

Protecting Vulnerable Adults from Abuse

Who is a vulnerable adult?

The frail elderly living in residential and nursing homes are most commonly associated with, potentially, being in danger of abuse from which they cannot protect themselves. However, any adult, over the age of 18, who has a physical or learning disability or a mental health problem could be a victim. The definition of vulnerability is broad, encompassing prostitution and the homeless. Men and women can suffer one or a combination of different forms of abuse: physical, sexual, psychological, financial, or discriminatory. Neglect, such as ignoring someone's medical needs or withholding food, is abuse as well.

Practical steps – who to contact.

People can be abused in a variety of settings: in residential and nursing homes, in day centres, at work, in hospitals, police stations and in public places. Every organisation should have its own policy and procedures which give clear advice about who to report any incident to: this person is then responsible for referring onto other agencies including the National Care Standards Commission (NCSC). All staff should have access to contact details for the Social Services Department, Police, or NCSC in case their line manager is involved in the abusive act or practice. Confidentiality should never be promised: there is a duty of care that overrides the duty of confidentiality. It may of course be the case that the vulnerable victim does not wish for any case to be brought but there are many other ways to protect. The potential risk to other vulnerable people is a prime consideration. For further information and contact details www.norfolk.gov.uk/social/adultprotection

National Care Standards Commission

The National Care Standards Commission (NCSC) is an independent, non-departmental public body, under the Care Standards Act 2000, to register and inspect a wide range of social care and private and voluntary health care services. The rights and welfare of service users are at the heart of the NCSC's work. It registers and inspects a range of approximately 40,000 establishments that fall under the following directorates – Adult Services (e.g. care homes for older people); Children's Rights (e.g. children's homes, boarding schools); Private and Voluntary Health Care (e.g. independent medical agencies, exclusively private doctors). The National Care Standards Commission (NCSC) has promoted the good practice ideas for whistle-blowing policies across the health and social care sectors. The Commission registers, inspects, and regulates all care providers.

Whistle-Blowing Policy

The Public Interest Disclosure Act 1998 came into force on 2nd July 1999. It encourages people to raise concerns about malpractice in the workplace and will help ensure that organisations respond by:

- addressing the message rather than the messenger; and
- resisting the temptation to cover up serious malpractice.

Through protecting 'whistleblowers' from dismissal and victimisation in the following circumstances, the Act promotes the public interest.

The Act applies to people at work raising genuine concerns about crime, civil offences (including negligence, breach of contract, breach of administrative law), miscarriage of justice, danger to health and safety or the environment and the cover up of any of these. It applies whether or not the information is confidential and extends to malpractice occurring overseas. In addition to employees, it covers trainees, agency staff, contractors, home workers, and every professional in the NHS. The usual employment law restrictions on minimum length of service and age do not apply. The Act does not presently cover the genuinely self-employed, volunteers, the intelligence services, the army or police officers. The Act confirms that workers may safely seek legal advice on any concerns they have about malpractice. Where the whistleblower is victimised in breach of the Act he can bring a claim to an employment tribunal for compensation. Awards will be uncapped and based on the losses suffered. Additionally where an employee is sacked, he may apply for an interim order to keep his job.

Joint-working practices are paying dividends; protocols exist for speedy referral and thorough investigation of all cases. Reporting someone for abuse is simple, no matter who the victim is or what the circumstances are. Anybody, no matter what their connection to the victim, can report a case, whether it is to another representative of the organisation involved, to social services, or the police.

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Types of Abuse

Sexual Abuse

Sexual abuse is the involvement of people in sexual activities that they do not understand, have not given consent to or which violate the sexual taboos of family custom and practice. It can also include the involvement of people in sexual activities where one party is in a position of trust, power or authority, examples include:

- Vaginal or anal rape.
- Incest.
- Being touched by another person in a sexual manner.
- Being forced to touch another person in a sexual manner.
- Being forced to watch pornography.
- Being taken to adult entertainment without the full understanding of what this may involve, and not being allowed to leave on request.
- Being subject to indecent exposure.
- Being subject to sexual innuendoes and harassment.
- Being subject to inappropriate photography.
- Not having a choice about having a care worker of the same sex to undertake intimate personal care.

Neglect

is the deliberate or unintentional failure to meet someone's needs for care, resulting in risk to their well-being. Neglect can include:

- Failure to respond to a person's needs or preventing someone to meet their needs.
- Withholding medical care or preventing access by medical personnel.
- Preventing access to assistance or to the receipt of services.
- Not meeting the basic standards of care.
- Being prevented from receiving visitors.
- Being prevented from interacting with others.
- Failure to undertake a reasonable assessment of risk and allowing a person to harm themselves or cause harm to others.
- Failure to intervene in behaviour which is dangerous.
- When a manager or other care provider in a position of responsibility does not ensure that the appropriate care, environment or services are provided to maintain the health and safety of vulnerable people in their care then they may be open to a charge of "wilful neglect".

Physical Abuse

is non-accidental harm, which can include:

- Being hit, shaken, pinched, pushed, pulled, or dragged.
- Being restrained in an inappropriate manner or being confined or locked up.
- Being deprived of food or drink, being forced to eat or have food tampered with.
- Medication being withheld, not having prescriptions and dosages reviewed, or being administered that which was intended for others.
- Necessary aids and adaptations, including glasses and hearing aids, being withdrawn.
- Being photographed without consent including for medical purposes.
- Being burned or scalded.
- Having no choice about living or spending time alongside people who behave in a threatening or aggressive manner, or who carry out physical assaults.
- Being caused unreasonable physical discomfort through the withholding of care or the application of inappropriate treatment.

Emotional

or psychological abuse is any action which has an adverse effect on an individual's mental well being, causing suffering and affecting their quality of life and ability to function to their full potential. This may include the threat that other types of abuse could take place or a situation where a person is led to believe that this could happen. Psychological abuse can include:

- Being ignored.
- Disregarding a person's opinions.
- Being bullied.
- Living in a culture of fear and coercion.
- Disregarding personal history and life experience.
- Removing or losing significant effects, which are part of a person's individual personal history.
- Being subjected to loud noise including being shouted at.
- Being humiliated or ridiculed.
- Being harassed.
- Being pressurised or manipulated in order to force someone to make a decision.

Financial Abuse

Financial abuse can be perpetrated by staff, volunteers, carers or other individuals in contact with a vulnerable adult. Everyone has the right to the money and property that is legally theirs. Financial abuse is the theft or misuse of money or personal possessions, which involves an individual's resources being used to the advantage of another person, and can include:

- Money and possessions being stolen.
- Money being withheld which prevents someone purchasing goods, services or leisure activities.
- Controlling access to money or benefits.
- Money being misappropriated and absorbed into a family or institution's budget without the person's consent.
- The removal of personal effects or household items without consent.
- Goods or services purchased in someone's name but without their consent.
- Money being misappropriated by staff or volunteers who have a responsibility for providing a service to that person.
- Being asked to part with money on false pretences.
- Altering ownership of property without consent.
- Taking out loans in someone's name.
- Being asked to sign or give consent to financial agreements, including making a will, when a person does not have the mental capacity to give that consent.
- Money being borrowed by staff or volunteers who have a responsibility for providing a service to that person.
- All agencies will have clear financial policies and procedures, including a gifts and bequests policy, which staff will be expected to adhere to.

Discriminatory

abuse arises when a person's culture, values, and beliefs are treated without dignity and respect, so can include:

- Misuse of power that denies mainstream opportunities to some groups or individuals.
- Exclusion of an individual from opportunities in society; e.g. education, health, justice.
- Having opinions and behaviour explained solely in terms of a person's age or disability.
- Treating a person in a way that is inappropriate to their age and/or cultural background.
- Verbal abuse.
- Inappropriate use of language.
- Harassment.
- Slurs.

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Predisposing Factors for Abuse or Neglect

Some examples of factors, which may place people at risk of abuse, are listed below. Adult abuse often occurs when a vulnerable adult is faced with a set of circumstances where there is potential for harm. The presence of one, or more, of these factors does not automatically imply that abuse will follow, but may increase the likelihood.

- Poor communication or communication difficulties.
- A history of falls and/or minor injuries.
- Physical and/or emotional dependence on others.
- Mental health needs, especially moderate or severe dementia.
- Rejection of help.
- Aggression.
- Self-injurious behaviour.
- History of repeatedly making allegations of abuse.
- High level of dependency on others to meet their care needs.
- Substance misuse.
- Previous history of violent relationships within the family or social networks.
- The environment.
- Overcrowding.
- Poor or insecure living conditions.
- Geographical isolation.
- Relationships (in particular with carers).
- Unequal power relationships.
- Increased dependency of vulnerable adult.
- Undefined boundaries between personal and professional relationships.
- Multiple dependency within the family or social networks.
- Multigenerational family structure, where conflicts of personal interests and loyalties may exist.
- Role reversal or significant change in the relationship between the vulnerable adult and carer.
- A history of abuse within the family.
- Significant levels of stress on the carer.
- Isolation of the carer, due to the demands of caring, leading to a lack of practical and emotional support.
- Lack of understanding about the vulnerable adult's condition, resulting in inappropriate care.
- Dependency on the vulnerable adult.
- Difficult or challenging behaviour by the vulnerable adult, which the carer finds intolerable or stressful.
- History of the carer being abused or being a perpetrator.
- The carer feeling exploited, resentful, angry or guilty.
- Financial difficulties.
- Illness or disability of the carer.
- Significant and long-term stress of the carer.

The needs of the victim

A summary of needs as described by victims:

- Advice.
- Assessment of medical problems.
- Assessment of mental capacity.
- Company.
- Maintaining contact with social worker.
- Management of finances.
- Permission to talk.
- To be assured of personal safety.
- Basic physical care.
- A place of safety.
- Police involvement.
- Practical help.
- Protection of the abuser.
- Reconciliation with family.
- Rehousing in permanent accommodation.
- Remain loyal and do one's duty.
- To talk about abuse.
- Talk about/deal with loss.

Institutional Abuse and Neglect

Everyone has the right to feel safe, and to be treated with respect by all health and social care organisations. This includes volunteers and staff employed within those organisations. Institutional abuse is mistreatment or abuse by a regime or the individuals within an institution. Institutional abuse occurs when the routines, systems and norms of an institution take precedence over the preferred lifestyle and cultural diversity of the service users in its care.

Institutional abuse can include:

- Inappropriate or poor care.
- Misuse of medication; e.g. sedating residents to make life easier for the care staff.
- Inappropriate use of restraint and/or methods of restraint.
- Denial of visitors or phone calls.
- Restricted access to toilet or bathing facilities.
- Restricted access to appropriate medical or social care.
- Failure to ensure appropriate privacy or personal dignity.
- Lack of flexibility and choice; e.g. mealtimes and bedtimes, choice of food.
- Lack of personal clothing or possessions.
- Lack of privacy.
- Lack of adequate procedures; e.g. for medication, financial management, restraint, sexuality.
- Controlling relationships between staff and service users.
- Repeated acts of poor professional practice.

RESOURCES:

Action on Elder Abuse

Tel: 0808 808 8141 (10am - 4.30pm)

Public Concern at Work

Tel: 0207 404 6609 (9am - 6pm)

The Relatives Association

Tel: 020 7916 6055 (10am - 5pm)

Carers Line

Tel: 0808 808 7777
(10am -12pm & 2pm - 4pm)

Adult Protection Norfolk

www.norfolk.gov.uk/social/adultprotection

SOURCES

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NSCS General. Downloaded 29 May 2003.

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Norfolk County Council and Norfolk Constabulary (2002).

What You Need to Know About Adult Abuse.

Suffolk County Council (2001).

No Secrets.

West Sussex County Council

(2003). Adult Protection: West Sussex Multi-Agency Policy and Procedures for the Protection of Vulnerable Adults. Downloaded 22 July 2003.

<http://www.westsussex.gov.uk/socialcareandhealth/adults/adultprotection/appendices>



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Managers and staff should ensure that the operation of the service is centred on the needs of the service users and not on those of the institution. The systems in place to ensure the smooth running of the institution should be flexible, they can become abusive if they are dogmatic and non-negotiable. Managers should ensure that there are mechanisms in place that both maintain and review the appropriateness, quality and impact of the service for which they are responsible. These mechanisms should take the views of service users and their carers into account at all times. It is difficult to draw a line between acts of poor professional practice and abuse. Placing a call button out of reach may be poor professional practice due to lack of thought. However, if the call button has been removed with the intent to prevent the service user from accessing it, this would be an abuse. Several indicators of poor professional practice within an institution may suggest that there is a higher risk of more serious abuse taking place.

Abuse is more likely to occur if staff:

- Are inadequately trained.
- Are poorly supervised.
- Work where there are inadequate staffing levels.
- Receive little support from management.
- Are encouraged to work within rigid routine.
- Are poorly paid.
- Work long hours.
- Work within a closed system.
- Are isolated from professional discussions and ideas.
- Feel powerless to influence practice and feel afraid to report concerns.
- Are unsure of the boundaries between personal and professional relationships.

It is the responsibility of the inspecting authority to promote good practice and high care standards. Where incidents of institutional abuse are suspected in a registered care home or nursing home the relevant inspecting authority will have a critical role in the investigation. It should be noted that use of the Adult Protection Policy & Procedures might not be the only investigative route following allegations of poor practice within an institutional setting. It may also be appropriate to use internal disciplinary procedures and/or regulatory powers.

The prevention of abuse may entail changing working practices amongst

staff and altering what behaviour is condoned from other vulnerable adults. An example of what could become a culturally acceptable practice in a registered care home is to deny, for a short period, a patient a drink of water at times when staff are exceptionally busy or if the person is being particularly uncooperative. A culture of institutional neglect develops when neglectful working practices are repeated. Problems can arise from staff disregarding their responsibilities. In other instances staff punish patients as a means to modify behaviour, or purely for the gratification of having power over another person.

Assessment and Management of Sexual and Violent Offenders

The Criminal Justice and Court Services Act Act, 2000, places a statutory requirement on police and probation services to make joint arrangements for the assessment and management of the risks posed by sexual and violent offenders, and other offenders who may cause serious harm to the public. This duty commenced on 1 April 2001 and national guidance recommended the establishment of Multi-Agency Public Protection Panels (MAPPPs) involving Police, Probation, Social Services, Youth Offending teams, Health and local authority Housing departments.

Multiple Agency Protection Arrangements (MAPPA) will also contribute to tackling adult abuse. The multi-agency approach, involving statutory and voluntary sectors, will allow for a profile of dangerous individuals to be kept. Violent criminals, sex offenders and people suffering severe personality disorders can be monitored and action taken to pre-empt crimes. In accordance with data protection legislation, organisations must agree to a rigorous protocol before fully participating with the MAPPA. The multi-agency approach to adult protection is essential as the subject affects so many groups of people living and working in a diverse range of settings.

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