recruitment and selection of staff and volunteers.
- Providing effective management for staff and volunteers through supervision, support and training.
- Ensuring service users are informed about our complaints procedures.

We are also committed to reviewing our policy and good practice yearly.

\*Staff is defined to mean anyone employed by Daybreak, either directly or indirectly, on a full-time, part-time, permanent, fixed length or casual basis.

\*Volunteers are defined as anyone who offers their time on behalf of the organisation.

Vulnerable adults may include people who:

- Are elderly or frail
- Suffer from a mental illness including dementia or personality disorder
- Have a physical or sensory disability
- Have a learning disability
- Have a debilitating physical illness
- Are substance abusers
- Are carers
- Suffer discriminatory abuse on the grounds of race, culture, religion, gender, disability or sexual orientation.
- Suffer domestic abuse

**The national legislation and Guidelines that underpin this policy are: -**

The 'No Secrets' guidelines published by the Department of Health in 2000.

The national multi-agency Policy, Procedures and Practice Guidelines 2001, which are concerned with vulnerable adults who are 18 and over and unable to protect themselves from abuse, without assistance, in a variety of domestic and care settings.

Youth Justice and Criminal Evidence Act 1999

Mental Health Act 1983

The Human Rights Act 1998

### **Definition of a vulnerable adult**

We are all potential victims of crime or abuse but certain conditions increase our vulnerability. The procedures and practice guidelines outlined here do not apply to all adults. Rather they assume that the majority of adults are capable of protecting themselves and that only a proportion is vulnerable and in need of protective intervention.

There are many definitions of adult abuse and although most stress a number of common elements, they frequently vary in emphasis and scope. The definition used in The Department of health – No Secrets Guidance March 2000 on the protection of vulnerable adults defines abuse as:

“A violation of an individual’s human and civil rights by any other person”

This global definition reflects the implementation of the Human Rights Act 1998.

For the purpose of the Daybreak procedure and practice guidance, which reflects the violation of an individual’s human and civil rights, abuse is defined as:

“The physical, sexual, financial, emotional or psychological harm or neglect of a vulnerable person”

**Significant harm** refers to:

“Ill-treatment (including sexual abuse and forms of ill-treatment that are not physical), the impairment of or an avoidable deterioration in physical or mental health and the impairment of physical, emotional, social or behavioral development.”

**Vulnerable** within the meaning of this policy is used to refer to any person aged 18 years and over whom:

- Is or may be in need of community care services by reason of mental or other disability, age or illness
- Is or may be unable to take care of himself or herself
- Is or may be unable to protect himself or herself against significant harm or serious exploitation.

(Law commission: 1995 and quoted in the “No Secrets” guidelines)

## **Code of Conduct**

Daybreak adheres to a person centred perspective it therefore believes that: -

All persons should be

- Listened to and heard
- Valued and respected as individuals
- Respected for their identity and uniqueness
- Encouraged and praised
- Involved in decisions as appropriate

## **Confidentiality**

Daybreak is bound by its Data Protection Policy and Equal Opportunities Policy. It recognises the varying roles and responsibilities of those working within the Area Adult Protection agencies. However, in all areas of adult protection the need for confidentiality must be governed by the need to protect and maintain the interests of the vulnerable adult above all other considerations.

In exceptional cases, professionals may have to breach confidentiality in order to protect vulnerable people from harm. This must be clearly stated by the co-ordinators to the person giving the information including the vulnerable adult.

## **Key categories of abuse and indicators**

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.

Although abuse usually comes to light through disclosure by the person, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well.

Below are lists of indicators under each category of abuse. These highlight situations or events that may require closer attention. They are merely indicators and the presence of one or more does not confirm abuse and they are not a substitute for a thorough investigation by the appropriate agency.

Typically an abusive situation will involve indicators from a number of groups in combination.

### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a person. It may also be the misuse of or lack of medication, restraints or inappropriate sanctions.

Physical abuse as well as being a result of a deliberate act, can also be caused through omission or the failure to act to protect.

Possible indicators:

- unexplained bruising, marks or injuries on any part of the body
- bruises which reflect hand marks or fingertips (from slapping or pinching)
- cigarette burns
- bite marks
- broken bones
- scalds
- injuries/bruises at different stages of healing
- injury shape similar to an object
- untreated medical problems
- Weight loss due to malnutrition or dehydration. Complains of hunger
- history of unexplained falls or minor injuries
- fear of carer being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example wearing long sleeves in hot weather
- depression
- withdrawn behaviour
- Failure to deal with incontinence

### **Emotional abuse**

Emotional or psychological abuse includes the use of threats, fears or bribes to:

- negate a vulnerable adult's choices, independent wishes and self-esteem
- cause isolation or over-dependency
- Prevent a vulnerable adult from using services which would provide help.

It also includes intimidation, humiliation, a calm but destructive attitude towards the individual, shouting, swearing, emotional blackmail and the denial of human and civil rights including the rights to choice, privacy, opinion,

dignity and allowing people to follow their own spiritual, sexual or cultural beliefs.

It also covers racial abuse and harassment and/or the neglect of the cultural needs of the individual.

The abused person may suffer feelings of insecurity, fear, rejection, hopelessness and loss of self-respect and self-worth.

### **Possible indicators**

- Ambivalence about carer
- self harm
- Fearfulness expressed in the eyes; avoids looking at the carer; flinching on approach
- Deference
- Insomnia/sleep deprivation or need for excessive sleep
- Change in appetite
- Unusual weight gain/loss
- Tearfulness
- Unexplained paranoia
- Low self-esteem
- Excessive fears
- Confusion
- Agitation
- Coercion
- No visitors or telephone calls allowed
- Inappropriate clothing
- Sensory deprivation (not allowed to have glasses, hearing aid)
- Restricted access to personal hygiene/toilet
- Lack of respect for the person as an individual or because of their illness
- Lack of regular food and drinks
- Use of furniture and other equipment to restrict movement.

### **Sexual abuse**

Sexual abuse is the involvement of vulnerable adults in sexual activities they do not fully understand, to which they are unable to give consent either verbally or by their behaviour and to which they object or which may cause them harm including acts such as rape, buggery, oral sex, incest, indecent assault, sexual assault, acts of gross indecency or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.

Sexual abuse may also include non-contact activities, such as looking at, or in the production of, pornographic material or watching sexual activities, indecent exposure, and harassment, unwanted teasing or innuendo or contact such as touching breasts, genitals or anus, masturbation, penetration or attempted penetration of vagina, anus, and mouth with or by fingers, penis or other objects.

## **Possible indicators**

Sexual abuse is very difficult to identify, but some common signs are:

- Pain, itching, bruising or bleeding in the genital/anal area
- sexually transmitted disease
- vaginal discharge or infection
- stomach pains
- discomfort when walking or sitting down
- pregnancy in a person not able to consent
- sudden or unexplained changes in behaviour for no apparent or obvious reason
- fear of being left with a specific person or group of people
- Disturbed sleep pattern and poor concentration
- Frequent infections
- Overt sexual behaviour/language by the vulnerable person
- Love bites
- Sudden onset of wetting, soiling or confusion
- eating problems such as overeating or anorexia
- self harm or mutilation, sometimes leading to suicide attempts
- Torn, stained, bloody underclothes
- substance or drug abuse
- difficulties in walking or sitting
- Agitation when being bathed, dressed, undressed, medically examined

## **Financial or material abuse**

Financial abuse of a vulnerable adult can occur whenever the individual circumstances forces dependency on others. The position of dependence makes a person extremely vulnerable, despite the legislation, which exists to offer protection to vulnerable adults against the unscrupulous.

It involves an individual's funds or resources being inappropriately used by a third person. It includes the withholding of money or inappropriate or unsanctioned use of a person's money or property or the entry of the vulnerable adult into financial contracts or transactions that they do not understand to their disadvantage.

## **Possible indicators**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Person lacks belongings or services which they can clearly afford e.g. empty fridge, few furnishing
- Lack of reception by the person or relative to any necessary assistance requiring expenditure, when finances are not a problem (the natural thriftiness of some should be borne in mind)
- Extraordinary interest by family members or other people in the vulnerable persons assets
- Power of Attorney obtained when the vulnerable adult is not able to understand the purpose of the document they are signing

- Recent change in deeds or title of house
- Carer asks questions of the worker about the user's financial affairs and does not appear concerned about the physical or emotional care of the person
- The person who manages the financial affairs is evasive or uncooperative
- A reluctance or refusal to take up care assessment as being needed
- A high level of expenditure without evidence of the person benefiting
- The purchase of items the person does not require or use
- Personal items going missing from the home
- Unreasonable and/or inappropriate gifts

## **Neglect**

Neglect is the persistent failure to meet a vulnerable adult's basic physical and/or psychological needs and include:

- The deprivation of help to perform activities of daily living
- Failure to keep a vulnerable adult clean, warm and promote optimum health
- The failure to provide adequate nutrition
- The wilful failure to seek appropriate medical or health care
- Failure to adequately review and monitor the effects of prescribed medication and seek medical advice
- Under or over medication
- Refusal to abide by approved treatment on the part of the carer or staff
- The wilful failure to intervene or consider the implications of non-intervention in behaviour which is dangerous to the individual concerned
- Allowing a person judged to lack capacity to make decisions concerning their safety or to take unwarranted and unreasonable risks
- Failure to deal with incontinence

Neglect may also occur as a wilful act or as a result of unintentional actions by caregivers in not responding adequately to the needs of the vulnerable person. It can occur when the caregiver lacks the physical, financial and/or mental resources to provide sufficient care or lacks knowledge about their dependant illness or disability and has not received guidance and support on how to care.

This does not cover situations caused by self-neglect or people refusing help

## **Possible indicators**

- constant hunger, sometimes stealing food, malnutrition
- inappropriate dress for the conditions
- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- Neglect of accommodation
- Inadequate heating and/or lighting

- Poor physical condition e.g. ulcers, pressure sores
- Person's clothing in poor condition e.g. unclean, wet
- Failure to give prescribed medication or appropriate medical care
- Failure to ensure appropriate privacy or dignity
- Inconsistent or reluctant contact with health and social agencies
- Refusal of access to callers/visitors

## Responding to suspected abuse

The process of dealing with an allegation or suspicion of abuse of a vulnerable adult goes through 2 distinct stages.

- Alerting
- Referring

It is important that everyone in Daybreak is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional adult protection agencies following a referral to them of concern about a vulnerable adult.

Any relevant material in a criminal investigation may have to be disclosed to a trial Judge to determine its materiality and whether it should be disclosed to a defendant or withheld on the grounds of public interest immunity. (Criminal procedures and investigations act 1996).

### Alerting

The aim of this procedure is to prevent the abuse of vulnerable adults and support individuals to come forward to report any suspected abuse. It is important that all concerns about possible abuse, however seemingly trivial should be reported.

Alerting refers to the responsibility to recognise abusive situations and inform the relevant Daybreak manager in order to allow a decision to be made over whether a referral should be made and by whom

When suspecting abuse:

- **Stay calm.**
- **Take immediate action** to ensure the adult is in no immediate danger and seek medical treatment if required as a matter of urgency
- **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.**

- **Ask questions for clarification only**, and at all times avoid asking questions that suggest a particular answer.
- **Reassure** the person 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.
- **Record** in writing what was said using the person's own words as soon as possible – note date, time, any names mentioned, to whom the information was given and ensure that the record is signed and dated.

### **Implementation of Policy**

All staff and volunteers to be familiar with Daybreak's Adult Protection Policy.

All staff and volunteers to implement the procedures as stated in the policy as and when appropriate. Daybreak will ensure that all coordinators a) will have already received training within the last year that covers the following areas:

- Recognition of abuse and potential abuse
- A general understanding of adult protection procedures and work within a statutory framework
- An understanding of the skills, roles and tasks of other professionals involved in working with vulnerable adults and their families and of partnership working in adult protection
- Understanding of the role of the Daybreak Coordinator in relation to adult protection and of the Daybreak Adult Protection Procedures"

Or, b) will receive training from Daybreak or other recognised training provider that covers the above areas.

How we achieve this may vary at different times and in different projects

CEO Daybreak

Marilyn Taylor Telephone: 023 80 696644

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**DAYBREAK ADULT PROTECTION POLICY - FORM DAP/01**  
Reporting allegations or suspicions of abuse

(to be completed by the Project Manager and circulated to all coordinators involved in the project)

Everyone within Daybreak should be aware of the person within the organisation who should always be informed of any concerns about a vulnerable adult being abused. In the first instance, this is the Project/Programme manager, who is:

Name

.....

Job/Role/Title

.....

Address

.....

.....

Telephone

no.

.....

The designated person for adult protection in Daybreak at the date of writing is Linda Tapper.

Other programme managers are:

Name

Job/role/title

Contact number

The CEO contact numbers are: mobile 07876 645 373, and land line 023 8069 6644, and home number is 01962 714062

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And of appropriate contacts outside the organisation in your area are:

Local Social Services office dealing with Adult Protection:

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Address

.....

.....

Telephone no.

.....

Emergency out of hours no.

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Police station

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Address

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Telephone no.

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Others

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**DAYBREAK ADULT PROTECTION POLICY – FORM DAP/02**

Checklist for reporting suspected abuse – this must be done without delay, and certainly within 24 hours. It should then be shared and sent to the programme manager, with a copy to the CEO.

Name of vulnerable adult

.....

Date of birth ..... Ethnicity .....

Religion ..... First language

.....

Disability ..... Any special factors.....

Carer's name(s) .....

Home address (and phone no. if available)

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.....

.....

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

.....

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.....

.....

Brief description of what has prompted the concerns: include dates, times etc. of any specific incidents.

.....

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Any physical signs? Behavioural signs? Indirect signs?

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.....  
.....

Have you spoken to the vulnerable adult? If so, what was said?

.....  
.....  
.....

Have you spoken to other people? If so what was said?

.....  
.....  
.....  
.....

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

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.....  
.....  
.....

Have you consulted anybody else? Give details.

.....  
.....  
.....

Your name and position.

.....  
.....

To whom reported and date of reporting.

.....

.....  
Signature ..... Today's date .....

## **APPENDIX 3**

### **The designated person**

#### **General**

Every organisation should designate a person or persons to be responsible for dealing with any concerns about the protection of adults. In Daybreak at the date of writing, this is Linda Tapper..

The organisation's adult protection policy and procedures should include the name of this person, his/her role and responsibilities and how he/she can be contacted. The person designated should ensure that he/she is knowledgeable about adult protection and that he/she undertakes any training considered necessary to keep him/herself updated on new developments.

#### **Role**

The role of the designated person is to:

- establish contact with the senior member of social services staff responsible for adult protection in the organisation's catchment area
- provide information and advice on adult protection policy within the organisation
- ensure that the organisation's adult protection policy and procedures are followed and particularly to inform social services/health board of relevant concerns about individual adults
- ensure that appropriate information is available at the time of referral and that the referral is confirmed in writing, under confidential cover
- liaise with social services (social work services, Scotland, health board, Northern Ireland) and other agencies, as appropriate
- keep relevant people within the organisation, particularly the head or leader of the organisation, informed about any action against a member/s of staff
- ensure that an individual case record is maintained of the action taken by the organisation, the liaison with other agencies and the outcome
- advise the organisation of adult protection training needs

#### **Responsibility**

The designated person is responsible for acting as a source of advice on adult protection matters, for co-ordinating action within the organisation and for liaising with health and social services departments and other agencies about suspected or actual cases of vulnerable adult abuse. He/she may also be responsible for implementing adult protection training within the organisation