



Northern Counties Dance Teacher's Association International

Vulnerable Adult Policy

1. Aim of the Policy:

The aim of this policy is to outline the practice and procedures for staff and volunteers at Northern Counties Dance Teacher's Association International to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting the vulnerable adult and the worker, recognising the risks involved in lone working.

The policy covers all staff and volunteers and areas of work with specific guidance for projects regularly in contact with vulnerable adults.

2. Principles of Adult Safeguarding in England (Care Act 2014)

- **Empowerment**
People being supported and encouraged to make their own decisions and informed consent.
- **Prevention**
It is always better to take action before harm occurs
- **Proportionality**
The least intrusive response appropriate to the risk that is presented.
- **Protection**
Support and representation for those with the greatest need.
- **Partnership**
Local solutions through services working within their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
- **Accountability**
Accountability and transparency in delivering adult safeguarding.

3. Guidance and Legislation

The practices and procedure within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement Safeguarding Adults Boards policy and procedures. They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1998

4. Definition of Vulnerable



The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2000

In these Regulations 'vulnerable adult' means a person aged 18 or over who is receiving services of a type listed in paragraph (2) below and in consequence of a condition of a type listed in paragraph (3) below has a disability of a type listed in paragraph (4) below.

(2) The services are:

- a) Accommodation and nursing or personal care in a care home
- b) Personal care or nursing or support to live independently in his/her own home
- c) Any services provided by an independent hospital, independent clinic, independent medical agency or NHS body;
- d) Social care services
- e) Any services provided in an establishment catering for a person with learning difficulties

(3) The conditions are:

- a) A learning or physical disability;
- b) A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
- c) A reduction in physical or mental capacity

(4) The disabilities are:

- a) A dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions;
- b) Severe impairment in the ability to communicate with others;
- c) Impairment in a person's ability to protect him/herself from assault, abuse or neglect

Law Commission, 'Making Decisions' Lord Chancellors Dept 1999

A 'Vulnerable Adult' is defined as someone over 16 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/herself or unable to protect him/herself against significant harm or exploitation'

Law Commission – Who Decides?: Making decisions on behalf of mentally incapacitated adults 1997

5. Definition of Abuse

"Abuse is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*). The threat or use of punishment is also a form of abuse. In many cases, it is a criminal offence"

Centre for Policy on Ageing (1996)



Types of Abuse

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

Sexual abuse

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

Psychological/emotional abuse includes:

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing

Neglect

- Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services
- the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Financial or material

- Including theft, fraud,
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Discriminatory

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Self-neglect

- Includes neglecting one's personal hygiene, health or surroundings.
- Includes behaviours such as hoarding.

Modern Slavery

- Includes, slavery, human trafficking, forced labour and domestic servitude.

Domestic Abuse

- Any type of controlling, coercive, threatening behaviour, violence, or abuse between people who are or have been in a relationship, regardless of gender or sexuality.
- Includes physical, sexual, psychological, emotional and financial abuse.
- Includes 'honour' based abuse and violence.

Organisational Abuse



- Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or with regard to the care provided by the organisation.
- This can be one off incidents to a continued ill treatment. This can be through neglect or poor practice as a result of the policies, process and practices within an organisation.

Multiple forms of abuse may occur in an on-going relationship or abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible.

6. Rights and Responsibilities:

- To ensure staff/volunteers are aware of the adult protection policy and are adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To DBS check employees/volunteers that have access to or work with Vulnerable Adults

6.1. Responsibilities of Northern Counties Dance Teachers' Association staff

- To be familiar with the adult protection policy and procedures
- To take appropriate action in line with the policies of the Organisation
- Voluntary Sector Support Team to promote the principles and good practice to other voluntary organisations
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal

6.2. Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they be staff, volunteers, service users, carers or members of the general public should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk
- If service users, they will be given immediate protection from the risk of reprisals or intimidation
- If staff or volunteer they will be given support and afforded protection, if necessary, in line with the Public Interest Disclosure Act 1998.

6.3. The Vulnerable Adult has the right:

- To be made aware of this policy
- To have alleged incidents recognised and taken seriously
- To receive fair and respectful treatment throughout



- To be involved in any process as appropriate
- To receive information about the outcome

7. Good Practice:

a. Recruitment of staff/volunteers

- Risk assessment of role to assess need for DBS Disclosures
- Check references thoroughly including appropriate Disclosure
- All staff/volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal

b. Training

- Familiarisation with all the Organisation policies and procedures during induction
- Further training, dependent on nature of role, e.g.
- Risk assessment & management
- Types of abuse and recognising signs of abuse
- Keeping appropriate records
- Listening skills

c. Management and Supervision

- It is the Line Manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

d. Record Keeping

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles (*please refer to Confidentiality & Data Protection Policy*)
- All incidents should be discussed in supervision with Line Manager.
- Records kept by paid workers about vulnerable adults should only include:
 - Contacts made
 - Referrals made, including date, time, reason and referral agency used

e. Planning

- Wherever possible staff and volunteers should avoid lone working with a vulnerable adult. But if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight.

f. Access to an independent person

- Any vulnerable adult who comes into contact with the Organisation staff/volunteers regularly, should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration process.

8. Identification of Abuse:



8.1. Physical

abuse signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

8.2. Sexual abuse signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

8.3. Psychological/emotional signs:

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

8.4. Neglect signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

8.5. Financial or material signs



- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

8.6. Discriminatory signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

8.7. Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

9. People Who Might Abuse:

Abuse can happen anywhere and can be carried out by anyone e.g.;

- Informal carer's, family, friends, neighbours
- Staff/Volunteers
- Other service users or tenants
- Strangers

10. What to do:

10.1. To act or not to act

All allegations or suspicions are to be treated seriously. No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action, it is important to consider:

- **Risk** – does the vulnerable adult, staff member/volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- **Self-determination** – is the vulnerable adult able to make their own decisions and choices, and do they wish to do so

- **Seriousness** – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:

- The **perception** by the individual and their **vulnerability**
- The **extent** of the abuse
- The **length of time** it has been going on
- The **impact** on the individual



- The risk of vulnerable adults
 - Is a **criminal offence** being committed?
- repetition or escalation** involving this or other

10.2. Low Level Concerns

A low level concern is behavior that falls short of abuse towards a vulnerable adult but which nevertheless harms a vulnerable adult or places them at risk, or has a negative effect on their safety and/or well-being. A low level concern is any concern, no matter how small, and even if no more than a 'nagging doubt'.

A low level concern may include, but is not limited to:

- an adult acting in a way that is inconsistent with the NPA code of conduct, including inappropriate conduct outside of work which, even if not linked to a particular act or omission, has caused a sense of unease about that adult's suitability to work with vulnerable adults.
- Showing inadvertent or thoughtless behavior.
- Behavior that may be considered inappropriate.
- Behavior which is intended to enable abuse.

Examples of such behaviour could include:

- Being over friendly with a vulnerable adult.
- Displaying obvious favourites.
- Taking photos of vulnerable adults on a mobile device.
- Engaging with a vulnerable adult on a one-to-one basis in a secluded area or behind a closed door.
- Using inappropriate sexualised, intimidating or offensive language.

Low level concerns are not acceptable and should be reported to the NPA Safeguarding Officer. It is critical that all low level concern are referred to the NPA. Reporting these concerns to the NPA allows the NPA to monitor possible patterns of inappropriate or concerning behavior.

If further information comes to light which raises the level of the concern from a low level concern, the matter must be referred to the NPA as soon as possible.

11. Summary:

- The employee's/volunteer's primary responsibility is to protect the vulnerable adult if they are at risk
- Each employee or volunteer has a duty to take action
- Employees/volunteers should not have to cope alone

PRACTICE GUIDE

Actions and Considerations

THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF VULNERABLE ADULTS. TO THIS END IT IS THE RESPONSIBILITY OF ALL STAFF/VOLUNTEERS TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS TO A RESPONSIBLE PERSON OR AGENCY.



- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable adult, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example, staff/volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.
- Decisions to override the vulnerable adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate Line Manager.

REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE.

By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.

- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

Discussion and Decision Making

INFORMATION SHOULD BE SHARED WITH YOUR MANAGER, WHO MUST APPROVE ANY ACTIONS TO BE TAKEN AND ANY DOCUMENTATION OR CORRESPONDENCE BEING SENT OUT.

Employees or volunteers with concerns should discuss them with their Manager on the same day.

If the Manager is not available, then any concerns should be discussed with the Chief Executive Officer.

Concerns about colleagues:

These should be addressed initially with the Manager, but if this is not possible or the concern is about the Manager or other member of staff/volunteer, then any concerns should be discussed with the Chief Executive Officer.

To Refer or not to Refer

THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY THE LINE MANAGER AND THE HEAD OF THE ORGANISATION SHOULD BE INFORMED.

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, National Care Standards Commission) the following should be taken into account:

- The wishes of the vulnerable adult, & their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse



- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. NCSC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

Issues of Mental Capacity & Consent:

The consent of the vulnerable adult must be obtained except where:

- Others may be at risk
- A crime has been committed
- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests.
 - An adult may not have the capacity to understand the choice or the ability to tell you their views. This may be as a result of a disability, as the result of coercion and the person can be seen to not have mental capacity as they are unable to make free and informed decisions.
 - Circumstances to take into account when assessing the need for referral should include;
 - a) Whether or not it is safe to contact the adult to gain their consent, will it put them at further risk.
 - b) Whether they or someone else is at risk, including children.
 - c) If the adult is under duress or being coerced.
 - d) Whether the person causing harm has care and support needs.

When information is shared without the consent of the vulnerable adult this should be explained to them when it is safe to do so, and any further actions taken should include them.

Who to Refer or Report Concerns to:

- Relevant hospital Social Services team if vulnerable adult is in hospital
- Community Mental Health Team where the vulnerable adult has an ongoing mental health need
- National Care Standards Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS:

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability



- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there any concerns/doubts about this?)
- If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Specific information relating to these concerns
- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult
- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends

INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE
CONFIRM IN WRITING INFORMATION GIVEN VERBALLY

Do's and Do not's:

Staff member/volunteer should:

- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen, immediately.

Staff member/volunteer should not:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

Discuss with the relevant Manager who will:

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency



Appendix: Additional Information and Support

Ann Craft Trust (ACT)

Provides advice to anyone who has a query about the protection of vulnerable children and adults, including professionals, parents, carers and family members. Tel: 0115 951 5400
www.anncrafttrust.org

Mind

0300 123 3393 – www.mind.org.uk/information-support/helplines/ Mind can offer support with different mental health problems.

Shout

UK's 24/7 Crisis Text Service for Mental Health support adults and children

Citizens Advice Bureau

Providing free information and advice about legal, financial and a host of other issues
Contact your local branch. Tel: 0844 847 2638 www.citizensadvice.org.uk

Karma Nirvana

Supports victims and survivors of forced marriage and honour based abuse; support includes an advice line. Tel: 0800 5999 247 www.karmanirvana.org.uk

National Domestic Violence

Freephone Helpline Free 24hr National Domestic Violence Helpline, is a national service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf. Tel: 0808 2000 247 www.nationaldomesticviolencehelpline.org.uk

Samaritans

Samaritans volunteers listen in confidence to anyone in any type of emotional distress, without judging or telling people what to do. Tel: 08457 90 90 90

The Forced Marriage Unit

Part of the Foreign and Commonwealth Office, provides information, multi agency guidelines and an advice line for victims, friends, relatives and professionals. Tel: 0207 008 0151
www.fco.gov.uk/forcedmarriage

Women's Aid

Provides support and information in relation to domestic violence. Tel: 0808 2000 247
www.womensaid.org.uk

Galop

Emotional and practical support for LGBT people experiencing domestic violence. Tel: 0800 999 5428 help@galop.org.uk

NAPCA



The National
offers support to adult survivors of all types of childhood abuse. Tel: 08088010331
napac.org.uk/

Association for People Abused in Childhood

The Survivors Trust

The largest umbrella agency for rape and sexual abuse support in the UK. Tel:
01788550554 www.thesurvivorstrust.org

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