

Contents

1 Protection from Abuse Policy	2
Purpose	2
Scope	2
Professional boundaries	2
Responsibility	2
Definitions	3
Collaboration with other agencies	3
Confidentiality	3
Risk and protection	3
Equal opportunities	3
Privacy, dignity, independence, choice	3
Recording	4
Staff Support and Training	4
Whistle blowing	4
Register of Abusers	4
Advocacy	4
2 Protection from Abuse - Procedures	5
3 Abuse of Vulnerable Adults – Confidential disclosure form	9
PART 1 (TO BE COMPLETED BY STAFF MEMBER MAKING DISCLOSURE).....	9
PART 2: TO BE COMPLETED BY HEAD OF SERVICE / DIRECTOR / TRUSTEE	10
4 Abuse of Vulnerable Adults – Cases Log	12
USEFUL ADDRESSES – NATIONAL	15
CONTACTS	15

Our designated Safeguarding Officer is: Julia Britton, Director
See Contacts Section for details and other relevant contacts

1 Protection from Abuse Policy

This policy is based on the belief that every vulnerable adult using an Open Door service has the right to live free from abuse.

Purpose

The purpose of this policy is to:

- set out the values, principles and policies underpinning all of Open Door's work with vulnerable adults
- define the procedure to be followed if abuse is suspected
- define the different types and signs of abuse of vulnerable adults and indicate their possible causes and associations
- indicate the legal framework within which abuse can be tackled.

Scope

These procedures cover abuse of vulnerable clients by anyone in a relationship of trust with them - friends, relatives, care staff, housing staff etc.

They are not intended to cover harassment of staff by staff or abuse of staff by clients - harassment or disciplinary procedures should be used.

Nor are they intended to cover incidents not taking place in the context of a relationship, for example a one-off theft which appears to have been perpetrated by a total stranger, burglary, mugging by a stranger in a public place, although aspects of the procedures will apply.

If the suspected abuser is an Open Door employee the disciplinary and/or the whistleblowing procedure should be followed as well as aspects of these procedures:

If the alleged abuser is employed by another agency (private, statutory or voluntary) the abuse procedure should be followed though a manager from the agency at appropriate seniority should be involved with the expectation that the worker should be suspended pending further investigation.

Professional boundaries

All clinicians employed by Open Door are bound by their professional Code of Ethics and the Code of Ethics or their professional body These includes a Code of Practice which defines appropriate professional boundaries, a procedure for making complaints against members and a procedure for disciplinary action.

Responsibility

All staff are responsible for implementing these policies and procedures, in association with their managers and with other agencies. Open Door's Management Team is responsible for monitoring its implementation and reporting to the Board of Trustees through its Clinical Committee.

Definitions

Abuse: “Abuse is a single or repeated act, or lack of appropriate action, usually occurring within a relationship where there is an expectation of trust, and which causes harm or distress to a person”.

Vulnerable adult: “An adult 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 or herself, or unable to protect him or herself against significant harm or exploitation” (“No Secrets” Department of Health guidance 2000 / New Care Act, 2014),

Types of abuse: There are 6 main types of abuse of vulnerable adults: physical, psychological/emotional, sexual, financial, neglect, discrimination.

Collaboration with other agencies

Protecting vulnerable adults from abuse is a complex process. Staff assessment and action on abuse must almost always be in co-operation and collaboration with other agencies, such as social services, doctors and the police.

Open Door is committed to interdisciplinary working with these and other agencies, working within the guidelines of the New Care Act, 2014 government guidance. Open Door also works within the framework agreed in the LB of Haringey and set out in the document ‘*London Multi-agency Safeguarding Adults - Policy and Procedures*’ (April 2019).

Staff are expected to contact lead link abuse officers employed by Social Services and the police in their localities; obtain inter-agency policies/procedures; assist in the development of multi-agency procedures if invited; tap into multi-agency training opportunities.

Confidentiality

Staff are required to respect confidentiality and not divulge information given in confidence unless justified by assessed risk to the vulnerable adult or if required under contract with Social Services, local authorities or agreed through inter-agency protocols.

Risk and protection

Open Door acknowledges that an individual’s rights to an independent life sometimes involving a degree of risk. Where an individual chooses to accept this risk, their wishes should be respected within the context of their capacity to anticipate and understand the risk. Where a number of individuals are at risk, a decision may need to be made to protect others which goes against an individual’s wishes. We will work with other agencies to uphold the right of vulnerable adults to protection from harm and exploitation making constructive use of the law.

Equal opportunities

Sometimes people are the victims of abuse because they belong to a particular group in society. These policies and procedures take account of people’s ethnic origins, gender, sexuality, age, religious and cultural background and are designed to counteract the abuse, whatever its underlying motivation.

Privacy, dignity, independence, choice

Vulnerable adults, for reasons of age, illness, disability or social circumstances will be respected with regards to privacy, dignity, independence and choice.

Recording

Staff must ensure that their recording of facts, incidents, assessments, referrals, case discussions are all sufficient, accurate, concise, up-to-date, legible, dated and factual. Opinions should be kept to a minimum and backed up by factual evidence. These records must be stored in an individual file/electronic record and stored securely in a manner that safeguards the individual's right to privacy and security. These records are available to individuals on request (not third-party information) and may be used as evidence in civil or criminal prosecutions or in disciplinary proceedings.

Staff Support and Training

Support will be provided to staff dealing with serious abuse. Appropriate training on abuse will be provided to staff working with vulnerable adults.

Whistle blowing

Staff are encouraged to act when suspicious that abuse is occurring at work, no matter what the setting, who the perpetrator is or who the victim is. Open Door will respect and not penalise those who stand up for anyone who is suspected of being abused.

Register of Abusers

Under the Care Act 2014, the Government intends to introduce a statutory workforce ban mechanism for people found to be unsuitable to work with vulnerable adults. If required to do so, Open Door is willing to assist in protecting vulnerable adults by ensuring that any Open Door staff member disciplined for abusing a vulnerable adult will be added to the "Protection of Vulnerable Adults" register, and when recruiting staff will take the necessary steps to avoid employing any persons included on that register.

Advocacy

Staff are encouraged to assist victims by putting them in touch with independent advocates.

2 Protection from Abuse - Procedures

Procedure to be used in the event of actual or suspected abuse of a vulnerable adult

When to use this procedure	Whenever abuse of a vulnerable adult is suspected.
-----------------------------------	--

Procedure Follow these steps:

Step	Action	Performance Standard
	<p>Someone who is unconscious clearly lacks capacity. Go straight to Step 3 - Emergency Services).</p> <p>If the situation is not an emergency, step number 4 “consultation with line manager” may be undertaken first.</p>	
1	<p>Establishing Consent by Talking to the Victim</p> <p>Within the limits of your relationship with the alleged victim, their mental capacity, and the complexities of the situation, talk to them about your concerns and the risks involved and seek their consent for any subsequent steps you feel are necessary.</p> <p>Whether and how you do this needs to be a matter of judgement, the underlying principle being that individuals should normally have a right to decide if and how they wish to be helped.</p> <p>If the victim wishes, so long as they are not the alleged perpetrator, close relatives who maintain an interest should be involved by the staff member. However, where an individual has capacity, the decision-making power rests with the individual, not the relatives.</p> <p>If consent is not given, follow step 2 to decide on self-determination and capacity.</p> <p>If language is a barrier to communication, it is important to use an independent interpreter, NOT a family member of someone from a local cultural or religious organisation of which the victim or suspected abuser is a member. Social Services usually have lists and Open Door uses a trusted interpreting service.</p>	Within 24 hours of suspicions/ allegations of abuse
2	<p>Exceptions to Honouring the Victim’s Wishes - Establishing Capacity and Self-Determination</p> <p>If the vulnerable adult does not want a referral to be made then their wishes should be honoured unless:</p> <ul style="list-style-type: none"> • they or others are in physical danger and/or • it is the considered assessment of the staff member and line manager that they are unable/incapable of making an informed decision for themselves* or 	

	<ul style="list-style-type: none"> • they are not the only person affected and risk to others needs to be considered. 	
3	<p>Emergency Services</p> <p>Having obtained consent or ascertained incapacity, contact emergency services (usually the police first) if a vulnerable adult appears to be in immediate physical danger or there is evidence of sexual abuse. If no immediate physical danger is apparent, proceed to step 4.</p> <p>Under no circumstances should staff members put themselves at risk.</p>	Immediately
4	<p>Consultation with Line Manager</p> <p>Discuss suspected abuse or allegation of abuse with their line manager at the earliest opportunity. If the line manager is not available or likely to be available and the staff member considers the matter sufficiently urgent, they should discuss their concerns with a suitable alternative manager and consult the on-call rota of senior clinical staff. The full facts and circumstances of the situation together with all available options and courses of action should be identified and discussed. The following points amongst others need to be considered.</p> <ul style="list-style-type: none"> • The level of the victim’s capacity to be involved in decision making • Whether independent advice from experts, whilst protecting victim’s identity, would be useful before proceeding • Whether a referral to Social Services is appropriate (it will be in most cases) • Whether the police should be brought in at this stage (in the case of sexual abuse immediate referral is essential to ensure that vital evidence is not destroyed) • Whether a doctor needs to be called 	
5	<p>Referral to Social Services</p> <p>If there is a suspicion of abuse or clear evidence of abuse a referral to Social Services should be made without delay, subject to the consent of the vulnerable adult if applicable.</p>	
6	<p>Content of Referral</p> <p>The referral to Social Services should include:</p> <ul style="list-style-type: none"> • personal details of the service user (name, address, age, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical and mental health, any communication difficulties). • the referrer’s job title and involvement • substance of the allegation • details of care givers 	

	<ul style="list-style-type: none"> • details of alleged abuser and current whereabouts and likely movements within the next 24 hours • details of any specific incidents e.g. dates, times, injuries, witnesses, evidence such as bruising • background of any previous concerns • awareness or not/consent or not by the abused, carers, alleged abusers of the referral 	
7	<p>Referral to Police</p> <p>In situations where there is obvious evidence of a criminal offence a simultaneous referral to the police should be made - guidance may be sought from the person taking the referral in Social Services.</p> <p>If immediate referral to the police is not indicated, the decision to do so should be notified to senior managers.</p>	
8	<p>Following Social Services Inter-Agency Guidelines</p> <p>Once a referral has been made to Social Services that department should then work within their own inter-agency guidelines on abuse of vulnerable adults. Open Door staff should be able to obtain a copy of the Social Services guidelines. Open Door staff should co-operate with Social Services and, if they are involved, the police and/or doctors, in accordance with these guidelines. The inter-agency guidelines may include the referrer’s continued involvement through:</p> <ul style="list-style-type: none"> • assistance with any communication difficulties (e.g. sensory impairment, language or speech problems). • verbal or written clarification and amplification of initial referral details • request for further monitoring • attendance at a case conference • discussions with police • request to be a key worker <p>In rare circumstances staff may feel that Social Services are being inappropriately inactive. In such circumstances the staff member should discuss with their line manager whether Open Door should take the initiative, for example by chasing up the Social Services social worker, calling a case conference ourselves or contacting a more senior officer at Social Services.</p>	
9	<p>Exploring Alternative Courses of Action</p> <p>If no referral is made in line with the vulnerable adult’s wishes, then other courses of action should be considered including utilising the help-line advice services provided by other agencies and the situation regularly monitored and reviewed by the front line worker and their line manager.</p>	
10	<p>Ongoing Work with Vulnerable Adult</p>	

	Staff should agree with their line manager a framework for working with the vulnerable adult, whether or not the referral to Social Services has been made or accepted. Within this framework, staff should continue to support and ensure the safety of the vulnerable adult as well as work with other agencies towards the elimination of the abuse.	
11	<p>Locating an Independent Advocate</p> <p>Where it is felt that a vulnerable adult would benefit from having an independent person to represent their interests, and is in agreement, one of the organisations listed in Appendix A should be contacted on the victim’s behalf.</p>	
12	<p>Minimal Action Option</p> <p>Staff should be prepared to accept that in some circumstances little action apart from continued support, recording and monitoring may be the only option due to current legal limitations or the victim’s wishes.</p>	
13	<p>Support of Staff Member</p> <p>The line manager should clarify the staff member’s role, extent of their responsibility and provide the necessary support to the employee either directly or through an agreed other source.</p>	
14	<p>Recording</p> <p>Record account of abuse as verbatim as possible, assessment, options identified, and decisions and actions taken (including no further action) and continue to maintain accurate, legible, concise, factual and up-to-date records during all stages.</p> <p>Complete an Abuse of Vulnerable Adults disclosure form and pass to the appropriate manager.</p>	<p>Immediately after each event/ meeting</p> <p>After following steps 5,6,7</p>
15	<p>Keeping Line Management Informed</p> <p>In situations of suspicion of serious abuse or a series of possibly related incidents, for example a number of thefts from residents, staff should ensure that their managers’ managers are informed.</p>	
16	<p>Implications for Policy, Systems and Procedures</p> <p>The Council of Management will need to consider whether the abuse raises organisational issues which need addressing.</p>	

3 Abuse of Vulnerable Adults – Confidential disclosure form

STRICTLY CONFIDENTIAL – for use by staff

Staff who complete this form should be aware of the rights and limitations placed on them by the Public Interest Disclosure Act (1998) a commentary on which forms part of the Protection from Abuse policy. Open Door cannot advise you as to those rights and limitations but you may wish to contact ‘Protect’ (020 3117 2520), your Trades Union or Citizen’s Advice Bureau first. This Disclosure Form will be treated with the utmost confidentiality and your rights under the Data Protection Act 2018 and GDPR apply. You must fill this form in truthfully and we would ask you also to provide full information. If you do withhold information that is relevant to the disclosure from us, please seek advice from the sources identified in the first paragraph as to where and how these matters should be reported.

Part 1 (To be completed by Staff member making disclosure)

<p>Personal Details: name, designation, address and contact details</p>
<p>Disclosure: please describe very briefly the nature of the disclosure you wish to make (for example, “physical abuse”). We will ask you for a more detailed explanation below.</p>
<p>People Involved: please state the names, and contact details of people involved in this issue, whether victims, witnesses or alleged perpetrators. Do not yet describe their role or what you saw.</p>
<p>Third Parties Informed: please identify any other agencies (for example, Police, Protect etc.) and/or staff of other agencies who have been told of this issue, whether by you or someone else. Contact details of these agencies and/or people should also be provided.</p>

<p>Details of Disclosure: please give full details of the matters you wish to disclose. Please add additional sheets as necessary and attach all relevant documentation or evidence.</p>	
<p>Other Information: please give details of any other points you wish to make, for example, if you are concerned about the consequences of this disclosure for you or anyone else, whether this disclosure of the events that prompted it will have any impact on your ability to do your work, etc.</p>	
<p>Signed (Person making disclosure)</p>	
<p>Date</p>	
<p>Signed (Head of Service / Director / Trustee)</p>	
<p>Date</p>	

Part 2: To be completed by Head of Service / Director / Trustee

<p>Personal Details: name, designation, address and contact details</p>

<p>Action Plan:</p> <p>Please identify your Action Plan to investigate and resolve the matters that have been disclosed.</p> <p>Please identify the names and other details of other agencies and people you intend to involve.</p> <p>Please set out details of any Risk Assessment or Support Plan review work undertaken in the light of this disclosure.</p> <p>Please identify whether investigatory or disciplinary action is to be/has been taken in respect to anyone and give details.</p> <p>Please identify what arrangements were/are being made (where relevant) for the protection and support of people who may be negatively affected by matters relating to this disclosure.</p> <p>Please set out clear timescales and processes being implemented or planned to resolve the disclosures reported and any consequences you can reasonably foresee that they might have.</p> <p>Please attach additional sheets as necessary and attach all relevant documentation and letters.</p>	
<p>Review date: Please identify when this Action Plan is to be reviewed.</p>	
<p>Signed (Head of Service / Director / Trustee)</p>	
<p>Date</p>	
<p>Signed (Director / Trustee) as witness</p>	
<p>Date</p>	

4 Abuse of Vulnerable Adults – Cases Log

Case	Disclosure made by	Date Part 1 Completed	Part 2 Completed by	Date Part 2 completed	Review Date 1	Review Date 2	Review Date 3	Review Date 4	Case signed off
Example	John Smith	20 Aug 2021	Sarah Jones	28 Aug 2021	30 Sep 2021	25 Oct 2021	n/a	n/a	25 Oct 2021
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

OPEN DOOR – VULNERABLE ADULTS - POLICIES, PROCEDURES

16									
17									
18									

Useful Addresses – National

Can be utilised for advice, information, support and advocacy by front-line workers or their managers.

Name of Organisation	Telephone/Email	Hours of Opening
Relatives and Residents Association	0207 359 8136 helpline@relres.org	(Monday to Friday 9.30am-1pm, and Thursdays 6-8pm)
Protect Offers advice on whistle-blowing	020 3117 2520 Contact our Advice Line - Protect - Speak up stop harm (protect-advice.org.uk)	Mon – Fri 9am - 6pm
Ann Craft Trust Protection of children and adults with learning disabilities from abuse. Provide training in this field.	0115 951 5400 ann-craft-trust@nottingham.ac.uk	Monday to Friday, 9am - 5pm
Victim Support Support for witnesses and victims of crime.	08 08 16 89 111	24/7 Support line

CONTACTS

For Open Door the Safeguarding Officer is:

Julia Britton, Consultant Child & Adolescent Psychotherapist, Director
Open Door – 020 8348 5947 ext 89
Emergency contact number 077 621 50770

The Senior Official for purposes of this policy is:

Judy Shuttleworth, Trustee and Chair of Joint Clinical Committee:
judyshuttleworth@hotmail.com

If there are safeguarding concerns, contact Social Services directly:

Contact the First Response Team (adult social services):
Telephone: 020 8489 1400
Email: firstresponseteam@haringey.gov.uk

In an **emergency** call the police on 999

Signed: Julia Britton, Director

