



**SAFEGUARDING ADULTS/ADULT PROTECTION
POLICY AND PROCEDURE**

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Introduction

Aspects Care Ltd aims to provide the best possible care and support throughout the areas it supports and cares for service users. As part of this care and support Aspects Care Ltd is committed to ensuring the protection of those service users it assists. Our service users can lack social understanding and have an inability to comprehend appropriate social roles in society and to articulate feelings of distress which makes them particularly vulnerable to abuse.

In March 2000 The Department of Health published “No Secrets” which gave Guidance to Local Authorities for developing and implementing multi-agency policies and procedures to protect vulnerable adults. /following this, in 2005 the Association of Directors of Social Services (ADSS) published a Safeguarding Adults National Framework comprised of eleven sets of good practice standards for Local Authorities to follow. Therefore, although many local policies will be broadly similar, all staff need to be aware that in addition to the information provided within this policy document, detailed local guidelines also exist and are available to staff and service managers. Therefore, if there are any aspects of these which are not reflected in this policy additional information will be made available in specific project guidelines. For the Birmingham area then the Birmingham Safeguarding Adults Multi-Agency Document should be read and available. There is a copy retained at the Aspects Care Ltd Head Office.

The procedures set out in this document refer to all individuals for whom Aspects Care Ltd provides a service. As a member of staff you are required to abide by these procedures which are designed to:

- Safeguard all individuals who come into contact with Aspects Care Ltd
- Provide you with the information you need to be able to act if you suspect that an individual is, or may be, being abused
- Help you to operate within a framework of good practice which, in turn, will help to protect both you and Aspects Care Ltd

Statement of Intent

The abuse of vulnerable adults constitutes a clear infringement of their rights and freedoms as citizens. This policy aims to protect vulnerable adults, who are at risk of all forms of abuse, receive a safe sound and supportive service, through the process of identifying, investigating, managing and preventing such abuse. As a service we are committed to promoting equality of opportunity to all members of our community.

- It is every adult's right to live in safety and to be free from abuse or fear of abuse from others.
- It is every adult's right to live an independent life as possible based on 'self-determination' and personal choice.
- An independent life style may involve risk for vulnerable adults. Aspects Care respect this choice and will wherever possible support them in making such decisions.
- It is the responsibility of all Aspects Care staff to actively work together to help prevent abuse of vulnerable adults. This will be achieved by raising awareness, empowering people to make their own decisions and putting safeguards in place.
- When a situation is discovered in which a vulnerable adult reports, or is thought to be at risk of abuse, then Aspects Care will react quickly in a coordinated manner to help them to overcome these difficulties.
- Aspects Care recognises that people are discriminated against on the basis of race, culture, gender, age, disability or sexual orientation. We are committed to working with vulnerable adults in a positive manner that values them as individuals.
- Carers have a right for their needs to be considered.

Policies and procedures are used positively to enhance the overall quality of care-giving and thus aim to protect employees from accusations of poor work codes or misconduct.

Who is A Vulnerable Adult?

“Vulnerable adult” is a term used to describe a person who is:

- An adult (aged 18 years or over)
- And who is or may be in need of community care services because of frailty, learning or physical disability, sensory impairment or mental health difficulty
- And who is or may be unable to take care of him or herself or take steps to protect him or herself from significant harm or exploitation

A Definition of Abuse and the Different Types which may Occur

Abuse is a fundamental violation of an individual’s human and civil rights by another person or persons. It may consist of a single act or repeated acts. Abuse results in significant harm or exploitation of the vulnerable person and may be perpetrated by anyone who has power over the person whether they are a paid carer, relative, professional, stranger, someone in the individual’s peer group, or, as a result of persistently poor care or a rigid and oppressive regime.

The main forms of abuse and some examples are as listed below:

Physical Abuse

Physical abuse includes harming someone by the use of force such as:

- Using physical force without justification, for example pushing or pulling someone.
- Using unauthorised methods of physical intervention or using a physical intervention when it is not necessary.
- Hitting or shaking someone, pulling hair, burning or scalding someone.
- Force feeding someone.
- Leaving someone in an unheated room or outside the building without being properly dressed.
- Misusing medication as a method of control.
- Locking someone in a room which they cannot exit.

Psychological/Emotional Abuse

Emotional or psychological abuse involves acting towards someone in a manner that causes severe and persistent adverse effects to an individual's emotional development. With this form of abuse a person can be made to feel fearful, upset, anxious and under stress. Some degree of emotional abuse is present in all forms of abusive behaviour. Examples of this form of abuse include:

- Bullying i.e. targeting someone in a negative way over a period of time.
- Use of threats or threatening language including veiled threats such as "if you don't do as I say your dad won't visit you this week."
- Denying someone's reasonable requests, choices, opinions and privacy.
- Deliberately ignoring someone for long periods of time.
- Deliberately doing things which will "wind people up".
- Ignoring religious or cultural needs.
- Restricting access to family and friends.

Sexual Abuse

This occurs when one person exerts power over another to achieve sexual gratification. It can include:

- Intimate touching of a sexual nature by another person including other people with learning disabilities.
- Engaging in sexual activity with a vulnerable person with whom you have a professional relationship
- Fondling, or, kissing someone without consent.
- Observing sexually inappropriate activities.
- Making someone do something of a sexual nature against their will
- Threatening a person with sexual assault or rape.
- Taking sexually explicit photographs or electronic images of individuals with a learning disability.

Neglect and Acts of Omission

This means of abuse is the persistent failure to meet someone's basic physical and emotional needs or failing to take action in a person's best interests.

Examples include:

- Exposing someone to unreasonable risk such as allowing them to ride in a car without a seatbelt.
- Not obtaining medical treatment for someone who may be ill.
- Failing to follow a risk assessment.
- Family members or support workers not passing on essential information where this will put the individual at risk.

- Failing to support someone in an activity because the member of staff does not enjoy the activity or doesn't feel like going.
- Failing to ensure that a person is well equipped to take part in an activity which could be harmful.
- Leaving someone in a bed all day because it makes life easier for staff.

Institutional Abuse

This form of abuse can arise when the smooth running of the service or the needs of the staff are put before the needs of the people who they are required to support. It also occurs when poor work practices have become the normal and accepted way of working and no one appears to question them. This category of abuse can include:

- Not encouraging individuality among those being supported such as not allowing some flexibility in relation to the timing of mealtimes, bedtimes and times for getting up, style of haircut and dress.
- Giving medication to a person to control behaviours so as not to disrupt the smooth running of the home/house, rather than for valid reasons.
- People being prevented from doing things which are their right
- Open access to a person's bedroom without a valid reason or without first seeking permission.

Financial or Material Abuse

This involves acquiring money or property by deception or using other people's money or property contrary to their wishes or the wishes of those looking after their interests. There are many examples, some of which are as follows:

- Theft of a person's money or belongings.
- "Borrowing" money from a person (except in real emergencies, when it should be paid back immediately and correctly documented).
- Sharing one person's money with others without their consent.
- Taking advantage of "offers" when out shopping with a person you support – for example, taking home for personal use the "free2 item from a "buy one get one free" promotion or adding points to a personal store loyalty card.
- Pressuring or deceiving people into financial transactions such as changing a will or buying inappropriate goods.

Discriminatory Abuse

Abuse motivated by discriminatory attitudes, feelings or behaviour towards an individual because of a range of things including disability e.g. physical or learning disability, mental ill-health or sensory impairment, race, gender, age

religion, cultural background, sexual orientation, political convictions or appearance. Examples may include:

- Making derogatory remarks to or about a person either directly or indirectly based on stereotypical beliefs.
- Using inappropriate terminology which may be considered offensive e.g. paki, queer, wrinkly (old person), loony.
- Ignoring preferences in relation to diet, e.g. not providing halal meat where requested for religious or cultural reasons.

Some Common Indicators of Abuse and the Complexities of Learning Disabilities

As someone who is supporting someone with a learning disability it is essential to be aware of the signs and indicators of abuse in order to effectively safeguard adults. For each of these different types of abuse there may be one or more indicators which may be present. For example dislike of being touched, disturbed sleep patterns, self-harm, unexplained injuries or bruises, anxiety attacks, unexplained reactions towards people or settings, depression or withdrawal, incontinence, excessive washing, self-neglect and so on. You may also have concerns about the behaviour of someone who has contact with vulnerable adults, e.g. a member of staff appears to try to find more opportunities than usual to be alone with the person and professional boundaries are ignored.

You should also be aware however, that even if you have identified some signs and symptoms of abuse, it does not mean that abuse is definitely taking place. There may be another explanation – so take care not to jump to conclusions.

Signs and Indicators of Abuse

Why does having a learning disability make the picture far more complicated?

Some of the potential indicators of abuse are behaviours which, confusingly, are frequently observed in people with a learning disability because of their lack of social understanding of society's expected codes of conduct. These factors together with the manipulative behaviour of potential abusers conspire to make the identification of abuse particularly difficult in this very vulnerable group.

There might be, for instance, deterioration in the person's appearance, or a weight gain or loss. There may be no connection with abuse – some people with learning disabilities are not interested in their appearance or in basic hygiene. Fads and obsessions about food can lead to sudden weight fluctuation. The explanation may, however, be that abuse is occurring. There must be a reason for the change, so please use your knowledge of the individual when trying to assess the situation, and remember, whenever possible to discuss your concerns with your line manager.

The examples given below are not a complete list and they are only signs and indicators – not confirmation. Perhaps more than one will be present – perhaps only one.

1. You might, for instance, become concerned because of something you hear. For example, an individual says that she or he is being abused, or a colleague says that they believe abuse is occurring. However, be aware that people with learning disabilities can have difficulties in expressing emotional states. Distress may be communicated obscurely, for example, by reference to a previously known and disliked situation or activity. They may also confuse pronouns, e.g. 'you' with 'me' with the result that although they are making a statement about themselves it will appear that they are talking about someone else. This, in turn, might lead to allegations against persons which have no basis in fact.
2. Another person says they have concerns about the present or past behaviour of another individual. Alternatively, your concerns might stem from something you see and hear. Although abuse may be occurring it is important to note that on occasions a person with a learning disability may develop a particular dislike or fear of a member of staff or fellow service user. Or, it may be that the person refuses to allow the person to become involved with them in any way. On the surface there may appear to be no rational explanation for this but it is possible for the basis of this behaviour to be related to an idiosyncratic response to the member of staff, for example, dislike of tone of voice or perfume.

3. The individual has frequent injuries or bruises. Although this is a possible indicator of abuse, people with learning disabilities may frequently self-harm or self-stimulate, leading to unexplained bruising or other types of injury. If the bruising/injury is occurring regularly, however, it would indicate that closer observation is required. Hand shaped marks, bruising in straight lines indicating the use of an implement such as a hairbrush or belt, or a 'fingertip' pattern of marks on the skin, are causes for concern.
4. The individual is found to have a medical condition or an injury which requires, but has not received, medical attention. Remember, however that in such circumstances people with learning disabilities may not indicate that anything is wrong, even if they are in severe pain.
5. Behaviour changes, over time or perhaps quite suddenly whereby the individual becomes quiet and withdrawn, or alternatively becomes aggressive. Remember, all behaviour has a meaning. A sudden fear demonstrates in situations such as getting dressed/undressed or at shower/bath times is cause for concern as is the development of wetting or soiling. The unpredictable, often withdrawn behaviour of those with a learning disability can however be confusing for those trying to interpret it due to an inability to communicate what may be the underlying cause. Nevertheless, when looking at potential underlying factors contributing to behaviour which presents a challenge, the possibility of abuse must always be considered.
6. The pattern of interaction with another person has changed. People with learning disabilities find difficulty in forming 'two-way' relationships with staff, peers and even family members. They usually relate to people merely to meet their own basic needs. Again, the reason for the change in the relationship may be extremely idiosyncratic. For example, a person with a learning disability may refuse to talk to a previously liked member of staff because the staff member has inadvertently 'upset' them, for example, when the service user has a fear of pregnant woman, or by changing the colour of their car and the service user only likes only silver cars. However, any sudden change in social interaction should still be acknowledged and recorded as there may be a cause for concern.
7. The person shows inappropriate sexual awareness and sometimes behaves in a sexually explicit way. A lack of social understanding together with an inability to realise the impact of their actions on others, can lead in inappropriate and uninhibited behaviour in some individuals. There may be an obsession regarding their expression of some aspect of their sexuality, e.g. genitalia. Soreness may be due to excessive masturbation.
8. The person appears to have 'lost' skills and abilities which they were previously able to demonstrate. Some adults with learning disabilities

may lose previously learned skills and abilities and have fluctuating levels of motivation and this may have no connection with abuse.

In summary, recognising abuse is not always easy – even for the most vigilant. Additionally the implications of the impairments apparent within those who have a learning disability often make the interpretation of potential signs and indicators even more complex. However, in order to safeguard people using our service the advice of Aspects Care Ltd is that to protect people using our services you should act on all issues of concern immediately.

Guidelines for Creating a Culture of Prevention

The more that is learned about the abuse of vulnerable people is that it becomes clearer that a significant part is played by the predominant values and beliefs of the organisation, the norms of behaviour, the atmosphere and the power relationships and pressures that come to bear upon service users in any given setting. However, if you follow these practice pointers you can help to safeguard individuals, Aspects Care Ltd and yourselves.

Acknowledgement of the possibility of abuse

The most important strategy of all is acknowledgement that abuse **could** happen. Unless this is fully accepted, the potential for abuse going undetected is high. Therefore, it is never wise to become complacent. However, there are a number of prevention strategies currently in operation including the following:

Clear policies and procedures should be followed in the following areas:

- Intimate and personal care
- Personal and sexual relationships
- Management of challenging behaviour
- Physical intervention
- Administration of medication
- Handling service user personal finances
- Staff recruitment and selection and a clear policy for the use of agency workers
- Induction and ongoing supervision
- Training for all staff regardless of job role regarding adult protection
- A clear complaints procedure

Record keeping and assessment

- Ensure that each individual within the service has a current Person Centred Plan (PCP) of care which will assess their level of vulnerability and the potential areas of risk.

- Record any unexplained injuries, no matter how small, on the appropriate recording chart and document any behaviours which appear out of character for that person in the daily living records.
- Ensure risk assessments and PCP are followed at all times and accurate and up-to-date records are kept.

Physical contact between staff and service users

Whilst supporting those with a learning disability within our services it is acknowledged that over a period of time both staff and service user may develop very close relationships. However, it is important to remember that we have a duty to ensure that the relationships that we have can be on a professional level only and any physical contact which takes place which does not fall within the remit of carrying out a PCP must not become the norm. Such practices may serve to increase the vulnerability of service users and staff. For example, if a staff member routinely kissed a particular service user upon arrival at work, even if the intentions of the staff member were entirely honourable and were based upon genuine affection, the service user would not be able to discriminate if this same action took place by an unscrupulous staff member. It must also be remembered that many people with a learning disability dislike physical contact and it cannot be presumed that such contact would be welcomed.

Whilst it is not policy of Aspects Care Ltd to prohibit all physical contact the following good practice guidelines must be adhered to at all times to maintain a balance between protection and meeting service users' basic needs for physical contact:

- If there is any physical contact between staff and service users this must only be initiated by the service user and not the staff member. However, whilst there are service users who may spontaneously kiss or hug staff members this should not be actively encouraged. It must be acknowledged that cultural differences may exist and we may know service users who may kiss as a greeting. If appropriate and as a staff member you are happy with this particular form of gesture, this will be considered acceptable.
- If physical contact is initiated by a service user, it is important to remember that on no occasion is this contact acceptable in a private area or when alone with a service user. For example, if as a staff member you were supporting a service user in their bedroom during their morning ablutions and the service user asked for a hug or a kiss it would not be appropriate to comply with this request. If however, this same request was made in a communal area with other staff present your actions would be less likely to be misconstrued.
- It is possible that the service user may intentionally or unintentionally be deriving some sexual pleasure from physical contact. Those with a

diagnosis of a learning disability are likely to have little understanding of appropriate/inappropriate physical contact and relationships and therefore not understand that such contact is not acceptable. Therefore, if you believe that this may be the case, physical contact must be tactfully discouraged whilst ensuring dignity for the service users. For example, if you became aware during physical contact that a person was becoming sexually aroused, it may be necessary to discreetly change your physical proximity to the individual.

- For those service users who indiscriminately hug and kiss both staff and members of the public, consider the need to develop and record a consistent strategy for managing this behaviour so that all staff and the service user are aware of particular boundaries which exist. This is for the protection of both parties.

General good practice guidelines which can help to safeguard vulnerable adults

- Try to minimise situations where you have to be alone with a person with a learning disability. Aspects Care Ltd accepts that there will be times when it is unavoidable; indeed it may even be essential to a planned piece of work. Make sure it only happens with the knowledge of your line manager, or a colleague.
- Devise ways of teaching people with a learning disability to express discomfort and pain, for example, locating sensation on a body map.
- Be vigilant; look out for strangers who seem to be spending a lot of time with a particular person, particularly if the person is otherwise alone. 'Stranger danger' is potentially a great risk as people with a learning disability may well approach people they do not know.

Whistleblowing Procedures

Responses to allegations and concerns

What if an adult communicates to you that he or she is being abused?

What if you think that an individual is being abused or has been abused?

What if someone tells you they have been abused in the past?

People sometimes reveal that they have been abused months, or even years, after the alleged incidents have taken place. Therefore it is important that staff are made aware of a person's past history. Current actions or situations may trigger memories that relate to previous abuse. If you receive such information, as a matter of urgency report it to your line manager. Aspects Care Ltd asks you to do this because there is a very real possibility that other people may be at risk.

What if you have concerns about the past or present behaviour of an adult towards an individual?

You may hear of allegations or have concerns about the past or present behaviour of members of staff towards service users. Such information should be passed on as quickly as possible to your line manager.

What if an allegation is made against you?

Tell your line manager about the allegation as quickly as possible. If a colleague was present when the allegation was made ask him/her to report the matter as well. As stated earlier, make a note of any allegation, either oral or behavioural, made against you and inform your line manager. Remember that the allegation, though apparently directed at you, may relate to something that happened previously in the person's life but has been triggered by something happening now. People with a learning disability of either gender, may behave in a sexually inappropriate manner and this behaviour may be directed at you or at one of their peers. Stay calm and tell the individual to do something else, i.e. distract them. As soon as possible, however, discuss what has happened with your line manager. Please remember that if Aspects Care Ltd makes a referral to a Social Services Department, it will not automatically lead to an adult protection investigation or other protective action. Social Services' role initially in these circumstances is to make enquiries in order to ascertain whether the person has been 'significantly harmed' or if it is likely that she or he will be so harmed. Please remember it is **not** your responsibility to decide whether a person is being abused, but Aspects Care Ltd is asking you to act on your concerns. Under the Public Interest Disclosure Act this provides a framework within which the organisation can promote whistleblowing which carried out responsibly and in good faith. The law does not require irrefutable evidence to support a claim but places the responsibility in the hands of the people investigating. However, although the act will protect whistleblowers from victimization it does not offer protection to anyone making false, vindictive or rash disclosures to the media, for example, rather than the proper channels.

Action to be taken by a member of staff

Stay calm and ensure the person is not in any immediate danger. Do not assume that someone else will deal with the matter.



Make a detailed note of what you have heard or seen, but do not delay passing on the information quickly to your line manager or 'on-call' member of staff if out of hours. If the concerns relate to your line manager you must contact your second line manager.



Do not promise to keep what you have been told to yourself – try to communicate what you will have to do if the person has a degree of understanding.



Pay close attention to what is being communicated to you and take it seriously. When you respond, take into account the person's developmental stage and preferred method of communication.



Do not ask leading questions or enquire about specific details which may prejudice the outcome of any investigation. Only put questions if you need to clarify what is being communicated. It is extremely important to remember that adults with learning disabilities are very open to suggestion.



Under no circumstances must you question anyone who is suspected to be the perpetrator or discuss the issue with anyone other than your line manager.



Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. This should be preserved.

Aspects Care Ltd understands that it may be very difficult for you to take these steps, particularly if you are unsure whether your concerns have any substance. In these circumstances we suggest you discuss this situation with your line manager. Aspects Care Ltd will support anyone who in good faith reports his or her concerns that an individual has been, or is at risk of being abused. Equally we adhere to the principle that an accused individual has the right to be presumed innocent until guilt is proven, even if it is necessary to suspend a member of staff from participation in our work on a temporary basis. Suspension should not be equated with guilt.

The Mental Capacity Act and Confidentiality

Staff members must never promise absolute confidentiality to anyone – where there are concerns about abuse. They can guarantee that they will only pass the information to the minimum number of people necessary to ensure that appropriate action is taken. Where a vulnerable adult expresses a wish for concerns not be pursued then this should be respected whenever possible. However, decisions about whether to respect the person's wishes must have regards to the level of risk to the individual and/or others and their capacity to understand the decision in question and to make decisions relating to it. Any decision taken not to proceed with a referral to another agency and the reasons why must be recorded.

What to do if nothing appears to have happened following your alert.

If you have followed Aspects Care Ltd procedures to report abuse, neglect, unsafe practices or operational difficulties and you feel that no action has been taken or nothing has changed, then your concerns can be reported to an external body such as the Care Quality Commission. This is a very serious step to take and it is possible that in order to ensure the investigation can be carried out unhindered you may not have been kept informed about the progress or outcome of the investigation that has taken place or actions which may have been taken without your knowledge.

Alternatively an organisation known as Public Concerns at Work (020 7404 6609 helpline@pcaw.co.uk) can offer information and advice about public interest whistleblowing. The organisation promotes compliance with the law and good practice and offer free advice to people concerned about danger or malpractice in the workplace but is unsure how to raise the matter.

Action to be taken by the Line Manager

If an obvious and acceptable explanation is not immediately forthcoming the line manager as appropriate will decide upon the action to be taken after consulting with a member of the Senior Management Team from Aspects Care Ltd. As a guide for managers the following quote taken from Birmingham City Council Multi-Agency Guidelines (2005) may be helpful:

“Minor violations of rights occur inevitably throughout daily life resulting in little harm or distress. It is not the purpose of the Adult protection Procedures to control every detail of behaviour towards vulnerable adults, but rather to draw a line beyond which any further violations of rights becomes unacceptable in a civilized society” (page 6).

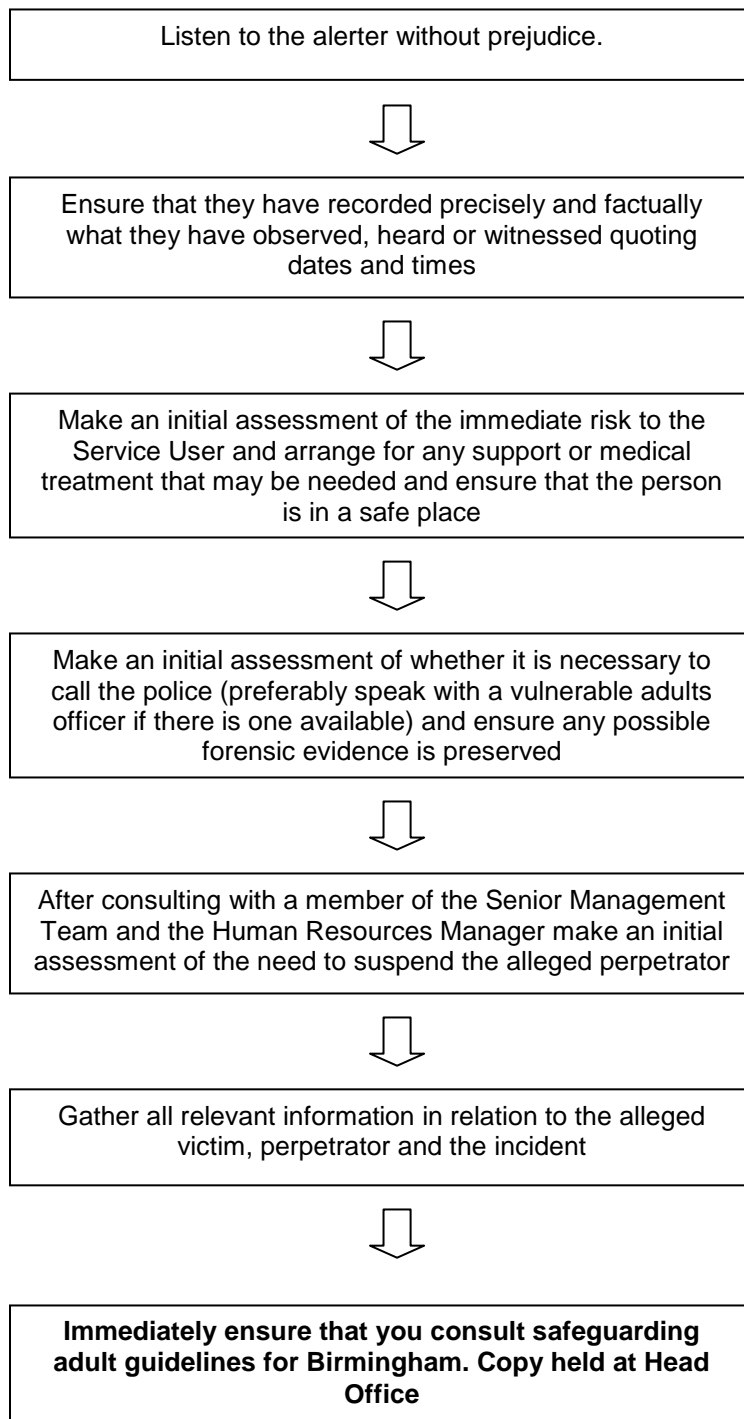
It goes on to state that;

“Adult Protection Procedures should be reserved for abuses which ‘cross a significant threshold of seriousness’. It is important to recognise that judging this threshold is extremely difficult.” (page7)

The guidelines go on to state that if any doubt the advised course of action is to seek advice from the Care Quality Commission or Social Work Team to consider what action is appropriate if these protocols do not seem appropriate.

Detailed overleaf is a flow chart which reflects the Safeguarding Adults National Framework which should be followed in the event of there being an Adult Protection issue.

The Response of the Service Manager



Complete a safeguarding adults multi-agency referral form provided by the BCC
This form should include the nature of the concerns and the date and time of any specific incidents.

Who to Contact

During Office Hours

If there is already a social work team involved with the vulnerable adult then this team should be the first point of contact. If a team is not involved then the social work team as specified in local guidelines should be contacted. Telephone and fax numbers are included within Appendix A of this policy.

State clearly that the contact is in relation to the possible abuse of a vulnerable adult. Completion of a referral form will ensure that you have all the relevant details. You must then confirm all telephone contact in writing or by fax. Although the sponsoring authority for a service user must be contacted, even if the service user has been placed outside of the local area, it is the preference of Aspects Care Ltd for the investigation to be undertaken locally.

What to do if the project falls under the company registered with the Care Quality Commission

Inform the Care Quality Commission (CQC) of the action you have taken and complete the appropriate paperwork under Regulation 37 of the National Minimum Standards for Domiciliary Care Agencies.

Funding Authority Contracts Department

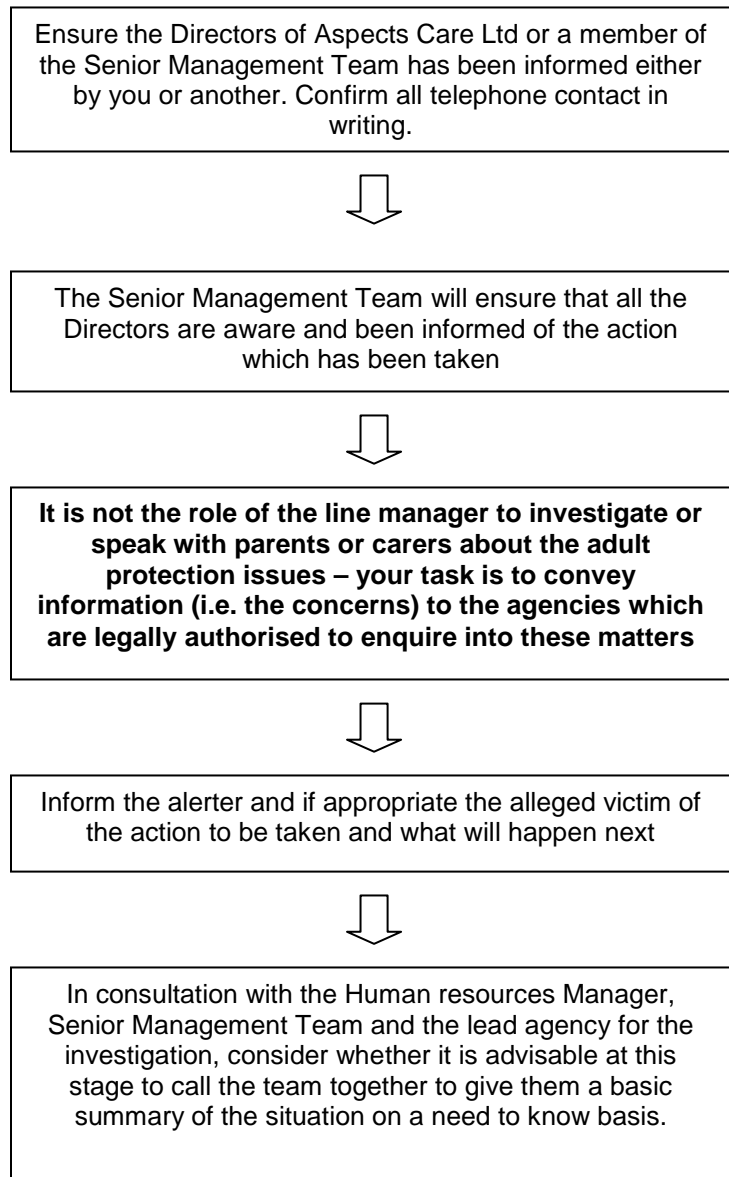
There is a contractual obligation to inform BCC Learning Disabilities Contracts Team responsible for the individuals placed under the Preferred Providers List. The contact details are contained within Appendix A.

Out of Office Hours

Take the same steps as above but your first point of contact will be the BCC Emergency Duty Team (EDT). The telephone number for the BCC EDT is also contained within Appendix A.

Having made the telephone referral, ensure you fax the form to the BCC Social Services Office to confirm your information.

The following action must then be taken



What Happens Next?

The Social Work Team Manager will make a decision as to whether an adult protection investigation will proceed and will ensure that you are notified of their decision.

If an investigation is to proceed there will be a pre-investigation strategy discussion to plan who will be involved and what role they will play. You may be asked to participate in the investigation, particularly if you are well known to the vulnerable adult.

There will always be two workers involved in any investigation. It may involve interviews with the individual and other relevant people and also the checking of records

Following the investigation there will be a post-investigation strategy discussion as to what information has been gathered and the best way to proceed. If there are still concerns that the person is at risk then a Case Conference will be organised in order to plan how to protect the vulnerable adult from abuse and to decide if they should be placed on the Adult Protection Register.

A lead worker will be appointed to co-ordinate the activities required in the Adult Protection plan and to review the person's situation and the concerns which have arisen.

What if the alleged perpetrator is a staff member?

When the alleged perpetrator is a staff member this inevitably is bound up with emotion and confusion for both work colleagues and managers. However, it must be remembered that the alleged perpetrator is precisely that – alleged i.e. the person is innocent until proven guilty. For the majority of situations there is often no alternative but to suspend the member of staff, usually on full pay, pending the outcome of an investigation. This is in order to protect the alleged service user and staff member and to allow an unbiased investigation to take place as soon as possible.

If a member of staff is suspended it will be explained to them that an allegation of abuse has been made against them, but no further details can be given to them at the present time. They will need to be advised that the suspension will be on full pay and the reason for the suspension will be confirmed in writing. They will also need to be informed verbally that they are viewed by the service as innocent until proven guilty and that they are entitled to support and representation.

What about support for the alleged perpetrator?

If the person is a member of a union this may be one potential area of support. Alternatively Aspects Care Ltd will designate a member of the Head Office team who will act as the point of contact for the staff member.

When the nature of the allegation is confirmed in writing there will also be confirmation of the agency who will be carrying out the investigation and also the fact that the intention will be to hold a disciplinary hearing. The matter may also need to be brought to the attention of the Secretary of State as it is possible that the staff member's name will be added to the Safeguarding Adults list or any other appropriate external body which has been established by government agencies. If it is the police who will be carrying out the investigation the person will need to be advised to take legal advice. It may be that the internal disciplinary hearing may have to await the outcome of the formal external investigation.

Following the investigation and/or disciplinary hearing the alleged perpetrator will receive immediate notification of the outcome and information regarding the right to appeal. If a staff member is found guilty, it is possible, that their contract of employment will be terminated and they will remain on the list of those who are deemed unsuitable to work with vulnerable adults. If found not guilty the person will be re-instated and steps will need to be taken by the member of staff to commence the process of removing their name from the any list onto which it has been placed. If requested the person will be offered re-deployment elsewhere. In cases where under an Adult Protection Investigation the facts are unproven either way, then Aspects Care Ltd will still have the option regarding taking disciplinary measures 'on the balance of probabilities.'

The Implications of the Mental Capacity Act 2005

This Act came into force during April 2007 and sets out what should happen when someone lacks capacity to make choices and decisions. The Act introduced a new criminal offence of ill-treatment or willful neglect of a person who lacks capacity. If convicted people can be imprisoned or fined. This covers a failure to provide adequate care, restraining someone unreasonably against their will and any type of abuse or neglect.

Sharing information with staff when dealing with an allegation of abuse

Managers will have a very difficult task in terms of considering carefully the merits of informing or not informing staff of events. Confidentiality is not about secrets but is about confining information to 'who needs to know'. This situation raises the question – does the team need to have some basic explanation for the upheaval taking place, in order to carry out their job role to the highest standard? Therefore dependent upon the situation in consultation with the agency responsible for leading the investigation, the Senior Management Team for Aspects Care Ltd and the Human Resources Manager, it is the policy of Aspects Care Ltd that the service on some occasions may give staff a concise and basic summary of the situation providing this is not going to compromise any investigation. However, there will be an expressed preference for people not to discuss the matter with their suspended colleague(s).

Finally as we said earlier Aspects Care Ltd will support anyone who, in good faith, reports his or her concerns. If this guide is used properly it can help to protect members of staff and so help Aspects Care Ltd to maintain its credibility but most importantly this guide is to safeguard against being abused.

References

Association of Directors Social Services, 2005. Safeguarding Adults: A National Framework of Standards for good practices and outcomes in adult protection work.

Birmingham Adults Protection Committee, 2005, Multi-Agency Guidelines. Protecting Vulnerable Adults. Birmingham City Council

Department of health, 2003. Care Homes for Adults (18-65) and Supplementary Standards for Care Homes Accommodating Young People Aged 16 and 17. National Minimum Standards – Care Homes Regulations. The Stationery Office.

Department of Health and Home Office, 2000. No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Mental Capacity Act 2005. London: The Stationery Office

Public Interest Disclosures Act 1998

Useful Contacts

User Group	Type of Team	Contact Information
<p>Older People's Access Service</p> <p>Physical Disabilities Access Service</p> <p>Learning Disability</p>	<p>Adult and Communities</p>	<p>Tel No: 0121 303 1234 Fax No: 0121 303 6245 E-mail: olderpeoplesaccessservice@birmingham.gov.uk</p> <p>Tel No: 0121 303 3335 Fax No: 0121 303 8877</p> <p>Tel No: 0121 303 2202 Fax No: 0121 303 6244</p>
<p>Mental Health</p>	<p>Mental Health Teams</p>	<p>Heart of Birmingham Tel No: 0121 685 7605</p> <p>South Birmingham Tel No: 0121 678 2830</p> <p>Birmingham East and North Tel No: 0121 685 7832</p>
<p>Adults in hospital</p>	<p>Hospital Social Work Teams</p>	<p>Good Hope Hospital Tel No: 0121 424 7880</p> <p>Heartlands and Solihull Hospital Tel No: 0121 424 1622</p> <p>Moseley Hall Hospital Tel No: 0121 442 3509</p> <p>Royal Orthopaedic Hospital Tel No: 0121 685 4194</p> <p>Sandwell and West Birmingham Hospital Tel No: 0121 507 4623 or 4622 or 4626</p> <p>Selly Oak Hospital Tel No: 0121 627 8677</p> <p>University Hospital Birmingham Foundation Trust Tel No: 0121 627 2350</p> <p>West Heath Hospital Tel No: 0121 627 8237</p>
<p>All User Groups</p>	<p>Emergency Duty Team</p>	<p>Emergency Duty Team Tel No: 0121 675 4806</p> <p>Available between the following times:</p> <p>Monday – Thursday 5:15 pm – 8:45 am Friday – Monday 4:15 pm – 8:45 am</p>

All User Groups	West Midlands Police	<p>West Midlands Police:</p> <p>In an emergency phone 999</p> <p>If you think there has been a crime contact the police straight away.</p> <p>In non-emergency situations call on 0845 113 5000</p>
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WARD	OFFICE	TELEPHONE	FAX
Sutton Four Oaks, Sutton Vessey, Sutton New Hall, Stockland Green, Erdington, Kingsbury	Sutton Area Office The Council House King Edwards Square Sutton Coldfield B73 6AN	(0121) 303 9221	(0121) 303 9277
Ladywood, Sandwell, Soho, Perry Barr, Oscott, Kingstanding, Handsworth	Ladywood Sub Office 12 Dawson Road Hands Worth B21 9HS	(0121) 303 6381	(0121) 303 8877
Sheldon, Yardley, Acocks Green, Hodge Hill, Washwood Heath, Shard End	Yardley Area Office Silvermere Centre Silvermere Road Sheldon B26 3XA	(0121) 303 6541	(0121) 303 8966
Spark Brook, Sparkhill, Small Heath, Fox Hollies, Aston, Nechells	Small Heath Area Office Sycamore Centre Sycamore Road Aston B6 5UH	(0121) 303 4003	(0121) 303 5605
Edgebaston, Harborne, Quinton, Bartley Green, Northfield, Longbridge, Weoley Castle	Northfield Area Office 1102 Bristol Road South Northfield B31 2RE	(0121) 303 5350	(0121) 303 5761
Hall Green, Billesley, Brandwood, Selly Oak, Moseley, Bournville, Kings Norton	Hall Green Area Office Windsor House 11a High Street Kings Heath B14 7BB	(0121) 303 3571	

Other Useful Numbers			
Organisation	User Groups	Phone	E-mail
Care Quality Commission	All user groups	03000 616161	enquiries@ccq.org.uk
Elder Abuse Response Helpline	Elderly	0808 808 8141	www.elderabuse.org.uk
Voice UK	Learning Disabilities	01332 291 042 0845 122 8695	www.voiceuk.org.uk
Saneline	Mental Health	0845 767 8000	sanemail@sane.org.uk
Birmingham Carers Helpline	All carers	0121 675 8000	
Birmingham City Council	Health and Social Care	0121 303 1111 0121 464 1111	www.birmingham.gov.uk
Respond Helpline	Victims & Perpetrators of Sexual Abuse	0207 383 0700	www.respond.org.uk
Public Concern at Work	All User Groups	020 7404 6609	helpline@pcaw.co.uk
The Pension Service	Elderly	0845 606 0265	
Ann Craft Trust	Learning Disabilities	0115 9515400	
Independent Safeguarding Authority	Vulnerable Adults	0300 123 1111	
Children, Young People and Families Directorate	Children, Young People & Families	0121 303 2590	