

# Camden Mental Health Consortium

## Policy and Guidance on the Protection of Vulnerable Adults

### 1. Policy Statement

It is Camden Mental Health Consortium's policy to protect vulnerable adults from any form of abuse where possible.

We do this in the context of recognising that our members are adults who are capable of making their own choices and taking responsibility for themselves, however, we are also aware that, on occasions, issues like relapse or breakdown may affect their ability and/or the amount of support needed to do this, on these occasions they may come under the legal definition of a 'vulnerable adult'

#### 2.1. Introduction

The Safeguarding procedure applies to those persons considered to be 'vulnerable adults' as defined in 2.2 below and it does not seek to interfere with the actions that any adult can take under criminal or civil law to protect themselves.

The procedure must be followed by all staff, Board members and volunteers who work for the Camden Mental Health Consortium.

The purpose of the procedure is to ensure that workers know what their responsibilities are, what action they should take and to whom they should report concerns about actual or suspected abuse of a vulnerable adult.

#### 2.2. Definition of 'vulnerable adult'

For the purposes of the safeguarding policy and procedure 'vulnerable adult' refers to anyone who is 18 or over who:

- Is or may be in need of community care services by reason of mental or other disability, age or illness (including mental disorder within the meaning of the 1983 Mental Health Act)

**and**

- Is or may be unable to take care of himself or herself

**or**

- Is unable to protect themselves against significant harm or serious exploitation

(Definition used in *No Secrets* and taken from *Who Decides?* Lord Chancellor's Office 1997)

Vulnerability may be a permanent or temporary state.

### **2.3. Definition of abuse**

'Abuse is a violation of an individual's human and civil rights by any other person or persons.' (*No Secrets*)

It is treatment of an individual that causes significant harm and can result in the deterioration of a person's physical, emotional, social or behavioural development.

When intervention is necessary to reduce risk, this should be made explicit to the person concerned and should be pursued in a manner that least disrupts the person's life and ensures her or his maximum involvement in decision-making.

In determining how serious or extensive abuse must be to justify intervention, a useful starting point can be found in *Who Decides?* Building on the concept of 'significant harm' introduced in the Children Act 1989, the Law Commission suggested that:

*'Harm should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.'*

### **2.4. Types of abuse**

Abuse may be categorised into the following types:

- Physical
- Sexual
- Psychological
- Financial and material
- Neglect and acts of omission or inadequate care

- Discriminatory abuse (including racist abuse, sexist abuse and that based on a person's disability, and other forms of harassment, slurs or similar treatment)

These are not mutually exclusive and many situations will involve a combination of types of abuse.

Abuse reflects a lack of respect and is an infringement of legal rights. It may be an abuse of power and, in some cases, may constitute a criminal act.

Abuse may be a single incident but is more likely to be part of a systematic pattern.

Incidents of abuse may occur to one person or to more than one person at a time.

Abuse may be a deliberate act or it may be the result of a failure to act appropriately. It may be caused intentionally or unintentionally but nevertheless causes significant harm or distress to the vulnerable person either temporarily or over a period of time.

## **2.5. Risk factors**

The factors that may precipitate abuse are complex and not always fully understood, but there are a number of factors that may contribute to a greater risk of abuse occurring:

- Degree of physical or mental dependence on another person
- Communication difficulties or breakdown between the vulnerable person and others
- Personality changes in the vulnerable adult
- Excessive stress on carers in combining their caring role with other demands or life circumstances
- History of poor or abusive relationships within the vulnerable adult's close network
- Social isolation of the vulnerable adult and their carer
- Extreme physical or behavioural demands involved in caring for the vulnerable person

## **2.6. Who abuses**

Vulnerable adults can be abused by a wide range of people, including:

- Relatives or family members
- Professional staff
- Board members

- Paid care workers
- Volunteers
- Other members
- Neighbours
- Friends and associates
- People who deliberately exploit vulnerable people
- Strangers

Abuse can take place in a variety of settings.

It is therefore important that members are alert to the risks of abuse.

Abuse can take place within both personal and professional relationships. It can be carried out by other vulnerable adults who are members and/or service users or by people who deliberately form a relationship with a vulnerable person in order to exploit them.

Criminal acts carried out by strangers may warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care setting. Nevertheless, in some instances it may be appropriate to invoke the safeguarding policy and procedure to ensure the vulnerable person receives the services and support they need. Such procedures may also be used when there is potential for harm to other vulnerable people.

### **3. Camden Borough User Group (CBUG)**

We expect members to be well enough to perform their duties. If a member of CBUG (Camden Borough User Group) becomes ill and therefore vulnerable we will ask them to get support from the appropriate community care team. Unfortunately we would have to ask them to leave CBUG until they become well again. CBUG has no facility, expertise or qualifications to help members who become unwell. If a member makes allegations of abuse we will encourage them to make contact with the local authority who have the expertise and proficiency in dealing with and pursuing such situations.

Whilst we deal with people with historic mental ill-health we also come into contact with vulnerable adults through the Patients Council and Befriending. Therefore the only time that members of CBUG should come into contact with vulnerable adults is when visiting the psychiatric wards in Camden. Please see the separate policy relating to Patient's Council and Befriending for more clarification on this.

### **4. Prevention of abuse**

In order to safeguard against abuse it is important to establish and maintain appropriate professional boundaries and positive relationships in all contact with members.

In addition to maintaining positive professional relationships with clients it is also important to maintain them with colleagues, Board members, internal staff and also staff from other agencies. This contributes to protection from abuse by ensuring there is an environment in which team working, respect and co-operation are the norm.

### **5.1. Practice Guidance**

It is important that all concerns about possible abuse should be reported. Particular awareness should be paid to those adults where concerns have been expressed previously.

### **5.2. Alerting**

Alerting refers to the responsibility of recognising abusive situations and informing the relevant person/organisation.

The following checklist is a summary of the key features of **alerting**:

- To be seen to take any allegations seriously;
- Where the allegation comes directly from the alleged victim, to accept it and to avoid making comments other than to be supportive or sympathetic;
- To ensure the immediate safety / welfare of the alleged victim, including consideration of urgent medical attention (through the appropriate services)
- Where the alerter is a member of staff, Board member or volunteer, to report the concerns **urgently** to your manager (usually your direct line manager) – always report, don't assume someone else already has.
- To state concerns clearly – don't use euphemisms
- To keep a careful accurate record of the concerns, clearly separating them from opinion (remember that the record may be required later as part of any legal action)

### **5.3. Responding**

*The way you respond is important:*

- Remain calm.
- Listen very carefully to what you are being told.
- Reassure the person by telling them that:
  - they have done the right thing by sharing the information with you;
  - you are treating the information seriously;
  - the abuse is not their fault (if the information is being shared by the `victim`)
- Explain that you are required to share the information with your line manager.
- Reassure the person that any further investigation will be conducted sensitively and with their full involvement, wherever possible.
- Report the information to your line manager at the earliest opportunity.
- Make a written record of what the person has told you.
- Do **not** ask questions or press the person for more details (this may be done during any subsequent investigation, so it is important to avoid unnecessary stress and repetition for the person concerned).
- Do **not** promise to keep secrets.
- Do **not** make promises that you are unable to keep.
- Do **not** contact the alleged `abuser` or `alleged` victim (depending on who is sharing the information.)
- Do **not** be judgemental (e.g. `Why didn't you try to stop them?`)
- Do **not** break the confidentiality agreed between the person disclosing the information, yourself and your line manager. Do **not** talk to other staff members, or CMHC members about the information shared with you (e.g. `It's awful, you'll never guess what I've just been told`)

#### **5.4. Reporting**

*You have a duty to report if you see, hear about or suspect abuse:*

- Take any urgent action as appropriate to protect the vulnerable adult from any immediate danger.
- Pass on the information to a relevant manager.

- Avoid asking investigative questions or making comments about what has happened.
- Act in accordance with the vulnerable adult's wishes where possible.
- Support and reassure the vulnerable adult throughout.
- Refer to related policies.

#### **5.4. Ensuring immediate safety**

In cases where it is known or strongly suspected that there may be a risk to the life of a vulnerable adult, or a likelihood of immediate harm, contact with the police and other emergency services must be made **immediately**.

If there is evidence or suspicion that a crime has been committed against the person or his or her property, then the police must be contacted **immediately** and all care must be taken to preserve evidence wherever this is possible. Again, the alleged victim should give consent to this action if possible.

Potential evidence, which could be used in subsequent investigation of alleged abuse, whether criminal or not, should be preserved in all cases: for example, written records, case notes, identifying staff who have directly observed abuse occurring and security video recordings.

Staff, volunteers and Board members should be mindful of their own and others' safety and not confront the alleged abuser unnecessarily. If it is likely that the police will be involved, the alleged abuser should not be questioned about their involvement in the incident. If they have to be informed about the nature of the allegation, any response should be recorded and this record should be signed and dated as it may, potentially, form an exhibit in any future prosecution.

#### **5.1. Recording**

All records must be legible, signed and dated.

Any suspicion or allegation must be recorded and signed/authorised by the line manager as soon as possible within the agency's record-keeping system. This means any log and incident books used. The record should include an accurate detailed account of what was said by the alleged victim, any other significant discussions and what was observed.

It is important to remember that the courts, when investigating matters of abuse, can secure any records or reports. Courts may be particularly interested in records made at the point of disclosure or shortly afterwards.

## **5.6. Police**

If it appears that the circumstances of a particular incident may amount to a crime or that the situation requires police involvement for other reasons, then the community safety unit based at Holborn Police Station should be contacted on 020 8733 6476 or via email on [csu.camden@met.police.uk](mailto:csu.camden@met.police.uk). If the matter requires urgent police action then contact can be made with the borough control room on 020 7404 1212. In an emergency, please phone 999 as this will result in a quicker response than a call to the borough control room.

## **6. Conclusion/further reading**

Abuse is such a current and emotive issue that there is a danger of it being seen everywhere, alongside the danger that it is never considered a possibility. It is important to avoid both extremes by maintaining awareness that abuse is one of a number of things that may affect mental health.

Related policies/procedures:

- Code's of conduct
- Disciplinary procedure
- Whistle blowing policy/procedure
- Complaints procedure
- Patients Council and Befriending policy/procedure
- Policy Statement on Criminal Record Bureau Disclosure Requirements
- Policy on secure handling, storage, use, retention and disposal of disclosures and disclosure information
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## **Appendices**

Appendix 1. Legal and statutory provisions (Taken from Camden adult protection procedure: version 1, October 2003)