



Leicestershire Multiple Sclerosis Therapy Centre Limited

31 Freemans Common Road, Leicester LE2 7SQ

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www.leicmsstherapycentre.org.uk

Monday to Thursday 9am to 4pm, Friday 9am to 3pm

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Leicestershire MS Therapy Centre

The Protection Adults that may be in need of Safeguarding v.6 03/08/2022

This document covers the policy and procedure for the protection of adults that may be in need of safeguarding whilst at the Leicestershire MS Therapy Centre (LMSTC).

Policy

When someone enters the centre it is the duty of all staff and volunteers of the LMSTC to make sure their time at the centre has been made as safe and enjoyable as possible and all procedures below have been followed.

All adults have an absolute right to be safe from harm.

Procedures

The LMSTC will take all necessary steps to ensure that everyone that visits the centre are to be emotionally and physically safe by:-

- Raising the awareness of the duty of care responsibilities relating to adults in need of safeguarding throughout the LMSTC's staff and volunteers.
- Actively encouraging good practice amongst all staff, and volunteers throughout LMSTC's and promoting wider awareness wherever possible.
- Creating a safe and healthy environment with all our services, avoiding situations where abuse or allegations of abuse may occur.
- Respecting and promoting the rights, wishes and feelings of adults in need of safeguarding. Listening to adults in need of safeguarding minimising dangers and working closely with other agencies.
- Recruiting, training, supervising and supporting staff and volunteers who work with adults in need of safeguarding to adopt best practice to safeguard and protect them from abuse and themselves against false allegations.
- Responding to any allegations appropriately and implementing the appropriate disciplinary and appeals procedures.
- Requiring staff and volunteers to adopt and abide by the LMSTC's Adults needing safeguarding Policy and procedures and code of conduct.
- To provide appropriate training for staff and volunteers to enable them to recognise the potential signs and indicators of abuse and to improve good practice.

- To aid staff and volunteers to respond sensitively and seriously to an adult in need of safeguarding who discloses information about abuse, and be confident and able to take appropriate action swiftly, regardless of whom the allegation is about, e.g carer/member of staff.
- To maintain a level of good working practice at all times and therefore reducing the risk of adults in need of safeguarding under the care of our staff and volunteers.
- To promote the general welfare and wellbeing of adults in need of safeguarding during and within the LMSTC's Services.
- To develop and implement effective procedures for recording and responding to incidents and accidents.
- To develop and implement effective procedures for recording and responding to complaints of alleged or suspected abuse.



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VULNERABLE ADULT PROTECTION v.6 03/08/2022

Code of conduct for the vulnerable adult

This section outlines the behaviour expected of the therapy centres staff, volunteers and trustees who engage with vulnerable adults through the Leicestershire MS Therapy Centre and its services.

This code has been developed to provide advice which will not only help to protect the vulnerable adult, but will also help identify any practices which could be mistakenly interpreted and perhaps lead to false allegations of abuse being made against individuals.

Following this good practice code will also help to protect the LMSTC by reducing the possibility of anyone using their role within the organisation to gain access to a vulnerable adult in order to abuse them.

When working with vulnerable adults for the LMSTC all staff and volunteers are considered to be acting in a position of trust. It is therefore important that staff, volunteers and trustees are aware that they may be seen as role models and must act in an appropriate way at all times and follow the code of conduct.

All members of staff and volunteers are expected to report any breaches of this code to the centre Manager. Staff who breach this code of conduct may be subject to the centre's disciplinary procedures.

Any breach of this code involving a volunteer may result in them being asked to leave the centre. Serious breaches of this code may also result in a referral being made to a statutory agency such as the Police or social Services Department.

When working with vulnerable adults it is important to:

- Always follow the Leicestershire MS Therapy Centre vulnerable adult policy
- Listen to and respect all at all times
- Always avoid favouritism
- Treat people fairly and without prejudice
- Value and take everyone's contributions seriously
- Always ensure equipment is used appropriately and for the purpose it was designed for.

08/2022 Adapted from policies developed by Leonard Cheshire disability media project and NSPCC consultancy services.

- Ensure any contact with centre users is appropriate and in relation to the work of the centre
- Always ensure language is appropriate and not offensive or discriminatory
- Actively involve the centre user in planning activities whenever possible
- Provide examples of good conduct you wish others to follow
- Challenge unacceptable behaviour and report all allegations/suspensions of abuse.

You must not:

- Patronise or treat centre users as if they are silly
- Allow allegations to go unreported
- Use sarcasm or insensitive comments to centre users.
- Act in any way that can be perceived as threatening or intrusive

Other points for staff volunteers to consider:

Staff must:

- Respect a centre users right to personal privacy; encourage them to feel comfortable and caring enough to point out attitudes or behaviour they do not like
- Recognise that special caution is required when you are discussing sensitive issues with vulnerable people.
- Operate within the organisations principles and guidance and any specific procedures

Adults must not:

- Make suggestive or derogatory remarks or gestures in front of centre users.
- Jump to conclusions about others without checking facts
- Either exaggerate or trivialise abuse issues
- Rely on your good name or that of the centre to protect you
- Believe "it could never happen to me"
- Take a chance when common sense, policy or practice suggests another more prudent approach

Trust your judgement when in doubt, if you have serious concerns about the welfare of a vulnerable person contact social services on 0116 3050004 ask for duty social worker on call or the police

WHAT IS ABUSE?

It is recognised that there are four main areas of abuse:

A person may abuse or neglect a vulnerable adult by inflicting harm or by failing to act to prevent harm. Vulnerable adults may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

The Main Forms of Abuse

It is generally accepted that there are four main types of abuse. The following definitions are based on those from Working Together to Safeguard Vulnerable Adults (Department of Health, Home Office, Department of Education and Employment, 1999) (National Assembly for Wales 2000); Co-operating to Vulnerable

Adults (2002) (Northern Ireland); Protecting Vulnerable Adults-A Shared Responsibility (Scottish Executive 1998).

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scolding, drowning, suffocating or otherwise causing physical harm to a child or vulnerable adult.

Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a vulnerable adult whom they are looking after. The situation is commonly described as factitious illness, fabricated or induced illness in a vulnerable adult or 'Munchausen's Syndrome by Proxy' after the person who first identified the situation. A person might do this because they enjoy or need the attention they get through having a sick vulnerable adult.

Physical abuse, as well as being a result of a deliberate act, can also be caused through omission or the failure to act to protect.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a vulnerable adult such as to cause severe and persistent adverse effects on the person's emotional development. It may involve making a person feel or believe that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on vulnerable adults. It may also involve causing vulnerable adults to frequently feel frightened or in danger, or the exploitation or corruption of a vulnerable adult.

Some level of emotional abuse is involved in all types of ill treatment of a vulnerable adult though it may occur alone.

Sexual Abuse

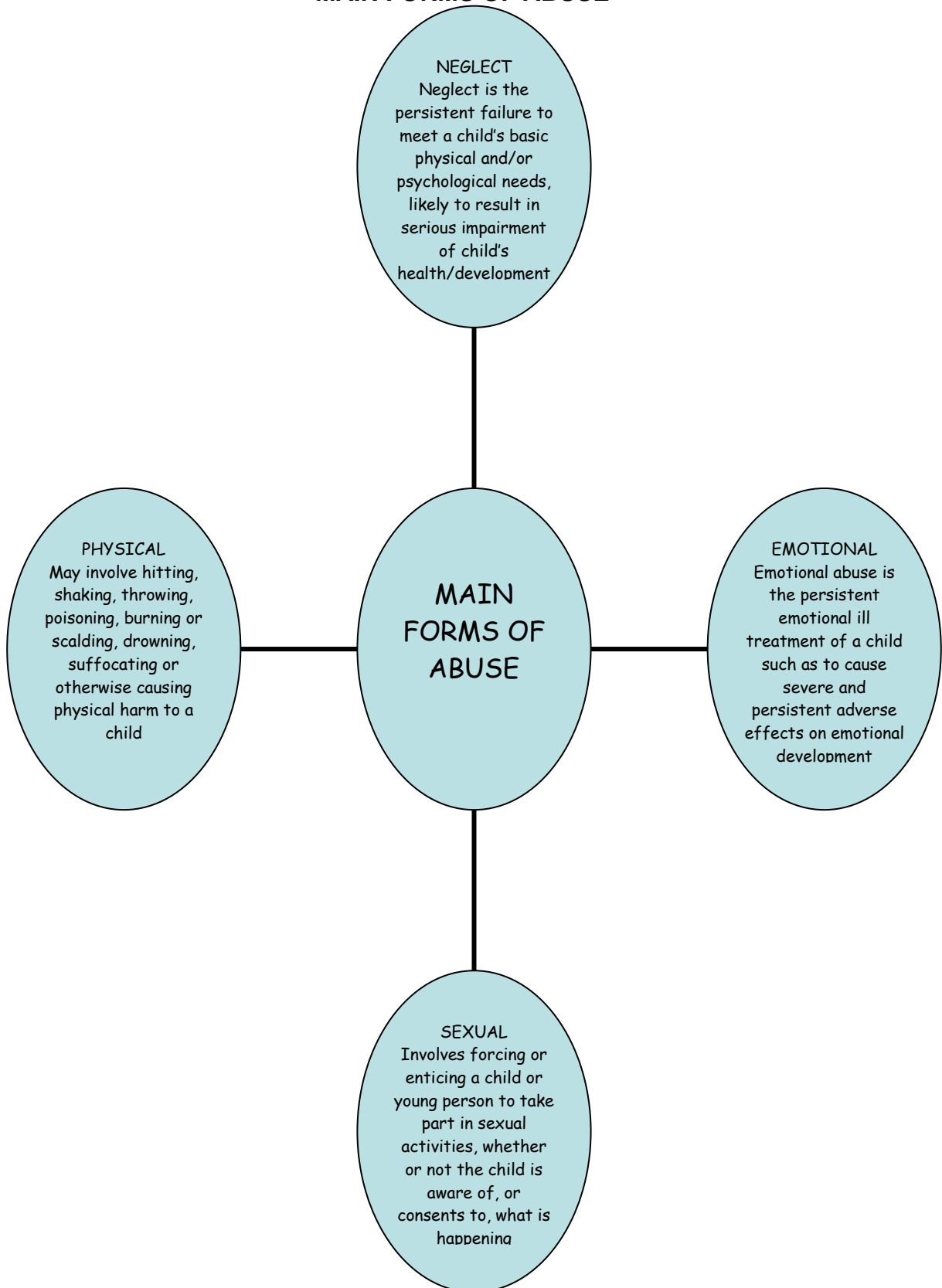
Sexual abuse forcing or enticing a vulnerable adult to take part in sexual activities, whether or not the person is aware of, or consents to, what is happening. The activities may involve physical contact, including penetrative acts such as rape, buggery or oral sex or non-penetrative acts such as fondling.

Sexual abuse may also include non-contact activities, such as involving vulnerable adults in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging vulnerable adults to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a vulnerable persons basic, physical and/or psychological needs; likely to result in the serious impairment of the vulnerable adults health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing or the failure to ensure that a vulnerable adult gets appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a vulnerable persons basic emotional needs.

MAIN FORMS OF ABUSE



It is accepted that in all forms of abuse there are some elements of emotional abuse and that some children, young people and adults are subjected to more than one form of abuse at any one time.

RECOGNISING ABUSE

Recognising abuse is not easy, and it is not LMSTC's staff or volunteers responsibility to decide whether or not abuse has taken place or id anyone that is at significant risk LMSTC's staff and volunteers however, do have a responsibility to act if they have concern.

SIGNS AND INDICATORS

Every person is unique and it is difficult to predict how their behaviour will change as a result of their experience of abuse. Listed below are some physical signs and behavioural indicators that may be commonly seen in people who are abused, but remember they may only be an indication and not confirmation that abuse is taking place.

PHYSICAL ABUSE

Physical Signs	Behavioural Indicators
<ul style="list-style-type: none"> » Unexplained bruising, marks or injuries on any part of the body. » Bruises which reflect hand marks or fingertips (from slapping or pinching). » Cigarette burns. » Bite marks. » Broken bones. » Scalds. 	<ul style="list-style-type: none"> » Fear of parents/carers being approached for an explanation. » Aggressive behaviour or severe temper outbursts. » Flinching when approached or touched. » Reluctance to get changed, for example wearing long sleeves in hot weather. » Depression. » Withdrawn behaviour. » not wanting to go home home.

EMOTIONAL ABUSE

Physical Signs	Behavioural Signs
<ul style="list-style-type: none"> » A failure to thrive or grow. » Sudden speech disorders. » Developmental delay, either in terms of physical or emotional progress. 	<ul style="list-style-type: none"> » Neurotic behaviour, e.g. hair twisting, rocking. » Being unable to interact. » Fear of making mistakes. » Self harm. » Fear of parent/carer being approached regarding their behaviour.

SEXUAL ABUSE

Physical Signs	Behavioural Signs
<ul style="list-style-type: none"> » Pain or itching in the genital/anal areas. » Bruising or bleeding near genital/anal areas. » Sexually transmitted diseases. » Vaginal discharge or infection. » Stomach pains. » Discomfort when walking or sitting down. » Pregnancy. 	<ul style="list-style-type: none"> » Sudden or unexplained changes in behaviour, e.g. becoming aggressive or withdrawn. » Fear of being left with a specific person or group of people. » Having nightmares. » not wanting to go home. » Sexual drawings or language. » Bedwetting. » Saying they have secrets they cannot tell anyone about. » Self harm or mutilation, sometimes leading to suicide attempts. » Eating problems such as overeating or anorexia.

NEGLECT

Physical Signs	Behavioural Signs
<ul style="list-style-type: none"> » Constant hunger, sometimes stealing food from others. » Constantly dirty or 'smelly'. » Loss of weight, or being constantly underweight. » Inappropriate dress for the conditions 	<ul style="list-style-type: none"> » Complaining of being tired all the time. » Not requesting medical assistance and/or failing to attend appointments » Having few friends. » Mentioning them being left alone or unsupervised.

The above lists are not exhaustive or definitive but are a guide

IMPORTANT RULE

It is important to remember that many vulnerable people will exhibit some of these signs and indicators at some time, and the presence of one or more should not be taken as proof that abuse is occurring.

There may well be other reasons for changes in behaviour such as death, or birth of a new baby in the family, relationship problems between parents/carers, etc.

REMEMBER

There may be other reasons that a vulnerable person is exhibiting some of the signs and indicators

RECOGNISING VULNERABLE ADULT ABUSE

Abuse is the violation of an individual's human and civil rights by any other person or persons. This occurs in many forms and may consist of a single act or repeated acts. It may also be shown by a failure to act in order to protect vulnerable people. Abuse may, or may not, result in the person being physically injured or ill.

THE MAIN FORMS OF ABUSE

Abuse may take many different forms but there is agreement that it includes the following categories;

- Physical Abuse – Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- 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 – 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.
- Financial or Material Abuse – Including thefts, 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 appropriate health, social care or educational services, the withholding of necessities of life, such as medication adequate nutrition and heating.
- Discriminatory Abuse – Including racist, sexist, that based on a person's disability and other forms of harassment, slurs or similar treatment.

This is not an exhaustive list of examples, but merely a guide to guide the most regular forms of abuse. Any or all of these types of abuse may be perpetrated as the result or deliberate intent and targeting of vulnerable people, negligence or ignorance.

SIGNS AND INDICATORS

Indicators of abuse are signs that draw attention to the fact that something is wrong. They do not necessarily confirm that abuse has occurred, but suggest a need for further enquiries to be made. The list below is not exhaustive but gives an idea of the range of indicators that may be seen.

PHYSICAL ABUSE

- Multiple bruising that is not consistent with the explanation given i.e. a fall.
- Cowering and flinching.
- Back eyes, marks resulting from a slap and/or kick, or other unexplained bruises.

- Abrasions, especially around the neck, wrists and/or ankles.
- Unexplained burns, especially on the back of the hands.
- Scalds, especially with a well- defined edge from immersion in water.
- Hair loss in one area- scalp sore to touch.
- Unexplained features.
- Frequent 'hopping' from one GP to another or from one care agency to another.

SEXUAL ABUSE

- Recent development of openly sexual behaviour/language, including inappropriate dressing and masturbation.
- Deliberate self harm.
- Incontinence/bedwetting.
- Irregular sleep patterns.
- Repeated urinary tract infections.
- Bruising or bleeding in the genital or rectal area.

PSYCHOLOGICAL ABUSE

- Disturbed sleep or tendency to withdraw to a room or to bed.
- Loss of appetite or overeating especially at inappropriate times.
- Anxiety, confusion or general resignation.
- Extreme submissiveness or dependency in contrast with known capacity.
- Sharp changes in behaviour in the presence of certain persons.
- Excessive or inappropriate craving for attention.
- Extreme self- abusive behaviour especially self- mutilation, head banging, hand biting.

FINANCIAL OR MATERIAL ABUSE

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawal of money from accounts.
- Contrast between known income and unnecessary poor living conditions especially where this has developed recently.
- Personal possessions of value go missing from home without satisfactory explanation.
- Someone has taken responsibility for paying rent, bills, buying food etc; but is not clearly doing so.
- Next of kin refuse to follow advice regarding control of property via court of protection or through securing enduring power of attorney, but insist on informal arrangements.
- Where care services are refused under clear pressure from family or other potential inheritors.
- Unusual purchase unrelated to the known interests of the vulnerable adult.

WHO MIGHT ABUSE?

Abuse of vulnerable adults may be perpetrated by a wide range of people, including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers.

There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general well being of a vulnerable person.

WHERE MIGHT ABUSE OCCUR?

Abuse can occur in any setting.

RESPONDING TO CONCERNS AND ALLEGATIONS

These procedures inform all staff and volunteers of what actions they should take if they have concerns or encounter a case of alleged or suspected vulnerable adult abuse, i.e. response actions

Important Rule

It is important that all staff and volunteers are aware that the first person that has concerns or encounters a case or suspected abuse is not responsible for deciding whether or not abuse has occurred. However, staff and volunteers do have a duty of care to vulnerable adult to report any suspicions you may have.

REMEMBER
It is not your job to judge or investigate BUT to inform

The Vulnerable Adult Protection Liaison Officers (PLO) are:

Name	Post	Protection Role	Work Tel	Mobile
Jo Hill	<i>Centre manager</i>	ALL	0116 2557104	07860825243 email mstherapylc@icloud.com
Steve Wilson	<i>Chairman</i>	ALL	0116 2557104	
Adult social care	<i>Customer services</i>	Adults	0116 3050004	Email AdultsandcommunitiesCSC@leics.gov.uk
Rutland Social Care		Adults	01572 758341	
Leicester Social care		Adults	0116 454 1004	
Police		Persons in immediate danger	999	
Police		Persons not in immediate danger	101	

The designated person above are responsible for dealing with reports or concerns about the protection of vulnerable adults appropriately.

RESPONSE SITUATIONS

In general there are three situations that staff and volunteers may need to respond to concern or cases of alleged or suspected abuse:

1. Responding to a vulnerable adult disclosing abuse, i.e., they make an allegation of abuse.
2. Responding to allegations or concerns about a member of staff, elected member or volunteer.
3. Responding to allegations or concerns about any other person, i.e. parent, carer, other service user.

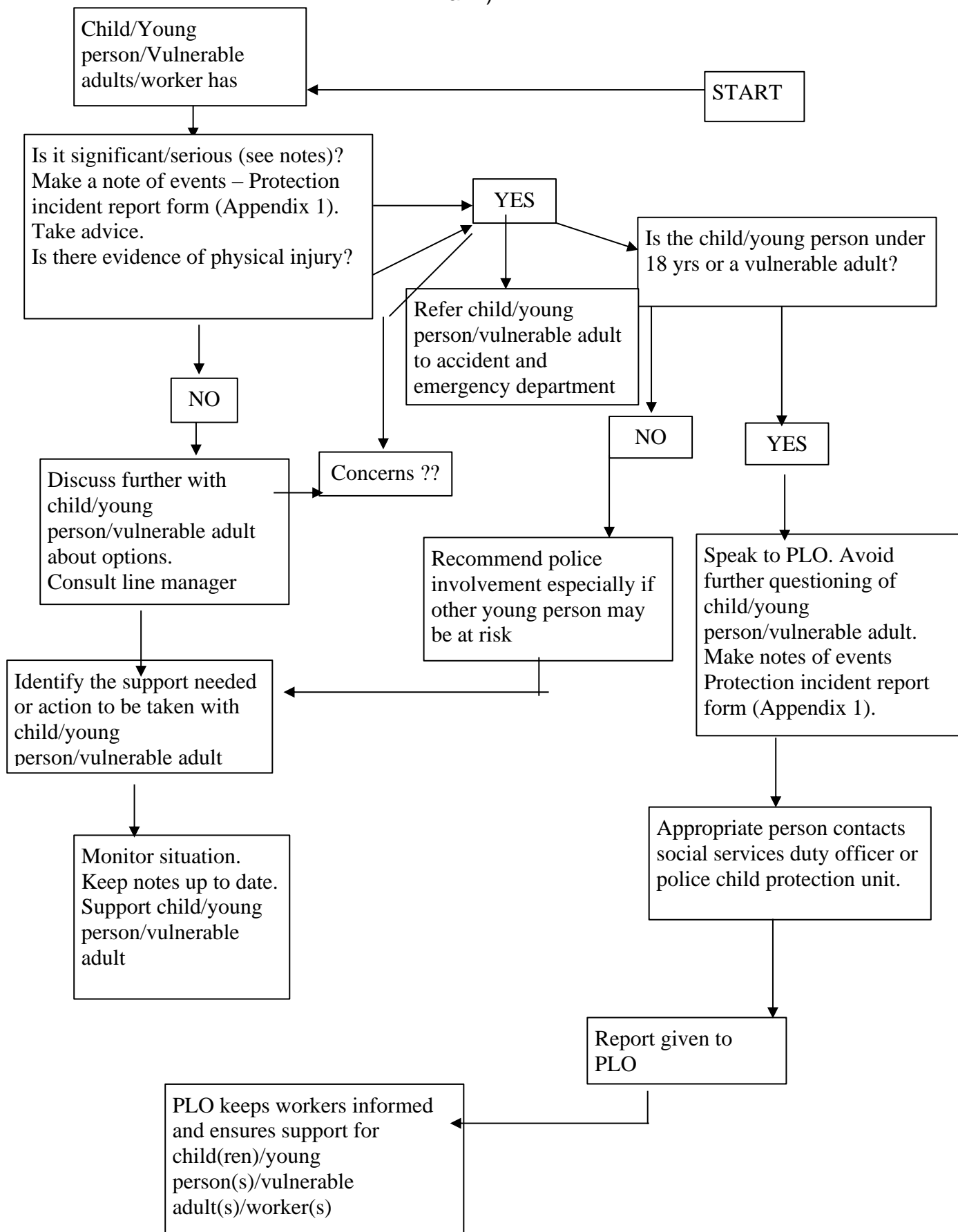
SELF DETERMINATION

Professionals are often wary of intervening in abusive situations if the adult does not want them to do so because of human rights and other issues. These dilemmas are very real for staff but can lead to an approach of non- intervention which conflicts with the professional “duty of care”.

‘No Secrets’ rule:

If an adult is not determined as “vulnerable” then they are deemed able to protect themselves from an abusive situation if they so choose. However, when an adult is “vulnerable”, by definition they will find it difficult to protect themselves from actual or potential abuse without the intervention of outside agencies. In these cases the fact that a vulnerable adult states that they do not want intervention should not stop professionals from sharing their concerns and information under the adult protection procedure.

(Adopted from Hampshire County Council's child protection policy – safe from harm)



SPECIFIC RESPONSE PROCEDURES

More specifically the following procedures should be followed in each situation.

Abused vulnerable adults will only tell people they trust and with whom they feel safe. By listening and taking what the vulnerable adult is saying, you are already helping the situation. The following points are a guide to help you respond appropriately.

- » Stay Calm.
- » Listen carefully to what is said.
- » Find an appropriate early opportunity to explain that it is likely that the information will need to be shared with others- do not promise to keep secrets.
- » Allow the vulnerable adult to continue at their own pace.
- » Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer- leading questions.
- » Reassure the person that they have done the right thing in telling you.
- » Tell them what you will do next and with whom the information will be shared.
- » Report to and inform the Protection Liaison Officer (PLO).
- » Record in writing on a Protection Incident Reporting Form (Appendix 1) all the details that you are aware of and what was said using the persons own words, as soon as possible. In order to record you should include:
 - The date and time.
 - The persons name and address and date of birth if known.
 - The nature of the allegation.
 - A description of any visible injuries.
 - Your observations – e.g. a description of the vulnerable adult's behaviour and physical and emotional state.
 - Exactly what the person said and what you said. Record the vulnerable adult's account of what has happened as close as possible.
 - Any action you took as a result of your concerns e.g. who you spoke to and resulting actions. Include names, addresses and telephone numbers.
 - Sign and date what you have recorded.
 - Store the information in accordance with relevant procedures, e.g. Data protection.
 - Monitor the situation.
 - Protection Liaison Officer informs relevant persons, i.e. Social Services and/or Police if appropriate.

REMEMBER

It is not your job to judge or investigate BUT to inform

RESPONDING TO ALLEGATIONS OR CONCERNS AGAINST A MEMBER OF STAFF OR VOLUNTEER

- Take the allegation or concern seriously.
- Consider any allegation or concern to be potentially dangerous to the vulnerable adult.
- Report to and inform (if appropriate) your Protection Liaison Officer or designated trustee if more appropriate if it involves the PLO.
- Record in writing on all the details that you are aware of as soon as possible.
- PLO informs relevant persons, i.e., Social Services, and/or the Police if appropriate.

REMEMBER

It is not your job to judge or investigate BUT to inform

RESPONDING TO ALLEGATIONS OR CONCERNS AGAINST ANY OTHER PERSON, I.E. PARENT, CARER, SERVICE USER

- Take the allegation or concern seriously.
- Consider any allegation or concern to be potentially dangerous to the vulnerable adult.
- Report to and inform your Protection Liaison Officer.
- Record in writing on all the details that you are aware of as soon as possible.
- PLO informs relevant persons, i.e. Social Services, and/or the Police if appropriate.

REMEMBER

It is not your job to judge or investigate BUT to inform

REMEMBER WHEN DEALING WITH A DISCLOSURE DO NOT

- Appear shocked, horrified, disgusted or angry.
- Ask too many questions or press for individual details (it is not your duty to undertake the investigation).
- Put words into their mouth.
- Make comments or judgement other than to show concern.
- Do not give the promise of confidentiality.
- Risk contaminating the evidence.
- Confront the abuser.

PRESERVING THE EVIDENCE

In most cases you will not have to do anything except record the events and inform people. However, there may be rare occasions when you have to:

- Ensure written documents (notes, letters, bank statements, medication records etc) are kept in a safe place.
- Make a written record of answer phone messages and date and sign them.

- In cases of physical or sexual assault encourage the person not to wash where they might have a medical examination.
- In the case of oral sex encourage the person not to drink until they have been seen by the police or forensic doctor.

If you are waiting for the police to arrive it is important that things are left where they are, do not touch what you do not have to.

WITNESSING ABUSE

In situations of immediate danger take urgent action by calling the relevant emergency services i.e. Police, ambulance, GP. You may wish to challenge the person who is abusing the individuals and try to persuade them to stop whilst ensuring your personal safety is not compromised. Remember to have regard for your own safety. Leave the situation if it is not safe for you.

Report the incident to your line manager straight away and the PLO.

RESPONSIBILITIES TOWARDS VICTIMS OF ABUSE

- Ensure the vulnerable adult is safe and supported.
- Consider if the individual requires urgent medical attention and if so make arrangements with an explanation to health staff that abuse is suspected.
- Consider the vulnerable adult's capacity to make decisions and whether an advocate/appropriate adult might be necessary.
- The vulnerable adult must be given information and advice as well as choice about the way in which an investigation will proceed. Where the individual expresses a wish for an incident not to be pursued this should be recorded and respected wherever possible. However, decision about whether to respect the service user's wishes must have regard to the level of risk to the individual and/or others and their capacity to understand the decision in question and to make decisions relating to it. If choice has to be denied to an individual as to if/how an investigation is to take place, it must be clear on what grounds this is justifiable, and these grounds must be made clear to the individual and be recorded. Where it is felt the responsibility to public interest outweighs the duty to protect the confidence of the individual, seek further guidance from the PLO.

CONFIDENTIALITY

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only, i.e.: Protection Liaison Officer, Social services and the police.

It is extremely important that allegations or concerns are not discussed, as a breach of confidentiality could be damaging to the vulnerable adult, their family and any protection investigations that may follow.

Informing the parent or carers of a child, young person or vulnerable adult you may have concerns about needs to be dealt with in a sensitive way and should be done in consultation with social services.

Any individual under supervision has the right to be notified about the cause for concern. This should be done in joint consultation with social services and the police. It is important that the timing of this does not prejudice the investigation.

Recorded information should be stored in a secure place with limited access to PLO's in line with data protection laws (e.g. the information stored is accurate, regularly updated, relevant and secure).

If enquiries arise from the public (including parents) or any branch of the media, it is vital that all staff and volunteers are briefed so that they do not make any comments regarding the situation. Staff and volunteers should be informed who the relevant designated spokesperson will be, and all enquiries directed through them. Staff and volunteers should reply 'no comment' to all questions/enquiries.

DECIDING WHETHER TO REFER TO ANOTHER AGENCY

It is crucial that the Protection Liaison Officers take into account the following when taking the decision to refer concerns/allegations of abuse to Social Services and the Police:

- The wishes of the vulnerable adult.
- The mental capacity of the vulnerable adult.
- Known indicators of abuse.
- Definitions of abuse.
- Level of risk to this vulnerable adult.
- Level of risk to others.

Decisions as to whether to inform others will be concerned with:

- The individual's right to self-determination.
- The seriousness of the abuse.
- The effect of the abuse on the vulnerable adult in question and on other vulnerable adults.
- The ability of other agencies to make a positive contribution to the situation.
- Whether a criminal offence has been committed or whether there are Statutory obligations to refer on (e.g. to the Commission for Social Care Inspection).
- The need for others to know (e.g. to protect others who may be involved in the immediate situation).

REPORTING ABUSE FOR INVESTIGATION

Concerns of abuse towards a vulnerable adult should be referred/reported to the area Social Service team or the Emergency Social Services duty team if urgent and outside of normal office hours.

Where a crime may have been committed the Police must always be contacted, and if in any doubt, they should still be notified so that they can make that judgement. Contact numbers for these agencies are listed in the appendices.

WHAT WILL HAPPEN NEXT

Any report of abuse will be taken seriously and looked into in a fair and throughout manner.

Social Services will be responsible for co-ordinating the investigation of all cases of suspected abuse within their area unless the Police assume that responsibility where a crime has been committed. Working in conjunction with the LMSTC and other relevant agencies, Social Services will:

- Talk to the vulnerable adult and others involved.
- Carry out an investigation.
- Undertake a risk assessment.
- Plan what to do to protect the vulnerable adult.
- Support the person and their carers through the investigation.
- Closely monitor the situation.

Managers, staff and volunteers are required to liaise with Social Services throughout the investigation and provide any necessary information or assistance. This may include attending meetings and case conferences.

Managers must keep Social Services informed of outcomes of any internal investigations and disciplinary proceedings being undertaken alongside Social Services own investigation.

All agencies will work together and decide on the best possible course of action for both the perpetrator and the victim.

INTERNAL INVESTIGATION FOR STAFF AND VOLUNTEERS

When a complaint or allegation has been made against a member of staff or volunteer, he/she must be made aware of their rights under employment legislation and internal disciplinary procedures.

It is the responsibility of the line manager and a Personnel Office (nominated trustee) in conjunction, to conduct a thorough investigation in accordance with the LMSTC's Disciplinary Policy and Procedure.

A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the member of staff/volunteer. This must include whether it is safe for them to continue their role or any other role within the LMSTC whilst the investigation is being undertaken. The consideration of risk must be considered alongside the right of the employee. Decisions not to suspend an employee must be fully documented.

Action to be considered will include the following:

- Is this a supervisory/training issue?
- Is it a matter for discipline/capability issue?
- Does discussion need to take place with other agencies, e.g. the Police and Social Services?

PHOTOGRAPHY AND PORNOGRAPHY

There is increasing evidence that some people have used vulnerable adult's activities and events as an opportunity to take inappropriate photographs or video footage of vulnerable adults. Staff and volunteers should be vigilant at all times and any person using cameras or videos within the LMSTC at events or activities which involve vulnerable adults should be approached and asked to complete a Consent Form for the use of Cameras and other image recorders.

It is recommended that the names of vulnerable adults should not be used in photographs or video footage, unless with the express permission of the person's parent or carers.

GOOD PRACTICE FOR STAFF AND VOLUNTEERS

THE CARE OF VULNERABLE ADULTS.

It is possible to limit the situations where vulnerable adult abuse may occur, by promoting good practice to all staff and volunteers.

The following basic guidelines will help safeguard vulnerable adults, staff and volunteers. The guidelines aim to promote positive practice and are examples of care, which should be taken by staff and volunteers while working vulnerable adults.

STAFF AND VOLUNTEER GUIDELINES

Good practice for staff and volunteers:

- Vulnerable adults should never be left unattended.
- Respect the vulnerable adult and provide a safe and positive environment.
- If any form of physical contact is required it should be provided openly and according to appropriate guidelines, i.e., National Governing Body of physiotherapy Guidelines.
- Staff and volunteers must respect the rights, dignity and worth of every person and treat everyone equally within the context of the activity.
- Staff and volunteers must place wellbeing and safety of the vulnerable adult above the development of performance.
- Staff and volunteers must feel confident to report concerns or worries about other staff members or volunteers to the appropriate person in authority, i.e. Protection Liaison Officer.
- Line managers and parents/carers must be informed of all incidents and accidents at the earliest opportunity. This can be done in person, by telephone or writing depending on the situation.
- If the vulnerable adult is accidentally injured as a result of a staff member or volunteers actions, seems distressed in any way, appears to be sexually aroused by your actions, misunderstands or misinterprets something you have done, always report such incidents as soon as possible to another colleague and make a written report.
- If a vulnerable adult arrives at the activity or service showing any signs or symptoms that give you cause for concern you must act appropriately and follow the procedures detailed above.

IT IS NOT GOOD PRACTICE FOR STAFF AND VOLUNTEERS TO:

- Spend unreasonable amounts of time alone with vulnerable adults away from others.
- Take vulnerable adults alone on a car journey, however short.
- Take vulnerable adults to your home where they will be alone with you.
- Arrange to meet vulnerable adults outside an organised activity or service.

If these situations are unavoidable, they should only occur with the full prior knowledge and consent of your line manager and or the vulnerable adults parents/carer.

STAFF AND VOLUNTEERS SHOULD NEVER:

- Engage in rough physical games including horseplay.
- Engage in sexually proactive games.
- Allow or engage in inappropriate touching of any form.
- Allow vulnerable adults to use inappropriate language unchallenged, or use it yourself.
- Make sexually suggestive comments about or to a vulnerable adult, even in fun.
- Let any allegation a vulnerable adult makes to be ignored or go unrecorded.
- Do things of a personal nature for vulnerable adults that they can do themselves, e.g. assist in changing.

N.B. It may sometimes be necessary to do things of a personal nature for vulnerable adults, particularly if they are disabled. The tasks should only be carried out with the full understanding and consent of the parent/carer. In an emergency situation that requires this type of help, you should endeavour to have someone present and fully inform the parents/carer as soon as it is reasonable possible. In such situations it is important that you ensure that all staff etc are sensitive to the vulnerable adult and undertake personal care tasks with the utmost discretion.



PROTECTION INCIDENT REPORTING FORM- Appendix 1

All information will be treated in strict confidence

Date:___/___/20___ Time:_____

Where :_____

Name of Person:_____

Age:_____

Address(if Known _____

Postcode:_____

Telephone Number (if known):_____

Next of Kin:_____

Address (if different from above):

Postcode:_____

Telephone Number (if different from above):_____

Are you reporting you concerns or passing on those of someone else?

Please give details:

Please give a brief description of what has prompted the concerns including dates, times etc any specific incidents:

Any physical signs? Behavioural signs? Indirect signs?

Have you spoken to the person? If so what was said?

Has anybody been alleged to be the abuser? If so, give details:

Have you consulted anybody? If so give details:

Your name: _____

Position: _____

To whom reported: _____

Date of reporting: ___/___/20

Signature: _____ Date: ___/___/20__

This form should now be given to the Protection Liaison Officer by hand in a sealed envelop marked Private and Confidential.

DECLARATION

The LMSTC is fully committed to safeguarding the well being of vulnerable adults by protecting them from neglect, physical, sexual and emotional harm.

Working as an employee or volunteer of LMSTC it is important that you have taken time to thoroughly read this Vulnerable Adult Protection Policy and procedures.

By being made aware of the policy it is our intention to ensure that all are proactive in providing a safe and secure environment for the vulnerable adults in our care.

.....
.....

Declaration:

I have read and understand the LMSTC's Vulnerable adult Policy and Procedures and I accept the principles therein.

Signed: _____ Date: ___/___/20__

Name: _____
(please print)

Position in Association: _____

This will be kept in your personnel file.

08/2022 Adapted from policies developed by Leonard Cheshire disability media project and NSPCC consultancy services.

Adult social care	<i>Customer services</i>	Adults	0116 3050004	Email AdultsandcommunitiesCSC@leics.gov.uk
Rutland Social Care		Adults	01572 758341	
Leicester Social care		Adults	0116 454 1004	
Police		Persons in immediate danger	999	
Police		Persons not in immediate danger	101	

USEFUL CONTACTS

SOCIAL SERVICES

During office hours contact your local office: 0116 3030004

Market Harborough 01858 465331

Out of office hours, the Emergency Duty Teams can be reached on:

Leicester Constabulary
Police Central Switchboard
Police Emergency

Tel: 2222222

Tel: 999