



## **DUNMURRY COMMUNITY ASSOCIATION (DCA)**

### **Protection of Child and Vulnerable Adults Policy**

DCA affirms that all Children and vulnerable adults have a right to freedom from abuse.

We expect our volunteers will take all necessary and appropriate measures to:

- Ensure that abuse does not occur within any area for which they are responsible;
- Respond to all cases of suspected or alleged abuse of vulnerable adults with whom they come into contact whether the source is a member of staff, a relative or any other person (this could take the form of advice, support or investigation);
- Protect and support individuals where abuse is established;
- Involve all appropriate agencies when necessary.

Under the **Protection of Children and Vulnerable Adults (NI) Order 2003**, DCA has a right to request background and criminal records checks on all volunteers through **the Access NI Disclosure Service**.

#### **DEFINITIONS AND MAIN FORMS OF ABUSE**

The Department of Health and Social Services in its guidance on abuse of vulnerable adults defines abuse as:

*“The physical, psychological, emotional, financial or sexual maltreatment or neglect of a vulnerable adult by any other person. The abuse may be a single act or repeated over a period of time. It may take one form or a multiple of forms. The lack of appropriate action can also be a form of abuse. Abuse can occur in a relationship where there is an expectation of trust and can be perpetrated by a person / persons, in breach of that trust, who have influence over the life of a dependant, whether they be formal or informal carers, staff or family members or others. It can also occur outside such a relationship.”*

The main forms which abuse can take are: -

#### **PHYSICAL ABUSE**

Physical abuse is violence, resulting in bodily harm or mental distress. It includes assault, unjustified denial of rights and restrictions of the freedom of movement. However, in some

instances it can be difficult to confirm as injuries can be sustained through frailty and other medical conditions. Medical opinion may be required as not all cases of bruising are due to abuse.

### ***SEXUAL ABUSE***

This is the involvement of a vulnerable person in sexual activities to which they have not consented or are unable to give consent, or that breaches the law as it affects all adults.

### ***FINANCIAL ABUSE***

This involves a theft or obtaining money, objects or property belonging to a person, who is vulnerable. It is accomplished by withholding benefit, force or through misrepresentation

### ***PSYCHOLOGICAL AND EMOTIONAL ABUSE***

This is the threat of violence or isolation, including name-calling and other forms of assault. It also includes denial of basic rights, inclusive or choice, opinion or privacy.

### ***MISUSE OF MEDICATION***

The deliberate over or under use or withholding of medication.

### ***NEGLIGENCE***

Negligence is the breach of duty or carelessness that results in injury of the vulnerable person. This may include the withholding of help in performing activities of daily living. Sometimes this form of abuse may be passive e.g. a failure to understand or respond to the implications of a medical situation. It needs to be recognised however that sometimes this lack of understanding may result from inadequate counselling, supervision and training or information.

### ***CONSENT***

Investigations of abuse should normally proceed with the consent of the person who has been or is suspected of having been abused where he / she is able to give consent. There may be circumstances where the abused person withholds their consent to further investigation or referral to the police or is not in a position to give meaningful consent.

In deciding whether to proceed in the absence of consent the following questions should be considered:

1. Did the abused person give meaningful consent to the act, relationship or situation, which constitutes mistreatment?
2. Will or can the abused person, give meaningful consent to action being taken about the mistreatment?

To be meaningful, consent must be freely given on the basis of knowledge, understanding and equality of relationship. Meaningful consent cannot be determined easily, and no procedure can be written that will clearly identify when it has or has not been given. All the issues outlined below have to be considered carefully to determine whether consent to the abusive act or to investigate action by volunteers, has or has not been given. It is essential, except when the position is clear,

for volunteers to consult with their senior committee member and appropriate staff from other agencies and to consider how the legal framework affects the particular situation before deciding on the appropriate response / action.

It is always necessary to determine whether the person could consent and whether he or she did consent.

These issues need to be dealt with as discrete stages because abuse occurs when any of the following conditions apply:

- i. The person does not consent;
- ii. The person is unable to give consent because:
  - a) The severity or nature of their condition significantly undermines their understanding of the activity, agreement, relationship or incident;
  - b) The law, as it affects all adults, takes the position that there are:
    - Some people who cannot consent (under 17s for example)
    - Some acts to which people cannot give their consent (e.g. anal intercourse)
    - Some relationships within which consent cannot be given, (e.g. incestuous relationship)
- iii. Some other barrier to consent is present for the vulnerable adult in this particular relationship or situation, which means they are subject to undue pressure.

Individuals are usually able to make judgements on their own behalf. However, there may be situations or relationships where they are under considerable pressure, which makes it difficult for them to say "NO" and thereby risk displeasing the other person. In such a situation, even if the vulnerable adult seems to be going along with the activity, consent is not being freely or meaningfully given, as there is no real choice on the part of the individual concerned. These barriers are essentially about inequality and include:

1. The presence of a parental, or familial relationship between the persons involved;
2. The presence of an authority or care taking relationship between the persons involved;
3. The use of a weapon, threat of injury, or use of force by the other person;
4. The presence of a power imbalance between them, which precludes consent by the weaker person.

Volunteers should be conscious that even within a culture where people are valued and self-advocacy and independence are encouraged; the relationship can still be unequal.

In situations where an abused adult is refusing consent to action being taken about abuse, volunteers will have to determine whether the abused adult is able to make this decision and is doing so of their own free will. In most situations the rights of the individual should be respected but there will be situations in which volunteers will be bound by their ethics, agency, contracts or law to disregard the individual's wishes. In these cases, it should be explained clearly that they may not be able to keep information received confidential. These will be difficult decisions which will only be made after consultation with the line manager and should always be discussed with the vulnerable adult prior to the action being taken.

## **Procedures**

### **Introduction**

The procedures, which follow, provide a framework within which organisations may develop their own procedures.

The framework is designed to take account of:

- The range of settings in which abuse may arise;
- The different forms that abuse can take;
- The varying levels of risk and danger to the individual concerned;
- The varying degrees of urgency, which may be required in responding to referrals.

The primary purpose of these procedures is to ensure that vulnerable adults are protected from abuse and the underlying causes of abuse addressed. They should be carried out in a way that most effectively resolves the problem raised with the minimum of disruption and delay for those involved, consistent with legal policy requirements.

The procedures do not operate independently of existing procedures and disciplinary procedures. These procedures may need to take precedence over the vulnerable adult protection procedures in particular cases. Where there is evidence that a criminal act has been or is about to be committed, it may be necessary to involve the police and to suspend the operation of the procedures.

In applying the abuse procedures, the underlying principle should be that only action that is necessary to protect the individual (and any others who may be affected) and to resolve the situation should be taken. Ideally, abuse referrals will be resolved without recourse to the full procedures by timely and professional intervention by those workers / volunteers who are close to the individual concerned. The procedures are designed to allow for matters to be resolved in the most appropriate way at any stage of the process of inquiry or investigation.

The general approach to investigating abuse will be the same irrespective of setting. This means that within each setting the response should be appropriate to the circumstances of each case and the inquiry or investigation will follow the broad process, with similar opportunities to resolve matters at any stage, if appropriate.

However, if there is a question of staff / volunteer involvement in the alleged or suspected abuse in any of these settings, the disciplinary procedures will be applied and, if any other action is considered necessary to protect the individual or to resolve the situation, full account will have to be taken of the impact on the disciplinary inquiry. Similarly, if the complaints procedure is invoked, this will become the primary means through which inquiry is conducted.

## **ALLEGED ABUSE BY STAFF / VOLUNTEERS**

Where staff or volunteers have been alleged to have been the perpetrator(s) of an abuse or where, on initial inquiry there are grounds to suspect that staff or volunteers may have been the perpetrator/s, it will be necessary to pursue any investigation through disciplinary procedures. The primary role of the abuse procedures would then be to ensure that the alleged victim of abuse was protected from further abuse and was offered support, counselling and practical assistance.

Any volunteer of DCA should, on suspicion of abuse or on receipt for such information, inform his / her Chairperson. The Chairperson is required to seek as much information as is necessary to

make an informed judgement about the need to refer for investigation, e.g. in the case of bruising, medical advice should be sought to rule out contributory medical condition.

The judgements made at this stage can be subject to consultation with fellow support workers and professional personnel. However, any decisions made should be within the professional competence of those involved. Taking the example quoted of bruising, the decision not to proceed would be based on medical advice and guidance probably from a GP; this advice should be clearly noted on the person's file.

In all instances where an investigation is not pursued, the reasons for this decision, the personnel involved, and any contrary advice should be clearly noted. The file note should be signed by the volunteer involved and countersigned by the Chairperson. Where there is a difference of opinion as to whether the investigation should be pursued a senior volunteer should consult with the Chairperson. Outside normal office hours, referrals should be made to the Chairperson who may then contact Social Work staff undertaking after-hours duty.

Where physical, sexual or financial abuse has taken place the individual should be informed of his / her rights under law protection, for example in informing the police of theft, fraud or assault. This would be particularly the case where an individual does not suffer from any form of mental disorder. If dementia, learning disabilities, brain injury or mental illness is a factor, a professional judgement will have to be made as to how these matters should be dealt with. The advice of the psychiatrist / psycho-geriatrician may be sought.

Where abuse has been suspected, DCA must take immediate action to prevent or stop abuse, while recognising the vulnerable adult's right to refuse protection. In any case physical or other forms of abuse, complete medical assessment should be considered. While a competent vulnerable person may refuse protection, it is the duty of DCA to actively encourage the person to participate in an action plan to prevent recurrence of the abuse. Again, a detailed record of the decision and reasons for it will be clearly noted.

Having established the risks, an Agreed Protection Plan will be required. Its purpose will be to minimise risks and improve the quality of life of the client. Where appropriate there should be an agreed plan to work with the perpetrator.

The roles and responsibilities of each professional group will also be agreed with an appropriate recording mechanism to facilitate the sharing of information between professionals regarding the client and the perpetrator. Where the perpetrator poses a risk to others consideration should be given to the need to share this information with other professionals.

All decisions must be accurately recorded, and reasons noted for the decision that was made.

## **NOTIFICATION TO POLICE**

Where there is evidence, a crime has been committed the police should be notified. If there is doubt that a crime has occurred, legal advice should be sought and / or the appropriate liaison officer should be consulted. In all circumstances the need to involve the police should be discussed fully with the client. Where possible their agreement should be obtained.

A decision about whether the police should be notified will vary according to circumstances, but the following should be considered:

- a) If there is a legal requirement to do so, this will override all other considerations.
- b) The clients expressed wish, if capable of making this judgement.

- c) The assessed implications for continuity of the relationship between the vulnerable person and the abuser.
- d) Whether or not police action will be possible e.g. in the absence of a complaint.

## **Forms of Abuse and Associated Indicators**

(From DHSS Guidance on Abuse of Vulnerable Adults)

The indicators listed below under each form of abuse are not exhaustive nor should they be taken as definite proof that abuse has taken place. Many could equally indicate an alternative form of abuse. There may be other indicators that should not be ignored. The victim may be subject to a number or forms of abuse.

Adults with particular disabilities can be more sceptical to certain types of abuse than others. For example, adults with a learning disability may be unwitting victims of sexual or financial abuse.

Often the victims will be too intimidated, or afraid to complain that he or she is being abused. Those with communication difficulties may be unable to make their complaints understood.

Any suggestion that all is not well should be seen as an indicator of possible abuse of one form or another.

## **PHYSICAL ABUSE**

The consequences of physical abuse can range from mild discomfort to serious injury and even death through:

- > Physical assault
- > Deprivation of nutrition
- > Force-feeding
- > Deliberate administration of inappropriate medication
- > Withholding prescribed medication
- > Over sedation
- > Inappropriate restraint

## **INDICATORS**

- > Multiple bruising
- > Black eyes
- > Bite marks
- > Injuries not consistent with explanation given
- > Explanations of injuries inconsistent with medical findings
- > Repeated attendance at GP surgeries or casualty Departments for injuries, which are not adequately explained
- > Signs of malnutrition
- > Signs of force-feeding, e.g. bruising around mouth
- > Poor safety standards
- > Inadequate heating

- > Inappropriate drug therapy
- > Non-treatment of illness or injury
- > Substance misuse
- > Withdrawal of supplied aids e.g. hearing aids, glasses etc.
- > Change in personality / behaviour

## **SEXUAL ABUSE**

This is involvement in sexual activities to which consent has not been given or cannot be given, or which violate the social / sexual taboos of family roles, or which is against the law. Consent is the voluntary acquiescence to the sexual activity based on adequate knowledge of its nature, purpose and consequences. Staff / volunteers should have a clear understanding of the complexities involved in ascertaining someone's ability to give consent.

Sexual abuse can take many forms:

- > Lewd or licentious behaviour
- > Pornographic photography
- > Indecent exposure
- > Harassment, serious teasing or innuendo
- > Touching, especially of breasts, genitals, anus or mouth
- > Penetration or attempted penetration
- > Masturbation of either or both persons

*INDICATORS* – these are only indicators and they could be an indication of the onset of illness rather than sexual abuse.

- > Signs of avoidance or fear
- > Pain, bruising or bleeding in the genital, vaginal or anal areas
- > Blood-stained underclothing
- > Difficulty walking or sitting
- > Frequency of urine
- > Other discharges
- > Venereal disease
- > Oral bruising or ulceration
- > Inappropriate relationships
- > Overt sexual behaviour / language
- > Lovebites
- > Change in personality / behaviour

## **PSYCHOLOGICAL / EMOTIONAL ABUSE**

Psychological and emotional abuse can be particularly difficult to detect. It can be inflicted by:

- > Intimidation, humiliation, harassment, threatening or insulting behaviour, causing fear, rejection, verbal abuse
- > Lack of appropriate stimulation

- Denial of basic rights including choice, opinion or privacy
- Overprotection – not allowed to live a normal life
- Involuntary isolation

#### *INDICATORS*

- Withdrawn, agitated or fearful behaviour
- Isolation
- Inappropriate or improper dress
- Unkempt or unwashed
- Overt subservience, anxious to please
- Denied or unreasonably restricted access
- Change in personality / behaviour

#### **FINANCIAL ABUSE**

Financial abuse is interference with or deprivation of finances by any of the following means:

- Theft
- Withholding money or benefits money
- Forced signing over of social security benefits, pensions or other property
- Withdrawal of money from bank or other accounts
- Deprivation of appropriate care in order to retain benefits both cash and kind
- Refusal of care because of financial cost
- Blocking access to material goods
- Misuse of property or finances
- Inappropriate charging for services
- Fraud

#### *INDICATORS*

- Unpaid bills
- Lack of appropriate clothing
- Lack of food
- Unkempt appearance
- Unexplained withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Inappropriate interest by family members or others in assets

#### **NEGLECT**

Neglect is the willful failure to provide appropriate care and may include:

- Failure to provide care and attention
- Failure to access available support
- Omission in exercise of duty to care

- > Provision of inappropriate care and attention
- > Deprivation of equipment

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If a police investigation is undertaken the implementation of these procedures may have to be suspended. There may remain a requirement to provide support to the client. This will require close liaison with the police.

### **SUMMARY**

The procedures outlined the steps through which the investigation progresses. At the points noted it is possible for professionals to agree that no further action is required within the procedures. Professionals are encouraged to make decisions within their own competence to resolve concerns raised.

### **TRAINING**

All providers including the independent sector should ensure that all of their voluntary workers who come into contact with vulnerable adults are aware of their organisations code of practice and procedures for responding to situations where abuse is suspected or alleged.

Voluntary workers should be aware of the signs of potential abuse and know what immediate action to take.

It is likely that many volunteers in different work settings, will require training, ranging from awareness raising to more intensive training for specialised roles. DCA is committed to ensuring that training is promoted as an integral part of the vulnerable adult protection strategy and that those who work together should be facilitated to train together.

The training strategy developed should take account of the following:

- a) Programmes should be based on the identified needs of all relevant volunteers;
- b) All relevant volunteers should be trained in Vulnerable Adult Abuse Awareness, including the recognition of signs of potential abuse and what immediate action to take.

### **DESIGNATED SAFEGUARDING OFFICER**

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