

#### 1 Introduction

Nightlife Outreach aims to provide the best possible care and support throughout the areas it supports and cares for service users. As part of this care and support Nightlife Outreach are committed to ensuring the protection of those service users it assists. Our service users, in some cases, can lack social understanding and have an inability to comprehend appropriate social roles in society and to articulate feelings of distress which can make them particularly vulnerable to abuse.

In March 2000 the Department of Health published "No Secrets" which gave Guidance to local authorities for developing and implementing multi-agency policies and procedures to protect vulnerable adults. /following this, in 2005 the Association of Directors of Social Services (ADSS) published a Safeguarding Adults National Framework comprised of eleven sets of good practice standards for local authorities to follow. Although many local policies will be broadly similar, all staff still need to be aware that in addition to the information provided within this policy document, where detailed guidelines also stated and available to staff and service mangers. If there are any aspects of these which are not reflected in this policy additional information will be made available in specific project guidelines for the West Midlands area and then the Birmingham Safeguarding Adults Multi-Agency Document should be available and read attentively and thoroughly which will also be found in Nightlife Outreach Head Office.

The procedures set out in this document refer to all individuals for whom Nightlife Outreach provides a service. As a member of the team at Nightlife Outreach you are required to abide by these procedures which are designed to:

- Safeguard all individuals who require a service from or collaborate with Nightlife Outreach.
- Provide you with information you need to be able to act if you suspect that an individual is, or may be, being abused.
- Help you operate within a framework of good practice which, in turn, will help to protect both you and Nightlife Outreach.

### **Statement of Intent**

The abuse of vulnerable adults constitutes a clear infringement of their rights and freedoms as citizens. This policy aims to protect vulnerable adults, who are at risk of all forms of abuse, receive a safe sound and supportive service through the process of identifying, investigating, managing and preventing such abuse. As a service we are committed to promoting equality of opportunity to all members of the community but with focus on members of the LGBTQ+ and BAME community.

- It is every adult's right to live in safety and to be free from abuse or fear of abuse from others.
- It is every adult's right to live an independence life as possible based on 'self-determination' and personal choice.

- An independent Lifestyle may involve risk for vulnerable adult. Nightlife Outreach respects this choice and will wherever possible support them in making such decisions.
- It is the responsibility of all Nightlife Outreach Team to actively work together to prevent abuse of vulnerable adults. This will be achieved by decisions and putting safeguards in place.
- When a situation is discovered in which a vulnerable adult report, or is thought to be at risk of abuse, then Nightlife Outreach will react quickly in coordinated manner to help them to overcome these difficulties.
- Nightlife Outreach recognises that people are discriminated against on the basis race including ethnic origin, colour, citizenships, nationality and national origin, culture, gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity. We are committed to working with vulnerable adults in a positive manner that values them as individuals.
- Every single person has a right for their need to be considered.

Policies and procedures are used positively to enhance the overall quality of caregiving and thus aim to protect volunteers and outreach workers from accusations of poor work codes and misconduct.

#### Who is a Vulnerable Adult?

Vulnerable adult is a term used to describe a person who is:

- An adult (aged 18 years or over)
- Someone who is or may need community care service because of frailty, learning or physical disability, sensory impairment r mental health difficulty
- Someone who is or may be unable to take care of themselves or take steps to protect themselves from significant harm or exploitation.

### A Definition of Abuse and the Different Types which may occur

Abuse is a fundamental violation of an individual's human and civil rights by another person or persons. It may consist of a single act or repeated acts. Abuse results in significant harm or exploitation of the vulnerable person and may be penetrated by anyone who has power over the person whether they are a paid carer, relative, professional, stranger, someone in the individual's peer group or as a result of persistently poor care or a rigid and oppressive regime.

The main forms of abuse and some examples are as listed as below:

### **Physical Abuse**

Physical abuse includes harming someone using force such as:

- Using physical forces without justification, e.g Pushing or pulling someone
- Using unauthorised methods of physical intervention or using a physical intervention when it is not necessary
- Hitting or shaking someone, pulling hair, burning or scalding someone.
- Force feeding someone or Not feeding someone under your care
- Leaving someone in an unheated room or outside the building without suitably dressed.

- Misusing medication as method of control
- Locking someone in a room which they cannot exit

### **Psychological Abuse**

Emotional or psychological abuse involves acting towards someone in manner that causes severe and persistent adverse effects to an individual's emotional development, with this form of abuse an individual can be made to feel fearful, upset, anxious and under stress. Some degree of emotional abuse is present in all forms of abusive behaviour. Examples of this form of abuse include:

- Bullying i.e. targeting someone in a negative way over a period of time.
- Use of threats or threatening language including veiled threats such as "if you don't do as I say your dad won't visit you this week"
- Denying someone's reasonable requests, choices, opinions and privacy.
- Deliberately ignoring someone for long periods of time.
- Deliberately doing things which will wind people up
- Ignoring religious or cultural needs.
- Restricting access to family and friends.

### **Sexual Abuse**

This occurs when one person exerts power over another to achieve small gratification. This can include:

- Intimate touching of a sexual nature by another person including other people with learning disabilities
- Engaging in sexual activity with a vulnerable person with whom you have a professional relationship
- Fondling or kissing someone without consent
- Observing sexual inappropriate activities
- Making someone do something of a sexual nature against their will
- Threatening a person with sexual assault or rape
- Taking sexually explicit photographs or electronic images of individuals with a learning disability

### **Neglect and Acts of Omission**

This means of abuse is the persistent failure to meet someone's basic physical and emotional needs or failing to take action in a person best interest.

Examples include:

- Exposing someone to unreasonable risk such as allowing them to ride in car without a seatbelt.
- Not obtaining medical treatment for someone who may be ill
- Failing to follow risk assessment
- Family member or support workers not passing on essential information where this will put the individual at risk
- Failing to support someone in an activity because the member of staff does not enjoy the activity or doesn't feel like going.
- Failing to ensure that a person is well equipped to take part in an activity which could be harmful
- Leaving someone in bed all day because it makes life easier for the staff.

### **Institutional Abuse**

This form of Abuse can arise when the smooth running of the service or the needs of the staff are put before the needs of the people who they are required to support. It also occurs when poor work practices have become the normal and accepted way of working and no one appears to question them. This category of abuse can include:

- Not encouraging individuality among those being supported such as not allowing some flexibility in relation to timing of mealtimes, bedtimes and times for getting up, style of haircut and dress
- Giving medication to a person to control behaviours so as not to disrupt the smooth running of the home/house, rather than for valid reasons.
- People being prevented from doing thing which are their right.
- Open access to a person's bedroom without a valid reason or without seeking permission.

#### **Financial or Material Abuse**

This involves acquiring money or property by deception or using people's money or property contrary to their wishes or the wishes of those looking after their interests. There are many examples, some of which are:

- Theft of a person's money or belongings.
- "Borrowing" money from a person (except in real emergencies, when it should be paid back immediately and correctly documented).
- Sharing one person's money with others without their consent
- Taking advantage of "offers" when out shopping with a person you support for example, taking home for person use the "free" item from a "buy one get one free" promotion or adding points to a personal store loyalty card.
- Pressuring or deceiving people into financial transactions such as changing a will or buying inappropriate goods.

### **Discriminatory Abuse**

Abuse motivated by discriminatory attitudes, feeling or behaviour towards an individual because of a range of things including disability e.g. physical or learning disability, mental ill-health or sensory impairment, race, gender, age, religion, cultural background, sexual orientation, political convictions or appearance. Examples may include:

- Making derogatory remarks to or about a person either directly or indirectly based on stereotypical beliefs.
- Using inappropriate terminology based on age, sexual orientation, ethnic background or disability which may be considered offensive
- Ignoring preferences in relation to diet, e.g, not providing a vegetarian option where requested or not providing halal meat when requested for religious or cultural reasons

### Common indicators of Abuse and the Complexities of Learning Disabilities.

As someone who is supporting someone with a learning disability it is essential to be aware of the signs and indicators of abuse in order to effectively safeguard adults, for each of these different types of abuse there may be one or more indicators which may be present, such as the dislikes of being

touched, disturbed sleep patterns, self-harm, unexplained injuries or bruises, anxiety attacks, unexplained reactions towards people or settings, depression or withdrawal, incontinence, excessive washing, self-neglect and so on. You may also have concerns about the behaviour of someone who has contact with vulnerable adults, e.g, a member of staff appears to try to find more opportunities than usual to be alone with the person and professional boundaries are ignored.

You should be aware however, that even if you have identified some signs and symptoms of abuse, it does not mean that abuse is actually taking place as there may be other explanations so try to be as mindful and as grounded as you can, when assessing and take care not to jump to conclusions.

### **Signs and Indicators of Abuse**

### Why does having a learning disability make the picture far more complicated?

Some of the potential indicators of abuse are behaviours which, confusingly, are frequently observed in people with a learning disability because of their lack of social understanding of society's expected codes of conduct. These factors together with the manipulative behaviour of potential abusers conspire to make the identification of abuse particularly difficult in this very vulnerable group.

There might be, for instance, deterioration in the person appearance, or a weight gain, or loss. There may be no connection with abuse – some people with learning disabilities are not interested in their appearance or in basic hygiene. Fads and obsessions about food can lead to sudden weight fluctuation. The explanation may, however, be that abuse is occurring. There must be a reason for the change, so please use your knowledge of the individual when trying to assess the situation, and remember, whenever possible to discuss your concerns with your Coordinator.

The examples given below are not a complete list and they are only signs and indicators — not confirmation. Perhaps more than one will be present — perhaps only one.

- 1. You might, for instance, become concerned because of something you hear. For example, an individual says that she or he is being abused, or a colleague says that they believe abuse is occurring. However, be aware that people with learning disabilities can have difficulties in expressing emotional states. Distress may be communicated obscurely, for example, by reference to a previously known and disliked situation or activity. They may also confuse pronouns, e.g. 'you' with 'me' with the result that although they are making a statement about themselves it will appear that they are talking about someone else. This, in turn, might lead to allegations against person which have no basis in fact.
- 2. Another person says they have concern about the present or past behaviour of another individual. Alternatively, your concerns might stem from something you see and hear. Although abuse may be occurring it is important to note that on occasions a person with a learning disability may develop a particular dislike or fear of a member of staff or fellow service user, or it may be that the person refuses to allow the person to become involved with them in any way. On the surface there may appear to be no rational explanation for this but it is possible for the basis of this behaviour to be related to an idiosyncratic response to the member of staff, for example, dislike of tone of voice or perfume.
- 3. The individual has frequent injuries or bruises. Although this is a possible indicator of abuse, people with learning disabilities ay frequently self-harm or self-stimulate, leading to unexplained bruising or other types of injury. If the bruising/injury is occurring regularly, however, it would indicate that closer observation is required. Hand shaped marks, bruising in straight lines

indicating the use of an implement such as a hairbrush or belt or a 'fingertip' pattern of marks on the skin, are the causes for concern.

- 4. The individual is found to have a medical condition or an injury which requires, but has not received, medical attention. Remember however that such circumstances people with learning disabilities may not indicate that anything is wrong, even if they are in severe pain.
- 5. Behaviour changes, over time or perhaps quite suddenly whereby the individual becomes quiet and withdrawn, or alternatively becomes aggressive. Remember, all behaviour has a meaning. A sudden fear demonstrates in situations is cause for concern as is the development of wetting or soiling. The unpredictable, often withdrawn behaviour of those with a learning disability can however be confusing for those trying to interpret it due to an inability to communicate what may be the underlying cause. Nevertheless, when looking at potential factors contributing to behaviour which presents a challenge, the possibility of abuse must always be considered.
- 6. The pattern of interaction with another person has changed. People with learning disabilities find difficulty in forming 'two-way' relationships with staff, peers and even family members. They usually relate to people merely to meet their own basic needs. Again, the reason for the change in the relationship may be extremely idiosyncratic. For example, a person with a learning disability may refuse to talk to previously liked member of staff because the staff member has inadvertently 'upset' them, for example, when the service user has a fear of pregnant woman, or by changing the colour of their car and their service user only likes only silver cars. However, any sudden change in social interaction should still be acknowledged and recorded as there may be a cause for concern.
- 7. The per son shows inappropriate sexual awareness and sometimes behaves in a sexually explicit way. A lack of social understanding together with and inability to realise the impact of their actions on others, can lead in inappropriate and uninhibited behaviour in some individuals. There may be an obsession regarding their expression of some aspect of their sexuality, e.g, Genitalia soreness may be due to excessive masturbation.
- 8. The person appears to have 'lost' skills and abilities which they were previously able to demonstrate. Some adults with learning disabilities may lose previously learned skills and abilities and have fluctuating levels of motivation and this may have no connection with abuse.

In summary, recognising abuse is not always easy – even for the most vigilant.

Additionally, the implications of the impairments apparent within those who have a learning disability often make the interpretation of potential signs and indicators even more complex. However, in order to safeguard people using our service the advice of Nightlife Outreach is that to protect people using our services you should act on all issues of concern immediately.

### **Guidelines for Creating a Culture of Prevention**

The more that is learned about the abuse of vulnerable people is that it becomes clearer that a significant part is played by the predominant values and beliefs of the organisation, the norms of behaviour, the atmosphere and the power relationships and pressures that come to bear upon service users in any given setting. However, if you follow these practice pointers you can help to safeguard individuals, Nightlife Outreach and yourselves.

### Acknowledgement of the possibility of abuse

The most important strategy of all is acknowledgement that abuse could happen. Unless this is fully accepted, the potential for abuse going undetected is high. Therefore, it is never wise to become complacent. However, there are a number of prevention strategies currently in operation including the following:

Clear policies and procedures should be followed in the following areas:

- Intimate and personal care
- Personal and sexual relationships
- Management of challenging behaviour
- Physical intervention
- Administration of medication
- Handling service user personal finances
- Staff recruitment and selection and a clear policy for the use of agency workers
- Induction and ongoing supervision
- Training for all staff regard regardless of job role regarding adult protection
- A clear complaints procedure

### Record keeping and assessment

Record any unexplained injuries, no matter how small, on the appropriate recording chart and document and behaviours which appear out of character for that person in the daily living records.

Ensure risk assessments are followed at all times, accurate and up-to-date records are kept.

### Physical contact between staff and service users.

Whilst supporting those with a learning disability within our services it is acknowledged that over a period of time both staff and service users may develop very close relationships. However, it is important to remember that we have a duty to ensure that the relationships that we have can be on a professional level only. Such practices may serve to increase the vulnerability of service users and staff. For example, if a staff member routinely kissed a particular service user upon arrival at work, even if the intentions of the staff member were entirely honourable and were based upon genuine affection, the service user would not be able to discriminate if this same action took place by an unscrupulous staff member. It must also be remembered that many people with learning disabilities dislike physical contact and it cannot be presumed that such contact would be welcomed.

Whilst not policy of Nightlife Outreach to prohibit all physical contact the following good practice guidelines must be adhered to at all times to maintain a balance between protection and meeting service users' basic needs for physical contact:

• If there is any physical contact between staff and service users this must only be initiated by the service user and not the staff member. However, whist there are service users who may spontaneously kiss or hug staff members this should not be actively encouraged. It must be acknowledged that cultural differences may exist and we may know service users who may

kiss as a greeting. If appropriate and as a staff member you are happy with this particular form of gesture, this will be considered acceptable.

- If physical contact is initiated by a service user, it is important to remember that on no occasion is this acceptable in a private area or when alone with the service user. For example, if as a staff member you were supporting a service user in a private room or to user the bathroom and they requested a hug or a kiss it would not be appropriate to comply with this request. If, however this request is made in a communal area with other staff present your actions would less likely to be misconstrued.
- It is possible that the service user may intentionally or unintentionally deriving some sexual pleasure from physical contact. Those with a diagnosis of a learning disability are likely to have little understanding of the appropriate/inappropriate physical contact and relationships and therefore not understand that such contact is unacceptable. Therefore, if you believe that this may be the case, physical contact must be tactfully discouraged whist ensuring dignity for the service users. For example, if you become aware during physical contact that the person, it may be necessary to discreetly change your physical proximity to the individual.
- For those service users who indiscriminately hug kiss both staff and members of the public, consider the need to develop and record a consistent strategy for managing this behaviour so that all staff and the service user are aware of particular boundaries which exist. This is for the protection of both parties.

General good practice guidelines which can help to safeguard vulnerable adults.

- Try to minimise situations where you have to be alone with a person with a learning disability or mental health issue. Nightlife Outreach accepts that there will be times when this is unavoidable; indeed, it may even be essential to a planned piece of work. Make sure it only happens with the knowledge of your manager or a colleague.
- Devise ways of teaching people with learning difficulties to express discomfort and pain, for example, locating sensation on a body map.
- Be vigilant: look out for strangers who seem to be spending a lot of time with a particular person, particularly if the person is otherwise alone. "stranger danger" is a potentially a great risk as an adult with learning difficulties or mental health issues may well approach people they do not know.

### **Whistleblowing Procedure**

Response to allegations and concerns

What if an adult communicates to you that he or she is being abused? What if you think that an individual is being abused or has been abused? What if someone tells you they have been abused in the past?

People sometimes reveal that they have been abused months, or even years, after the allegation incidents have taken place. Therefore, it is important that staff are aware of a person's past history. Current actions or situations may trigger memories that relate to previous abuse. If you receive such information, as a matter of urgency report it to your manager. Nightlife Outreach asks you to do this because there is a very real possibility that other people may be at risk.

What if you have concerns about the past present behaviour of an adult towards an individual?

You may hear allegations or have concerns about the past or present behaviour of members of the staff towards service users. Such information should be passed on as quickly as possible to your manager.

What if an allegation is made against you?

Tell your manager about the allegation as quickly as possible. If a colleague was present when the allegation was made ask him/her to report the matter as well. As stated earlier, make a note of any allegation, either oral or behavioural made against you inform your manager.

Remember that the allegation though apparently directed at you, may relate to something that happened previously in the person's life but has been triggered by something happening now.

People with learning disabilities of either gender, may behave in a sexually inappropriate manner and this behaviour may be directed at you or at one of their peers. Stay calm and tell the individual to do something else i.e. distract them.

As soon as possible however, discuss what has happened with your line manager. Please remember that if Nightlife Outreach makes a referral to a Social services department. Social services' role initially in these circumstances is to make enquiries in order to ascertain whether the person has been 'significantly harmed' or if it is likely that he or she will be so harmed.

Please remember it is not your responsibility to decide whether a person is being abused, but nightlife outreach is asking you to act on your concerns.

Under the Public Interest Disclosure Act this provides a framework within which the organisation can promote whistleblowing which carried out responsibly and in good faith. The law does not require irrefutable evidence to support a claim but places the responsibility in the hands of the people investigating. However, although the act will protect whistle-blowers from victimization it does not offer protection to anyone making false, vindictive or rash disclosures to the media, for example, rather than the proper channels

## Action to be taken by a Member of staff

Stay calm and ensure the person is not in any immediate danger.

Do not assume that someone else will deal with the matter



Make a detailed note of what you have heard or seen, but don not delay passing the information quickly to your manager.

If your concerns relate to your manager you must contact your second manager



Do not promises to keep what you have been told to yourself

Try to communicate what you will have to do if the person has a degree of understanding



Pay close attention to what is being communicated to you and take it seriously.

When you respond, take into account the person's developmental stage and preferred method of communication.



Do not ask leading questions or enquire about specific details which may prejudice the outcome of any investigation.

Only put questions if you need to clarify what is being communicated. It is extremely important to remember that adults with disabilities are very open to suggestions



Under no circumstances must you question anyone who is suspected to be the perpetrator or discuss the issue with anyone other than your manager.



Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. This Should Be Preserved.

this situation with your manager.

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Nightlife Outreach will support anyone who in good faith reports his or her concerns that an individual has been, or is at risk of being abused. Equally we adhere to the principle that an accused individual has the right to presumed innocent until guilt id proven, even if it is necessary to suspend a member of staff or volunteer from participation in our work on a temporary basis. Suspension should not be equated with guilt.

### The mental Capacity act and Confidentiality

Staff members must never promise absolute confidentiality to anyone – where there are concerns about abuse. They can guarantee that they will only pass the information to a minimum number of people necessary to ensure that the appropriate action is taken.

Where a venerable adult expresses a wish for concerns not to be pursued then this should be respected whenever possible. However, decisions about whether to respect the persons wishes must have regards 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. Any decision taken not to proceed with a referral to another agency and the reasons why must be recorded.

### What to do if nothing appears to have happened following your alert.

If you have followed Nightlife Outreach procedures to report abuse, neglect, unsafe practices or operational difficulties and you feel that no action has been taken or nothing has changed, then your concern can be reported to an external body. This is a very serious step to take and it is possible that in order to ensure the investigation can be carried out unhindered you may not have been kept informed about the progress or outcome of the investigation that has taken place or actions which may have been taken without your knowledge.

Alternatively, an organisation known as Public Concerns at work (<a href="mailto:helpline@pcaw.co.uk">helpline@pcaw.co.uk</a>) can offer information and advice about public interest whistleblowing. The organisation promotes compliance with the law and good practice with the law and practice and offer free advice to people concerned about danger or malpractice in the workplace but is unsure how to raise the matter.

### Action to be taken by the Manager

If an obvious and acceptable explanation is not immediately forthcoming the manager as appropriate will decide upon the action to be taken after consulting with a member of the senior management team from Nightlife Outreach. As a guide for managers the following quote from Birmingham City Council Multi-Agency Guidelines (2005) may be helpful:

"Minor violations of rights occur inevitably throughout daily life resulting in little harm or distress. It is not the purpose of the Adult protection Procedures to control every detail of behaviour towards vulnerable adults, but rather to draw a line beyond which any further violations of rights become unacceptable in a civilized society" (page 6)

It goes on to state:

"Adult Protection Procedures should be reserved for abuses which 'cross a significant threshold of seriousness'. It is important to recognise that judging this that judging this threshold is extremely difficult".

The guidelines go on to state that if any doubt the advised course of action is to seek advise to consider what action is appropriate if these protocols do not seem appropriate.

Detailed overleaf is a flow chart which reflects the safeguarding adult's national framework which should be followed in the event of there being an adult protection issue.

## The Response of Managers

Listen to the alerter without prejudice



Ensure that they have recorded precisely and factually what they have observed, heard or witnessed quoting dates and times



Make an initial assessment of whether it is necessary to call the police (preferably speak with the vulnerable adult's officer if there is one available) and ensure any possible forensic evidence is preserved.



After consulting with a member of the Senior Management Team make an initial assessment of the need to suspend the alleged perpetrator.



Gather all relevant information in relation to the alleged victim, perpetrator and the incident



Immediately ensure that you consult safeguarding adult guidelines for Birmingham City Council. Copy held at Head Office

Complete a safeguarding adults multi-agency referal form provided by the BCC.

This form should include the nature of your concerns and the date and time of any specific incidents.

### Who to contact

### **During office hours**

If there is already a social work team involved with the vulnerable adult then this team should be the first olinbt of contact. If a team is not involved then the social work team as specified in local guidelines should be contacted. Telephone and fax numbers are included within Apoendix A of this policy.

State clearly that the contact is in relation to the possible abuse of a vulnerable adult. Completion of a referal form will ensue that you have all the relevant details. You must then confirm all telephone contact in writing. Although the sponsoring authority for a service user must be contacted, even if the service user is outside of their local area, it is the preference of Nightlife Outyreach for the investigation to be undertaken locally.

### **Out of Hours**

Take the same steps as above but your first point of contact will be the Birmingham City Council Emergency Duty Team (EDT) The telepohone number for the BCC EDT is also contained within Appendix A.

Having made the telephone referal, ensure you send the form to the BCC social Services Office to confirm your informaion.

### The following action must be taken

Ensure the Trustees of Nightlife Outreach or a member of the Senior Management Team has been informed either by you or another.

Confirm all telephone contact in writing.



The Senior Management Team will ensure that all the trustees are aware and been informed of the action which has been taken.



It is not the role of the manager to investigate or speak with parents or carers about adult protective issues.

Your task is to convey information (i.e. the concerns) to the agencies which are legally authorised to enquire into these matters.



Inform the alerter and if appropriate the alleged victim of the action to be taken and what will happen next



In consultation with the Senior Management Team and the lead agency for the investigation, consider whether it is advisable at this stage to call the team together to give them a basic summery of the situation on a need to know basis.

## **What Happens Next?**

The Senior Management Team will make a decision as to whether an adult protection investigation will proceed and will ensure that you are notified of the decision

If an investigation is to proceed there will be a pre-investigation strategy discussion to plan who will be involved and what role they will play. You may be asked to participate in an investigation particularly if you are well known to the vulnerable adult.





There will always be two people involved in any investigation. It may involve interviews with the individual and other relevant people and also the checking of records.

Following the investigation there will be a post-investigation strategy and discussion as to what information has been gathered and the best way to proceed. If there are still concerns that the person is at risk then meeting will be organised in order to plan how to protect the vulnerable adult from abuse and decide if they should be referred to be placed on the Adult Protection Register.



A lead will be appointed to co-ordinate the activities required in the Adult protection plan and to review the persons situation and concerns which have arisen.

## What if the alleged perpetrator is a staff member?

When the alleged perpetrator is a staff member this inevitability is bound up with emotion and confusion for both work colleagues and managers. However, it must be remembered that the alleged perpetrator is exactly that – alleged i.e. the person is innocent until proven guilty. For the majority of situations there is often no alternative but to suspend the member of staff usually on full pay, pending the outcome of an investigation.

This is in order to protect the alleged service user and staff member and allow an unbiased investigation to take place as soon as possible.

If a member of the team is suspended it will be explained to them that an allegation of abuse has been made against them, but no further details can be given to them at the present time. They will need to be advised that the suspension and reason will be confirmed in writing. They will also need to be informed verbally that they are viewed as innocent until proven guilty and that they are entitled to support and representation.

### What about support for the alleged perpetrator?

Nightlife Outreach will designate a member of the management team who will act as the point of contact for the staff member.

When the nature of the allegation is confirmed in writing there will also be confirmation of the agency who will be carrying out the investigation. The matter may also need to be brough to the attention of the Secretary of State as it is possible that the staff member's name will be added to the Safeguarding Adults list or any other appropriate external body which has been established by government agencies.

If it is the police who will be carrying out the investigation the person will need to take legal advice. It may be that any internal investigation or disciplinary hearing may have to await the outcome of the formal external investigation.

Following the investigation and/or disciplinary hearing the alleged perpetrator will receive immediate notification of the outcome and information regarding the right to appeal. If the staff member is found guilty, it is possible that their contract of employment will be terminated and they will remain on the list of those who are deemed unsuitable to work with vulnerable adults.

If found not guilty the person will be re-instated and steps will need to be taken to commence removing that person's name off any list onto which it has been placed.

In cases where the investigation of the facts are unproven either way, then Nightlife Outreach will still have the option regarding taking disciplinary measures on the balance of probabilities.

## The implications of Mental Capacity Act 2005

This act came into force during April 2007 and set out what should happen when someone lacks capacity to make choices and decisions. The Act introduced a new criminal offence of ill-treatment or neglect of a person who lack capacity.

If convicted people can be imprisoned or fined. This covers a failure to provide adequate care, restraining someone unreasonably against their will and any type of abuse or neglect.

## Sharing information with staff when dealing with an allegation of abuse

Managers will have a very difficult task in terms of considering carefully the merits of informing or not informing staff of events. Confidentiality is not about secrets but is about confining information to "who need to know". This situation raises the question – does the team need to have some basic explanation for the upheaval taking place, in order to carry out their job role to the highest standard?

There dependent upon the situation in consultation with the agency responsible for leading the investigation, the senior management team for Nightlife Outreach on some occasions may give staff a concise and basic summery of the situation providing this is not going to compromise any investigation. However, there will be an expressed preference for people not to discuss the matter with their suspended colleague.

Finally, as we said earlier Nightlife Outreach will support anyone who, in good faith, reports his or her concerns

If this guide is used properly it can help to protect members of staff and so help Nightlife Outreach to maintain its credibility but most importantly this guide is to safeguard against being abused.

### References

Birmingham Adults protection committee, 2005, Multi-Agency Guidelines.

Protecting Vulnerable Adults. Birmingham City Council.

Department of health and home office, 2000. No secrets: guidance on development and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Mental Capacity Act 2005. London: The Stationery Office

Public interest Disclosures Act 1998

## Appendix A

Type of Team	Contact Information
Adult and Communities	Tel No: 0121 303 1234 Fax No: 0121 303 6245 Email olderpeoplesaccessservice@birmingham.gov.uk
	Tel No: 0121 303 3335 Fax No: 0121 303 8877
	Tel No: 0121 303 2202 Fax No: 0121 303 6244
Mental Health Teams	Heart of Birmingham Tel No: 0121 685 7605
	South Birmingham Tel No: 0121 678 2830
	Birmingham East and North Tel no: 0121 685 7832
Hospital Social work	Good Hope Hospital Tel No: 0121 424 7880
Teams	Heartlands and Solihull Hospital Tel no: 0121 424 1622
	Moseley Hall Hospital Tel No: 0121 442 3509
	Royal Orthopaedic Hospital Tel No: 0121 685 4194
	Sandwell and West Birmingham Hospital Tel No: 0121 507 4623 or 4622 or 4626
	Selly Oak Hospital Tel No: 0121 627 8677
	University Hospital Birmingham Foundation Trust Tel: 0121 627 2350
	West Heath Hospital Tel No: 0121 627 8237
West Midlands Police	West Midland Police
	In an emergency phone 999
	If you think there has been a crime contact the police straight away.
	Adult and Communities  Mental Health Teams  Hospital Social work Teams

	In non-emergency situations call on 0845 113 500