



## **BEACON HILL SCHOOL**

### **ADULT PROTECTION POLICY**

#### **1. PURPOSE**

The Adult Protection Policy:

- Defines the principles and procedures under which employees will work in relation to Adult Protection.
- Works towards ensuring the safety of all vulnerable adults who access services at Beacon Hill@Queen Alexandra.
- Works towards minimizing risks in relation to Adult Protection within the centre.
- Ensures that workers adhere to British law and Government policy in relation to Adult Protection.
- Ensures that workers embrace a consistent approach in relation to Adult protection.
- Promotes partnership working between Beacon Hill@Queen Alexandra, private and voluntary organisations and statutory agencies.

#### **2. POLICY STATEMENT**

It is not the responsibility of staff to take decisions regarding Adult Protection. If staff have any concerns no matter how small they might seem, they must report them immediately to the Safeguarding Officer or the Head Teacher. It is the responsibility of Social Services to make any final decision.

#### **3. PRINCIPLES**

- 3.1 Beacon Hill@Queen Alexandra believes that safeguarding vulnerable adults is everyone's responsibility. It is a responsibility present in every aspect of our work. The vulnerable adult will be treated with dignity and respect at all times.
- 3.2 The Beacon Hill@Queen Alexandra adheres to the central principle of Protecting Vulnerable Adults from Abuse "No Secret 2000" Inter-agency Policy, Procedures and Practice Guidance, which states that when providing services for a vulnerable adult, that adult's right to protection from harm shall always be the overriding priority.
- 3.3 Beacon Hill@Queen Alexandra is committed to promoting the welfare and safety of all vulnerable adults accessing the centre regardless of age, culture, religion, gender, sexuality, disability or decision making capacity or incapacity.
- 3.4 Beacon Hill@Queen Alexandra recognises the need for working in partnership with other agencies in order to protect vulnerable adults, and will work towards a professional culture of openness and co-operation whilst maintaining professional confidentiality.
- 3.5 Beacon Hill@Queen Alexandra will keep up to date with Local Authority Guidelines that apply within North Tyneside and will work within them, liaising with the Safeguarding Committee and Adult Protection Team when appropriate.
- 3.6 Beacon Hill@Queen Alexandra will take all concerns or allegations of abuse of a vulnerable adult from workers, other professionals or members of the public seriously and report to Social Services where appropriate.

- 3.7 Beacon Hill@Queen Alexandra will, when dealing with adult protection, follow relevant training, legislation, Government and Local Authority Policies and adhere to centre procedures.
- 3.8 Beacon Hill@Queen Alexandra will strive to support vulnerable adults and workers when involved in a vulnerable adult abuse allegation through appropriate means such as professional counselling.
- 3.9 Beacon Hill@Queen Alexandra will always tackle and address behaviour that is characterised as abuse.
- 3.10 If an allegation of abuse is received Beacon Hill@Queen Alexandra will inform the Police when necessary and relevant statutory organisations immediately.
- 3.11 Beacon Hill@Queen Alexandra recognises that young people, whether children or adults, have a right to be informed, appropriate sex education in line with the school's scheme of work. Parents will be informed of the content of this education on a termly basis.
- 3.12 It is good practice for parents to be informed of any referral under adult protection procedures. However there may be occasions when, following consultation with appropriate professionals, this will not be the case e.g when a parent is the suspected abuser. The views and wishes of the vulnerable adult will be taken into account in making the decision whether or not to inform parents.
- 3.13 Beacon Hill@Queen Alexandra will have regard to the provisions of the Mental Capacity Act 2005 and its Code of Practice when working with adults who appear to lack decision making capacity on adult protection issues.

#### **4. ROLES AND RESPONSIBILITIES**

**4.1 Governors through the "Stay safe and Be Healthy Committee** will have overall responsibility for:

- ensuring that this policy is adhered to and for monitoring the effectiveness of it.
- ensuring compliance with legal and Government and Local Authority requirements.
- keeping in line with best practice.
- ensuring an appropriate adult protection induction, support and training programme is in place and implemented.
- ensuring recruitment procedures are implemented to safeguard vulnerable adults welfare.
- overseeing an annual review of this policy
- The designated governor is Sheila Clapperton.

**4.2 Designated Safeguarding Officer currently Anne Moran** will have overall responsibility for:

- reporting any adult protection concerns to Social Services or the police
- ensuring that they have an understanding of all relevant legislation and local procedures, and to ensure that other workers have an adequate level of understanding of adult protection and their responsibilities.
- liaising with the Area Safeguarding Committee and local Social Services Department and Police when appropriate.
- attending adult protection meetings with workers involved in adult protection cases.
- ensuring workers and the victim are supported during and after incidents involving adult protection and referrals to Social Services or the police.
- identifying available counsellors for external professional support when needed.
- feeding back appropriate information to workers involved in an adult protection case.

**4.3 Head Teacher** will have overall responsibility for:

- ensuring that this policy is implemented and is adhered to.
- providing staff with opportunities to discuss adult protection cases.

- providing extra support opportunities for the worker involved in an adult protection case or refer a worker onto an available counsellor so that they can receive extra support.
- ensuring appropriate training and support is available to all workers.
- supporting a worker for as long as necessary regarding adult protection cases.
- arranging appropriate regular and ongoing training and support for workers.
- reporting any incidents of adult protection to the Commission for Social Care Inspectorate and following their guidelines.
- Reporting allegations or concerns of vulnerable adult abuse to Social Services, or Police, when the Safeguarding Officer is unavailable.

#### **4.4 All Staff and Volunteers will have responsibility for:**

- ensuring they are aware of the aim of adult protection and its related issues.
- adhering to this policy and its procedures.
- reporting any incidents or concerns regarding vulnerable adults well-being or safety to the Safeguarding Worker, or Head Teacher immediately.
- recording any incidents or concerns of an adult protection nature.
- attending induction and other training courses and ongoing training in adult protection.

If a worker suspects abuse the following guidelines are useful.

#### **DO**

- Remember the role of the alerter is to pass on information.
- Stay calm.
- Listen rather than ask questions.
- Believe the person and take them seriously.
- Be empathic.
- Reassure them that they are not to blame
- Be aware that medical evidence may be needed.
- Write down everything that is said in the person's own words as soon as possible, include the date and time.
- Describe the circumstances in which the disclosure came about (noting the setting and anyone else who was there at the time).
- Be aware that your report may be required later as part of legal action Safeguarding Procedures or disciplinary procedure.
- Explain to the vulnerable adult what you are going to do. This could include seeking medical attention if necessary.
- Call the police if it is an emergency or if a crime has been committed.
- Inform your line manager and contact Social Services Duty Team.
- Only share information with colleagues following discussion with your designated line manager.

#### **DO NOT**

- Appear shocked, horrified, disgusted or angry.
- Stop the person from speaking freely.
- Ask leading or investigative questions.
- Promise to keep secrets - you have a duty to pass this information on.
- Make judgement.
- Offer the victim of a sexual and/or physical assault a bath, food or drink until after a medical examination.
- Contaminate or remove possible forensic evidence.
- Make contact with the alleged abuser.

- Question the alleged abuser.
- Alert the alleged abuser to the situation.

Contact numbers:

- First call/Duty Team - 0191 6437979 / 0191 6437366
- Adult Protection Team ( Senior Social Workers) - 0191 6437646/7649/7643

## 5. DEFINITIONS

The term "worker" refers to paid or unpaid staff members or volunteers (including paid and sessional staff, Governors and other volunteers).

The term "vulnerable adult" refers to any person aged 18 or over 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 themselves, or unable to protect themselves against significant harm or serious exploitation. Vulnerable adults may be victims and/or abusers and they may themselves be in a caring role.

**and**

People with learning disabilities, mental health problems, older people and people with disability or impairment are included within this definition, particularly when their situation is complicated by additional factors, such as physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

Adult with decision making incapacity refers to an adult who for a particular decision is unable to make a decision because of an impairment of, or disturbance in the functioning of the mind or brain (definition in Section 2 of the Mental Capacity Act 2005). Adults are presumed to have capacity to make decisions unless there is information to rebut this presumption. If an adult lacks capacity to make a relevant decision concerning adult protection, then the decision needs to be made on their behalf in their best interests.

### Categories of Mistreatment/Abuse

"No Secrets" has identified the main different forms of abuse as:

**Physical Abuse** - Non-accidental harm. Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

**Sexual Abuse** - Contact and Non-Contact Sexual Abuse. Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

**Psychological Abuse** -Actions that impact upon mental wellbeing. 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 supportive networks.

(It is important to note that every other category of abuse will almost inevitably involve elements of psychological abuse).

**Financial or Material Abuse** -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.

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

**Discriminatory Abuse** - Oppressive and discriminatory attitudes towards Vulnerable Adults according to race, gender, disability, sexuality, religion or cultural background.

**Institutional Abuse** - Actions to meet the needs of systems/regimes, which impact upon individuals beyond an acceptable measure.

Any or all these types of abuse may be perpetrated as a result of deliberate intent, negligence or ignorance. Incidents may be multiple, either to one person in a continuing relationship or service context, or to more than one person as a time.

**It is important to note that many situations may involve a combination of the categories listed above.**

For further detail see Appendix One.

**Confidentiality:**

- An individual's wishes cannot overrule an organisation's legal duty to act.
- Informed consent to share information should be obtained but, if this is not possible and vulnerable adults are at risk, it may be necessary to override the requirement.
- Confidential Reporting through 'Whistle Blowing' is a process to enable staff or voluntary workers to raise concerns in the workplace and have those concerns taken seriously. Whilst it is not easy to complain about a colleague's behaviour, everyone has to remember that their first concern has to be the protection and safety of the vulnerable adult, who may need someone to speak on his/her behalf.

**Capacity:**

- Difficulties arise when it is not clear whether the vulnerable person is capable of making a decision or whether the decision is being made under duress or undue influence. All practical steps must be taken to enable a person without capacity to communicate their views and preferences. It should not be assumed that if an adult lacks capacity to make a decision, then the only persons who should make best interests decisions on their behalf are their parents, especially if a parent or, the parents are suspected to be the perpetrator of the abuse. In making a best interests decision, professionals must take into account, if it is practicable and appropriate to consult them, the views of anyone engaged in caring for the adult or interested in his or her welfare (Section 4(7) of the Mental Capacity Act)
- Thus if a parent is the suspected perpetrator of abuse, then staff would not need to obtain parental consent to action, e.g. a medical examination of a vulnerable adult who lacks capacity to make such a decision. That decision should be made by staff in the adult's best interests. Parents of vulnerable adults who lack capacity should not be allowed to veto action taken in that adult's best interests. Staff must fulfil their legal duty of care to the vulnerable adult, whether or not the adult lacks decision making capacity.

**RELATED PROCEDURES: -**

- anti-bullying
- complaints
- confidentiality
- disciplinary
- equal opportunities
- health and safety
- induction programme

- home visits
- recruitment
- emergency use of restrictive physical intervention
- whistleblowing

Beacon Hill@Queen Alexandra will review the design and operation of all policies in order to ensure non-discrimination and best practice in relation to equality of opportunity, equal treatment and valuing diversity.

## APPENDIX ONE

### INDICATORS OF MISTREATMENT/ABUSE

Indicators are the signs and symptoms that draw to our attention the fact that something is wrong. Categories and indicators, like definitions, need to be used as tools to aid professional practice and judgment.

**The presence or absence of indicators does not mean that mistreatment or abuse definitely does or does not exist and care must be taken not to depend entirely upon them.**

The following list is not exhaustive.

#### 1. GENERAL SIGNS

- Difficulty getting access to the vulnerable person;
- Difficulty in interviewing the vulnerable person alone;
- Isolation of the vulnerable person;
- Agency hopping;
- Repeated visits to a General Practitioner or Accident and Emergency Department for no obvious medical reason or where there is no change in medical condition;
- Reluctance to seek General Practitioner help;
- Refusal of support by a known or previous trusted carer;
- One or more other agencies (Police or Welfare) reveal concerns.

#### 2. PHYSICAL ABUSE

Examples of physical abuse include:

- hitting
- slapping
- pinching
- pushing
- hair pulling
- restraint
- physical intimidation
- improper use of medication
- forcible medicating
- attempted smothering
- forcible feeding.

*Indicators of physical abuse include:*

- injuries inconsistent with the account of how they happened;
- lack of explanation as to how injuries happened;
- injuries inconsistent with lifestyle of the victim;
- multiple bruising, particularly in well protected area;
- cluster of injuries;
- changes of behaviour;
- injuries to the person which can be identified as non-accidental or unexplained;
- burns (as per injuries - eg inconsistency etc);
- immersion burns;
- rope burns or marks on arms, legs or torso;
- Munchausen's Syndrome by Proxy (induced or fictitious illness);
- excessive repeat prescriptions;
- fractures (as per burns and injuries);
- cuts not likely to be explained by self-injury;
- subdued personality in the presence of a carer;

- over or under use of medication;
- being left in wet clothing;
- malnutrition when not living alone.

The following can occur very easily in vulnerable adults and, therefore, may or may not be indicators of mistreatment/abuse:

- bruising;
- carpet burns;
- excessive consumption of alcohol;
- general or specific deterioration in health without obvious cause;
- ulcers, pressure damage;
- increasing immobility;
- dehydration;
- minor skin abrasions;
- getting or taking the wrong dose of prescribed medication.

### **3. EMOTIONAL/PSYCHOLOGICAL ABUSE**

Please note that some signs and symptoms of psychological abuse may well be indicative of other forms of abuse taking place.

Example of emotional/psychological abuse include:

- intimidation by shouting or screaming;
- ignoring requests or conversation;
- humiliation;
- withholding of necessary help and assistance;
- denial of requests;
- denial of choices and options;
- denial of privacy;
- denial of access to friends;
- denial of religious or cultural needs;
- denial of access to family members.

*Indicators of emotional/psychological abuse include:*

- air of silence when the alleged perpetrator is present;
- general lack of consideration for the needs of the vulnerable adult;
- vulnerable adult not allowed to express his/her opinion/needs;
- privacy denied in relation to care, feelings or other aspects of life;
- denial of access to the vulnerable adult especially when this person is in need of assistance which he/she will consequently not receive;
- denial of freedom of movement, e.g. locking the vulnerable adult in a room, tying him/her to a chair;
- alteration in the adult's psychological state, e.g. withdrawal or fear;
- incontinence or difficult behaviour perceived as deliberate when it is not;
- self-abuse, low self esteem and self neglect;
- demanding/attention seeking/rejecting behaviour;
- withdrawal from a valued activity;
- sexually inappropriate or overtly promiscuous behaviour.

The following can occur very easily in vulnerable adults and, therefore, may or may not be indicators of mistreatment/abuse:

- insomnia;
- low self-esteem;

- excessive ambivalence, confusion, resignation, agitation;
- change in appetite;
- weight loss/gain;
- tearfulness;
- unexplained paranoia;
- communication problems e.g. hearing, speech or memory;
- aggression.

#### **4. NEGLECT**

Neglect may be deliberate or by default where the alleged perpetrator either is not able to, or does not provide the care needed and may not recognise the need for that care. The alleged perpetrator may also be neglecting him/herself.

*Indicators of neglect are:*

- withholding or failure to provide care, food, clothing or heating which has a detrimental effect on the person's welfare;
- poor physical condition/appearance, skin ulcers or pressure damage, pale/sallow complexion;
- unkempt appearance, poor hygiene, inadequate or dirty clothing, the stench of urine or faeces;
- unexplained weight loss, malnutrition or unexplained weight gain, overfeeding, dehydration;
- reduced mobility or immobility due to a deprivation of aids;
- hypothermia due to inadequate heating or lack of appropriate clothing;
- being left in a wet or soiled bed;
- callers/visitors are refused access to person;
- person is exposed to unacceptable risk;
- unable or denied access to appropriate medical care or medication, including missed medical appointments;
- inappropriate administering of medication;
- inconsistent or reluctant contact with health and social services.

#### **5. SEXUAL ABUSE**

Sexual abuse is where the victim is involved in any sexual activity to which they have not given consent or do not fully comprehend. The adult victim may be of any age, male or female, in or out of a Care Home. The abuse may also take place within a marriage.

Non-contact abuse:

- looking;
- photography;
- indecent exposure;
- harassment;
- serious teasing or innuendo.

Contact abuse:

- touching, e.g. of breast, genitals, anus, mouth;
- masturbation of either or both persons;
- penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers or other objects;

*Indicators (some of the following may also be indicators of medical conditions):*

- vulnerable person appears withdrawn;
- bruising and/or bleeding in external genitalia;
- overt sexual behaviour/language;
- bruising on inner thigh area;

- disturbed sleep (also often associated with the ageing process);
- unexplained difficulties in walking/sitting;
- self inflicted injury;
- pain, itching or injury in the anal, genital or abdominal area;
- reluctance of person to be alone with an individual known to them;
- unexplained behaviour change;
- urinary infections;
- unexplained problems with catheters or going to the toilet;
- stained or bloody underclothing;
- love bites;
- fear of staff offering help with undressing, bathing, etc.;
- sexually transmitted disease or recurrent bouts of cystitis.

## 6. EXPLOITATION OF FINANCE AND/OR PROPERTY

This kind of abuse is extremely difficult to assess. Some general examples might be:

- the use of money or property without the informed consent of the vulnerable person;
- transactions being made which the vulnerable person does not understand;
- stealing;
- pressure to obtain property rights;
- recent change of deeds or title of house;
- preventing sale of property which would release capital to provide domiciliary or residential care;
- misuse of a person's money, possessions, property or insurance or preventing access to them.

*Indicators:*

- sudden lack of money - especially after receiving their benefits / income;
- unexplained withdrawals from accounts;
- sudden inability to pay bills;
- disparity between assets and satisfactory living conditions;
- not wanting to spend (not natural thrift);
- extraordinary interest in the vulnerable person's assets by family, carer(s), friends, staff, or others in contact with vulnerable adult;
- block signing of benefit books;
- carer asks only financial questions of the worker, does not ask questions about care.

## 7. DISCRIMINATORY ABUSE

Discriminatory abuse is **motivated** by oppressive and discriminatory attitudes towards the vulnerable adult.

Discriminatory abuse could include Physical, Sexual, Psychological and Neglect with the following examples:

Physical:

- Providing food that is not culturally or religiously acceptable, i.e. Hallal or Kosher foods, or devout Christians eating fish on a Friday.
- Meals being provided at set times which do not allow flexibility, i.e. for Fasting and Prayer.

Sexual:

- A male carer taking hold of an Asian female may, for example, be totally unacceptable and perceived by the female as a sexual assault on cultural grounds.

Psychological:

- Isolation due to language barriers, access to literature in appropriate languages and freedom of expression and contact with religious leaders.

Neglect:

- Could be the same as Physical in that food may be provided but because it is not culturally or religiously acceptable could not be eaten.

## **8. INSTITUTIONAL (HIDDEN) ABUSE**

Institutional abuse may be hidden and includes the practice of an abusive regime or culture that destroys the dignity and respect to which every person is entitled. It occurs when the individual's wishes and needs are sacrificed for the smooth running of an institution or organisation.

Sometimes, it is difficult to identify organisational practices as abusive and it is easier to define them as inadequate. Examples include.

- Arbitrary decision making by agency / organisation or service.
- Strict, regimented or inflexible routines or schedules for daily activities such as meal times, bed / awakening times, bathing / washing, going to the toilet.

*Indicators:*

- lack of flexibility/choice;
- no opportunity for drinks or snacks;
- lack of choice regarding consultation over meals;
- pressure damage;
- person is unkempt and smells;
- over use of communal items and communal personal toiletries;
- restraint;
- lack of procedures for financial management, medicines, etc.;
- staff member has history of moving jobs;
- senior staff in post for a long time and they have a high degree of authority (this could also be an indicator of a loyal member of staff having stayed in the organisation);
- lack of privacy including editing of mail, restricting visits, control of telephone;
- derogatory remarks overheard;
- public discussion of personal matters;
- inadequate or delayed response to medical request(s);
- missing documents and personal belongings;
- entering rooms without knocking/seeking permission;
- staff in overly controlling relationships with clients.