



Protection of Vulnerable People

Policy & Procedures

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1. Protection of Vulnerable People - Introduction

Staff working in most areas of South Kesteven District Council's services will inevitably come into contact with people who need help and protection from others who may be seeking to abuse and harm them.

Abuse of children and vulnerable people is a problem, which has in recent years been increasingly recognised. The abuse of any individual, irrespective of their age, is clearly an issue of concern, but the abuse of children and vulnerable older people whose ability to protect themselves is reduced because of age, physical or mental frailty, is of particular concern and often goes unreported.

Children, older people and people with disabilities and mental health problems are particularly at risk because they are often dependent on others for care and support. Those carers may be relatives or other people close to them, or they may be paid carers or support workers.

An important part of the role of a member of staff working with children and vulnerable adults or coming across them in carrying out day-to-day council activities involves an acknowledgement of the possibility of abuse, the recognition of signs of possible abuse and the ability to manage abusive situations when they arise.

The purpose of this document is to **introduce a council wide policy** that would clearly demonstrate what our **responsibilities and obligations** are and go on to state what should happen if a DWO tradesman, a Housing Officer, a Customer Services staff member or a Building Inspector (ie any member of the council's staff) were to witness / observe an incident that caused them to have concerns as to the safety or welfare of a child or a vulnerable adult who they may come across in the course of carrying out their duties.

It is quite obvious that workmen and council officers have on many occasions been placed in very difficult circumstances and action has had to be taken to protect, not only the children or adults involved, but also the employee. Where such circumstances apply and managers have received concerns expressed by staff they have been able to take correct and appropriate action and this may have included referral to the proper agencies such as social services or the police for further investigation. There is absolutely no suggestion that anything other than correct action has been taken in such situations.

However, to properly ensure that the council deal with such situations in the correct manner for the future (ie compliance with County wide procedures and involvement with the Area Child Protection Committee) and to ensure **total consistency across the whole of the authority's workforce** in how such incidents are handled, policies and procedures that all staff understand need to be introduced and implemented so that we can clearly **demonstrate our role in safeguarding the safety and welfare of children, young people and vulnerable adults.**

South Kesteven District Council, taking account as to the workings of

- the Lincolnshire Adult Protection Committee – Multi-Agency Policy and Procedures for the protection of Vulnerable Adults and
- the Lincolnshire Area Child Protection Committee and the Local Safeguarding Children Board,

accepts the responsibility for implementing and monitoring the effectiveness of the policies and procedures contained in this document.

In accepting that responsibility, this document also aims to help all SKDC staff and members to :

- describe the different forms of abuse that children and vulnerable people may be subjected to
- recognise the possible signs of abuse
- describe situations in which children and adults may be particularly vulnerable
- describe the council's procedures for dealing with cases of suspected abuse.

Because of the complexity of the issues involved and because there are well established procedures and policies for dealing with what are entirely different situations, many of the sections within this document are divided into those that affect only children or only adults.

2. What is abuse?

There is not a simple and straightforward answer to this question. In general, abuse refers to any situation where a person's rights are restricted or denied by others. This should include:

- the right to choose
- the right to privacy
- the right to independence
- the right to a decent quality of life
- the right to dignity and respect
- the right to information
- the right to protection and safety

This can result in distress, exploitation, neglect or physical harm to the person child or adult alike. There are times when the individual concerned is not aware s/he is being abused, for example, when the person suffers from a mental health problem or disorder.

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or has already taken place. SKDC staff and volunteers working with children are not experts at such recognition. However, they do have a responsibility to act if they have any concerns about the behaviour of someone (an adult or another child) towards a young person.

Another problem in defining abuse is that what may present as an abusive situation for one person may not be considered abusive by another. This is particularly relevant in dealing with older people.

The following examples may, or may not constitute abuse. How many of these examples have council officers observed or heard about in the course of their duties :-

- an older person does not want to move from her home, but relatives threaten her with withdrawing their help and support
- a daughter tells her mother how much she has to do and how all the extra support she has to give is making her ill
- a confused person is locked in their room/flat at night to prevent them from wandering and disturbing others
- a relative who does an older person's shopping takes money each time to put petrol in the car
- a scheme manager or housing benefit officer breaches confidentiality
- a person's walking frame is removed when the carer goes out so that she cannot move around and fall

- relatives take a valuable item to 'look after'
- an older Asian resident is excluded from social activities
- getting a person out of bed in the morning when s/he wants to stay in bed or making them go to bed at a set time
- an older person is bruised when her carer is trying to lift her out of the chair
- a person is left alone and unable to get to the toilet while the carer goes out shopping
- a person with dementia throws things at and hits the carer
- people talk about the person as if s/he wasn't there

There have been a number of studies, which suggest children or adults with disabilities are at increased risk of abuse. Various factors contribute to this, such as stereotyping, prejudice, discrimination, isolation and a powerlessness to protect themselves or adequately communicate that abuse has occurred.

People from black and minority ethnic groups are likely to have experienced harassment, racial discrimination and institutional racism. Racism causes significant harm and may be categorised as a form of emotional abuse or bullying. All organisations should address institutional racism, defined in the Macpherson Inquiry Report on Stephen Lawrence as '***the collective failure by an organisation to provide appropriate and professional service to people on account of their race, culture and/or religion***'.

These examples show how difficult it is to define what actions are abusive and how actions, some of which may be intended for the person's 'good' or protection can in fact deny rights to choice, decision-making, dignity and respect.

Another element in defining abuse is whether the person feels the action or behaviour to be abusive, in other words the effect it has on them.

3. Types of Abuse – Children

Child abuse, particularly sexual abuse, can arouse strong emotions in those facing such a situation. It is important to understand these feelings and not allow them to interfere with judgements about any action to take. Abuse can occur within many situations including leisure activities. Some individuals will actively seek employment or voluntary work with young people in order to harm them. A coach, instructor, teacher, official or volunteer may have regular contact with young people and be an important link in identifying cases where a young person needs protection.

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by a stranger.

- **Neglect** – where adults fail to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development (eg failure to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment.) It may also include refusal to give a child love, affection and attention. Neglect could include an activity leader not ensuring children were safe, exposing them to undue cold, heat or to unnecessary risk of injury.
- **Physical abuse** – where adults physically hurt or injure children by hitting, shaking, throwing, poisoning, burning, biting, scalding, suffocating, drowning or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after (e.g. factitious illness by proxy or Munchausen's Syndrome by proxy).
- **Sexual abuse** – where girls and boys are abused by adults (both male and female) who use children to meet their own sexual needs. This could include full sexual intercourse, masturbation, oral sex, anal intercourse and fondling. Showing children pornographic material (books, videos, pictures) is also a form of sexual abuse.
- **Emotional abuse** – is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children to feel frightened or in danger by being constantly shouted at, threatened or taunted which may make the child very nervous and withdrawn. Some level of emotional abuse is involved in all types of ill treatment of a child. Emotional abuse may occur if children are subjected to constant criticism, name-calling, sarcasm, bullying or unrealistic pressure to perform to high expectations consistently.

The above definitions are adapted from Department of Health (1999) *Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children*.

3.1 Indicators of Abuse - Children

Indications that a child may be being abused include the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which the explanation seems inconsistent.
- The child describes what appears to be an abusive act involving him/her.
- Someone else (a child or adult) expresses concern about the welfare of another child.
- Unexplained changes in behaviour (eg becoming very quiet, withdrawn or displaying sudden outbursts of temper).
- Inappropriate sexual awareness.
- Engaging in sexually explicit behaviour.
- Distrust of adults, particularly those with whom a close relationship would normally be expected.
- Has difficulty in making friends.
- Is prevented from socialising with other children.
- Displays variations in eating patterns including overeating or loss of appetite.
- Loses weight for no apparent reason.
- Becomes increasingly dirty or unkempt.

It should be recognised that this list is not exhaustive and the presence of one or more of the indicators is not proof that abuse is actually taking place. **It is not the responsibility of SKDC staff to decide that child abuse is occurring but it is their responsibility to act on any concerns.**

3.2 Children & Bullying

It is important to recognise that in some cases of abuse, it may not always be an adult abusing a young person. It can occur that the abuser may be a young person, for example in the case of bullying. Bullying may be seen as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves.

Although anyone can be the target of bullying, victims are typically shy, sensitive and perhaps anxious or insecure. Sometimes they are singled out for physical reasons – being overweight, physically small, having a disability or belonging to a different race, faith or culture.

Bullying can include:

- Physical: hitting, kicking and theft.
- Verbal: name-calling, constant teasing, sarcasm, racist or homophobic taunts, threats, graffiti and gestures.
- Emotional: tormenting, ridiculing, humiliating and ignoring.
- Sexual: unwanted physical contact or abusive comments.

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm).

There are a number of signs that may indicate that a child is being bullied:

- Behavioural changes such as reduced concentration and/or becoming withdrawn, clingy, depressed, tearful, emotionally up and down, reluctance to go to school, training or sports club.
- A drop off in performance at school or standard of play.
- Physical signs such as stomach aches, headaches, difficulty in sleeping, bed-wetting, scratching and bruising, damaged clothes and bingeing for example on food, cigarettes or alcohol.
- A shortage of money or frequent loss of possessions.

4. Types of abuse – Adults and Older People

Abuse may take many different forms, but these are usually categorised as:

- 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 person 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 support networks
- financial or material abuse including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, misuse 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 facilities, 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

(Source: *Department of Health No Secrets 1999*)

Any of these forms of abuse may be inflicted as the result of deliberate intent, negligence or ignorance.

There is also another form of abuse:

- institutional abuse which includes poor professional practice, repeated incidents of poor care, ill treatment within an institution which has responsibility for providing care or support.

Research suggests that, for a variety of reasons, institutions may sometimes develop practices which allow the abuse of residents and which undermine the rights of residents. In respect of one council activity involving older people, supported and sheltered housing indicators of abuse could include:

- staff using master keys without due cause
- staff entering flats/rooms without permission or not waiting for replies
- breaches of residents' confidentiality
- discriminatory behaviour
- restrictive or discriminatory practices in the use of communal facilities

- staff receiving of gifts of money or goods or asking for payment for errands
- patronising or belittling communication
- treating a person less favourably than others

Abuse can also be:

- a one-off incident
- ongoing and repeated
- deliberate or premeditated
- on the spur of the moment
- stress related
- action taken or not taken
- in a wide variety of relationships, family, care or other professional situation.

4.1 Who is vulnerable?

The broad definition of a 'vulnerable adult' is a person

"who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself: or unable to protect him or herself against significant harm or exploitation"

(Source: *Department of Health No Secrets 1999*)

4.2 Who may abuse?

Vulnerable adults may be abused by a wide range of people including partners, relatives and family members, professional staff, paid care workers, volunteers, other residents or tenants, neighbours, friends and, of course, by strangers.

Most abuse takes place within the context of a pre-existing relationship, either with family members, partners or within professional care giving. People may be abused by a person they care for and people may abuse someone who cares for them.

4.3 Where does abuse take place?

Abuse can take place in any setting or environment. It may be when a vulnerable person lives alone or with a relative or partner. It may occur in any housing situation but more often will be in a nursing, residential, day care, sheltered or supported housing setting. It can occur in any setting where people are in a position of power in relation to the vulnerable adult, such as when the person depends on another for his/her care and support.

4.4 Factors associated with the risk of abuse

The causes of abuse are complex and have often focused on abuse as the result of stress on carers and a history of poor family relationships.

More recently, greater emphasis has been placed on the importance of ageism and ableism (discrimination against people based on negative perceptions of older people and people with disabilities). Where people are devalued or viewed negatively, and where they are disempowered by dependency on others for their care, the risk of abuse becomes greater.

Abuse happens for many reasons and a number of factors have been identified as being associated with a high risk of abuse:

- a history of mental illness, drug or alcohol problems or violent behaviour on the part of the abuser
- where there has been a previous history of violence and poor relationships between the abuser and the abused (such as marital violence or abuse by a parent of a child in the past)
- social isolation - people who are abused frequently have fewer social contacts especially outside the family the person who abuses is dependent on the person they abuse for accommodation or financial support (eg. an adult son or daughter living with the parent)
- a high level of physical or mental dependency in the older person especially where the older person has an illness which affects intellectual functioning and causes behaviour problems
- where the abused person has communication difficulties
- stress on the carer, where the older person is excessively demanding or where the carer has not received appropriate help and support, where the carer is exhausted
- where the carer feels trapped in the caring role, is isolated and lacks other relationships for support
- where there are financial pressures or a significant change in lifestyle
- living arrangements - sharing accommodation increases opportunity for abuse, but also places more stress on a relationship and may limit personal space.

Where abuse occurs within the context of professional care giving or support, whether that is within the person's own home or in an institutional setting, there is evidence that factors indicating increased risk of abuse include:

- stress

- poor supervision and management
- lack of clear guidance and policies
- low pay and poor working conditions
- staff feel under-valued
- lack of recognition for work undertaken
- lack of training
- working in isolation
- discriminatory attitudes

4.5 Sheltered Housing

You can see that many of these are related to the nature of the working environment as well as to attitudes of workers. Evidence regarding abuse in professional care settings has generally related to residential care, but many of the issues may be applicable to sheltered housing and much care and support is now provided through homecare services.

What is perhaps the most important factor is not the nature of the organisation but the culture of the environment. This is where sheltered housing, with its predominant philosophy of maintaining and promoting independence may be different from residential care. Sheltered housing has a focus which is (or should be) enabling rather than dependency creating and this may encourage a different relationship between scheme managers and sheltered housing workers and their residents/tenants.

The potential for abuse is greatest where the vulnerable person is isolated. The regular contact and visits within supported housing may therefore afford some protection against abuse, but it is important not to be complacent and overlook the potential for abuse of vulnerable people in all settings, including supported and sheltered housing.

4.6 Possible signs of abuse

There are a number of signs that *may* indicate abuse. These are generally what are known as 'indicators' - possible signs - their presence does not necessarily mean that abuse has taken place, only that the presence of these 'indicators' should give cause for concern. Presence of these 'indicators' should highlight the need for investigation.

Physical signs

- bruising especially on the arms and legs that may indicate 'grabbing' and finger-mark bruising
- repeated falls and injuries
- unexplained fractures
- failure to give medication or over use of medication
- bed sores and skin ulcers
- weight loss

- dirty, unkempt appearance
- being left in a wet or soiled bed
- burns

Psychological signs

- depression or anxiety
- appearance of being afraid or agitated
- withdrawn
- sudden change in behaviour

Financial signs

- unpaid bills
- unexplained withdrawals from a bank account
- disappearance of valuables
- lack of food, failure of the person controlling money to buy clothing or toiletries
- inability of the older person to explain what is happening to their money

Sexual signs

- pain, itching, bleeding or bruising in the genital area
- difficulty walking or sitting

Other general signs include:

- difficulty in gaining access to the older person alone
- older person is isolated in one room
- support services are refused
- carer appears under considerable stress

Presence of these 'indicators' should highlight the need for further investigation. It is important not to jump to conclusions but signs of abuse can easily be overlooked or denied. The risk of this may be particularly great where the person is mentally disordered, where allegations may not be believed.

The effects of any major trauma can be confusion, disbelief, feelings of vulnerability, feelings that life has lost its meaning and purpose. The person may be irritable, touchy or emotional. They may become apathetic or angry and abusive. They may experience sleep disturbance, difficulty in concentrating and be more vulnerable to physical illness. The experience of abuse is often traumatic and can give rise to stress reactions, which if prolonged and unidentified, can have serious psychological consequences for the person who experiences it.

5. The Legal Context - Adults

Unlike the protection of children in relation to the Children Act 1989, there is no legal framework for intervention in cases of adult abuse unless the person concerned is 'mentally disordered'. The law assumes adults are responsible for their own decisions and should use the usual channels for reporting to the police. This of course poses many problems, because people who have been abused are often not prepared to take action such as involving the police.

Some of the reasons a person may not take action are:

- they are dependent on the abuser for daily care
- they do not want the abuser punished
- they are frightened that the abuse will get worse or there might be further retaliation from the abuser
- they do not perceive the situation as abusive
- they may be concerned about professional involvement e.g. social services particularly if they fear they may be moved from their home
- they are afraid they will not be listened to or believed
- they care for the abuser
- they do not want to be left alone
- the abuser has 'power' over them
- they are ashamed or embarrassed

Some reasons a professional may not take action or may not be able to take action are:

- the abused person does not want them to and is assessed as capable of making that decision
- they are unable to gain access to the abused person to confirm suspicions

Without legal sanctions workers may be limited in what they can do if, for example, a victim of abuse refuses help or a carer refuses access.

Where abuse occurs it is possible to use the criminal law against crimes such as sexual assault or rape, physical assault or theft, but there are clearly problems associated with this as victims may be reluctant to give evidence in a court and this could be a very stressful experience for vulnerable people. Police may be reluctant to prosecute where they feel the victim may not be able to give 'good' evidence. Unlike in child abuse cases where children may give evidence on videotape and be cross-examined through the use of closed-circuit television, there is no such provision for vulnerable adults.

Provision under mental health legislation allows a social worker to enter and inspect premises where a person is living if there is reason to believe they are not receiving proper care.

Provision under the same legislation gives the social worker the power to remove the person if they are believed to be the subject of abuse or ill-treatment, but only for up to 72 hours.

It is possible to remove a person from his/her home, but in practice this is a last resort as often removal can have a more detrimental effect than the abuse experienced.

In matters of financial exploitation it is possible to use safeguards such as the Court of Protection.

It is possible to see that professionals are often faced with difficult decisions and limited choices. As 'No Secrets' states:

"the vulnerable adult's capacity is the key to action since if someone has 'capacity' and declines assistance this limits the help that he or she can be given."

This is what is often known as a professional dilemma - a situation in which a person is confronted by choices between equally unacceptable alternatives. It is not easy to stand back and watch a situation in which a resident or tenant you feel is being abused carries on much as it did before. It is easy to feel that the statutory services are failing in their duty. However, it is important to be aware that the client's wishes must be respected and intervention can lead to a change in the abused persons circumstance that they would not have wanted.

6. Inter Agency Working

6.1 Children

Social services have a statutory duty under **The Children Act 1989**, to ensure the welfare of children and work with the local Area Child Protection Committee (ACPC) to comply with its procedures.

In addition, the Children Bill 2004 is concerned with the development of universal and specialist services for children. One aim of this bill is for intervention at an early stage by agencies to resolve difficulties and to shift the balance toward effective prevention rather than dealing with abuse after it has happened. It creates a new duty to establish effective partnerships between key local agencies in order to promote the well-being of children, strengthen safeguarding arrangements.

It is therefore important to recognise the role South Kesteven staff play in this multi-agency commitment to the protection of young people.

When an SKDC staff member makes a child protection referral, this would be immediately referred to Lincolnshire Social Services. Their staff have a legal responsibility to make enquiries when it appears that a child may be at risk of 'significant harm'. This may involve talking to the child and family, and gathering information from other people who know the child. Enquiries may be carried out jointly with the police. If action needs to be taken urgently and out of office hours, then the police will deal with the enquiry sensitively and effectively.

6.2 Adults

Similarly, guidance from the Department of Health requires Social Services Departments to develop local policies and practice guidance for the protection of vulnerable adults. The aim of codes of practice should be to provide a framework for action within which all agencies work together to ensure a consistent approach. The primary aim should be to prevent abuse but where abuse does occur, to ensure procedures are in place for investigation and assessment.

In this respect, Lincolnshire Adult Protection Committee has drawn together a "Multi Agency Policy and Procedure for the Protection of Vulnerable Adults in Lincolnshire".

This document clearly outlines :

- the roles and responsibilities of all agencies and levels of staff to ensure that staff understand their role and limitations
- statement of procedures for dealing with allegations of abuse including dealing with emergencies, initial assessment and deciding whether intervention is appropriate

- list of referral points including how to access support, advice and protection at all times, in and out of normal working hours with a list of contact addresses and telephone numbers for local and national organisations
- indication as to how to record allegations of abuse, their investigations and subsequent action
- full description of inter-agency communication and procedures for decision making
- list of services offering support.

This SKDC document sets out internal procedures and guidelines that relate to these multi-agency policies and set out the responsibilities of staff to operate within them. These guidelines will help staff to :

- identify children, young people and vulnerable adults who are particularly at risk
- recognise risk from different sources and in different situations and recognising abusive behaviour from other service users, colleagues and family members
- establish routes for making referral and channels of communication within and beyond the agency
- give assurance of protection for 'whistle-blowers'
- work within agreed operational guidelines
- set out rights of staff and how employers will respond where abuse is alleged against them.

7. The role of SKDC Staff

7.1 Responding to Suspicions - Children

It is not the responsibility of anyone working for SKDC in a voluntary or paid capacity, or those working in affiliated organisations, to take responsibility or to decide whether or not child abuse is taking place.

However, there is a responsibility to protect children in order that appropriate agencies can then make enquiries and take any necessary action to protect the young person.

Discuss any concerns you may have with your line manager. If after those discussions, concerns still exist, you could also, without necessarily identifying the child in question, discuss your concerns with your peers or senior colleagues. This may be an important way of you developing an understanding of the reasons for your concerns about the child's welfare.

7.2 Sharing Concerns with Parents

There is always a commitment to work in partnership with parents or carers where there are concerns about their children. Therefore, in most situations, it would be important to talk to parents or carers to help clarify any initial concerns or seek their agreement to making a referral. For example, if a child seems withdrawn, there may be a reasonable explanation. He/she may have experienced an upset in the family, such as a parental separation, divorce or bereavement.

7.3 When it is Not Appropriate to Share Concerns with Parents

There are circumstances in which a young person might be placed at even greater risk if concerns are shared (eg where a parent or carer may be responsible for the abuse or not able to respond to the situation appropriately). In these situations or where concerns still exist, any suspicion, allegation or incident of abuse must be reported to the person in charge as soon as possible and recorded.

7.4 Social Services

If after all such discussions have taken place you still have concerns and you consider the child is or may be in need, you should, in conjunction with your line manager, refer the child and family to social services.

As stated in an earlier section, social services staff have a legal responsibility to make enquiries when it appears that a child may be at risk of 'significant harm'. This may involve talking to the child and family, and gathering information from other people who know the child. Enquiries may be carried out jointly with the police. If action needs to be taken urgently and out of office hours, then the police will deal with the enquiry sensitively and effectively.

If you are not sure what to do, you can obtain advice by telephoning the local social services department and speak to the duty worker or call the NSPCC 24-hour free phone Helpline on 0808 800 500. The police also have specially trained child protection teams who will give guidance and support, and deal with out-of-office-hours enquiries when social services are not available.

7.5 Records and Information

Information passed to the social services or the police must be as helpful as possible, hence the necessity for making a detailed record at the time of the disclosure/concern. The incident record form in **Appendix A** should be used.

Information should include the following:

- The nature of the allegation.
- A description of any visible bruising or other injuries.
- The child's account, if it can be given, of what has happened and how any bruising or other injuries occurred.
- Witnesses to the incident(s).
- Any times, dates or other relevant information.
- A clear distinction between what is fact, opinion or hearsay.

Reporting the matter to the police or social services department should not be delayed by attempts to obtain more information. Wherever possible, referrals telephoned to the social services department should be confirmed in writing within 24 hours. A record should also be made of the name and designation of the social services member of staff or police officer to whom the concerns were passed, together with the time and date of the call, in case any follow-up is needed.

8. The role of SKDC Staff

8.1 Responding to Suspicions – Vulnerable Adults

Evidence suggests that an vulnerable adult or older person is more likely to admit abuse to someone with whom s/he has built up a relationship of trust, such as a Housing Benefits Officer, Housing Officer, sheltered or supported housing worker or a DWO tradesman. It is crucial that the person is listened to and allegations are taken seriously.

Staff have a role in:

- prevention
- recognition
- reporting
- monitoring

You might observe what you feel to be possible signs of abuse, for example:

- bruises, cuts or burns
- a person being locked in or restrained
- threats to the older person about putting them 'in a home'
- unpaid bills when previously the older person managed their money well
- overhearing verbal abuse.

8.2 Response

The response to an allegation will depend on the nature of the abuse and the location or environment in which it takes place. Abuse by a stranger (eg. bogus caller) will require a different response to abuse within an ongoing relationship or in a sheltered housing setting.

It is important not to collude with the abuser by ignoring the abuse - this will allow the abuse to continue and it may escalate, but never challenge a possible abuser at an early stage. You could put the vulnerable person more at risk and you need to be sure of your facts.

8.3 Abusive regimes

If you feel that your organisation or that of another agency is allowing abusive practices or you become aware of abuse by a particular individual (such as a sheltered housing scheme manager or social services home care worker), you should express your concerns to your line manager.

Your comments will of course carry greater weight if they are backed up with written notes that aim to provide factual evidence, and if they are made in a non-emotive way. Commenting on the working practices of your or any other

organisation is a difficult and sensitive matter but remember that your first duty is to ensure the health and well being of your client.

It may be very difficult to 'blow the whistle' on a colleague in your own organisation or a worker in another agency who you feel to be behaving in an abusive way. Again, it will be important to ensure that you keep good factual records and that you share your concerns with a line manager at the earliest opportunity.

Appendix A attempts to map out the course of action to follow where concerns are expressed about a member of staff. It is crucial that Human Resources are informed of any suspicions at the earliest possible stage.

9. Reporting Abuse – Generic Procedure

The following steps outline the council's procedures for dealing with allegations of abuse. Staff, acting in the role of an Alerter, should take the following actions on identifying or suspecting abuse.

The basic procedure is outlined below, **using the principle of the Four R's**. It applies equally, whether the abused person is a child, a young or older person.

a. Reacting

1. Try to talk to the abused person or child alone, but you may have to wait to do this. It is important not to raise the subject if others are present.
2. When you can, tell the abused person about your suspicions and that you want to help; find out or clarify what they would like you to do. They may be too afraid and ask you to do nothing, but you should be clear about your responsibility to deal with abuse and offer your support during resolution of the problem.
3. You may need to judge whether you are dealing with an emergency or non-emergency. This will dictate the speed with which you need to respond. Depending on the situation you may need to call the emergency service and the family involved, provided they are not the perpetrators of the abuse.
4. Remember that whatever you are told is given to you as a representative of the council and not to you personally. This means that any disclosure cannot be kept to yourself. Confidentiality causes confusion in these circumstances but try to ensure that the person is aware of your responsibilities in this respect.
5. Older people are adults and have a right to be able to determine their own lives and make their own decisions. You should provide them with information and talk through options with them. Where an older person chooses to live with the abuse their wishes should be respected, so long as they have the mental capacity to understand the risk and make an informed choice.
6. Where you (and your managers) feel that the older person lacks the capacity to make an informed decision, action will be taken to protect the vulnerable person by referral to Social Services.

b. Reporting

7. Immediately inform your nominated section co-ordinator of your suspicions and ask for guidance on how to proceed. In their absence, consult your line manager or service manager.

c. Recording

8. Record facts and incidents and date your entries. Use the special form shown in **Appendix A**. Keep opinions to a minimum and concentrate on factual evidence. Remember that all such notes will be subject to Data Protection disclosure obligations. Make sure that your records are stored confidentially or given to your line manager for retention.
9. It may be very difficult to 'blow the whistle' on a colleague in your own agency or a worker in another agency who you feel to be behaving in an abusive way. Again, it will be important to ensure that you keep good factual records and that you share your concerns with a line manager at the earliest opportunity.
10. **Appendix B** attempts to map out the course of action to follow where concerns are expressed about a member of staff. It is crucial that Human Resources are informed of any suspicions at the earliest possible stage.
11. All suspected incidents, recorded on the special form, will be referred by your line manager to the Care Services Manager who will formally record the incident, making reference to the "Multi Agency Policy and Procedure for the Protection of Vulnerable Adults in Lincolnshire" or the Area Child Protection Committee policies and procedures.

d. Refer

12. Concerns will then be referred to Social Services who will have links with the Police regarding investigation of abuse. Wherever possible, involvement of other agencies will be done with the consent of the abused person, particularly in respect of an older person. If s/he does not want other services involved their wishes will be respected unless they are felt to be at immediate risk. It could be that the situation can be dealt with through encouraging the older person to accept an assessment under the NHS and Community Care Act 1990.
13. Investigation into alleged abuse will normally be undertaken by Social Services but where a criminal offence may have occurred this may be in conjunction with the Police. Investigation will be co-ordinated so as to limit the distress to the abused child or vulnerable person.
14. The purpose of investigation and assessment of alleged or suspected abuse is:
 - to establish the facts
 - to determine the level of risk the child or vulnerable person is facing
 - to assess the ability of the person to make competent decisions about their situation
 - to understand the person's view of the situation
 - to identify support networks and resources available

- an assessment of the alleged abuser and the causal factors in the abuse
- the best way to support the child or vulnerable person and the best way to support the “alerter”.

15. Assessment will always be planned and careful consideration given to how and when assessment should take place, to ensure privacy and offer protection.

16. Decisions about the course of action, if any, to be taken will follow investigation and may take place within a multi-agency case conference.

17. An action plan, which details the steps to be taken to prevent further abuse, will be incorporated into the child or vulnerable person's care or support plan.

10.0 Policy Statement

Clarification or further determination on this policy can be obtained from the Corporate Director of Community Services or his representative.

10.1 Responsibilities

South Kesteven District Council will:

- Accept the moral and legal responsibility to implement procedures to provide a duty of care for young people and vulnerable adults, safeguard their well-being and protect them from abuse
- Respect and promote the rights, wishes and feelings of young people, vulnerable and disabled adults
- Ensure that it provides appropriate housing and support services to all of its residents, but especially to those that are vulnerable
- Ensure better protection for vulnerable adults, taking as its guideline the Governments' national framework document "No Secrets – guidance on developing and implementing multi agency policies and procedures to protect vulnerable adults from abuse."
- Recruit, train and supervise its employees to adopt best practice to safeguard and protect young people and vulnerable adults from abuse and themselves against false allegations
- Require staff to undergo an enhanced Criminal Records Bureau (CRB) check.
- Require staff to adopt and abide by the South Kesteven District Council Code of Conduct for Council Staff
- Respond to any allegations appropriately and implement the appropriate disciplinary and appeals procedures.

10.2 Principles

The procedures within this policy are guided by the following principles:

- The welfare of young people (the Children's Act 1989 defines a young person as under 18 years of age) and the welfare of vulnerable adults in the community as a whole are the primary concern.

- All young people and vulnerable adults, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse.
- It is the responsibility of the child and adult protection experts to determine whether or not abuse has taken place but it is everyone's responsibility to report any concerns.
- All incidents of poor practice and allegations should be taken seriously and responded to swiftly and appropriately.
- Confidentiality should be upheld in line with the Data Protection Act 1998 and the Human Rights Act 2000.

10.0 Conclusions

This policy document has highlighted some of the issues relating to the abuse of young people and vulnerable adults. It has examined some of the different settings in which abuse may occur and some of the possible risk factors. It has also considered some of the possible indicators of abuse and how to respond to these.

It is important to balance the need to be alert to possible signs of abuse, but at the same time not to jump to conclusions and to ensure a full assessment of the situation.

South Kesteven District Council, in partnership with Lincolnshire Social Services, now has clear policies and procedures in respect of dealing with reports of young people and adult abuse. These should be followed where staff have reason to suspect that a person has been abused or is at risk.

Appendix A

INCIDENT RECORD FORM

Your name:	
Your position:	
Young Person or Adult's name:	
Their address:	
Date of birth:	
Date and time of any incident:	
Your observations:	
Exactly what was said and what you said: (Remember, do not lead the complainant – record actual details. Continue on separate sheet if necessary)	
Action taken so far:	
External agencies contacted (date & time)	
Police yes/no	If yes – which: Name and contact number: Details of advice received:

Social services yes / no	If yes – which: Name and contact number: Details of advice received:
Other (eg NSPCC, Age Concern)	Which: Name and contact number: Details of advice received:

Signature: Print name:
Date:

A copy of this form should be sent to the Care Services Manager who will arrange for it to be forwarded to Social Services.

Remember to maintain confidentiality on a **need to know** basis – only if it will protect the child or adult concerned. Do not discuss this incident with anyone other than those who need to know.

Appendix B

Appropriate Action in Relation to Concerns About a Member of Staff

