

**BUCKINGHAMSHIRE
SAFEGUARDING
VULNERABLE
ADULTS
BOARD**

**POLICIES, PROCEDURES AND
GUIDANCE**

**Part 3
Guidance**

Part 3 - Guidance For All Staff Of All Agencies

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The documents comprising Buckinghamshire Safeguarding Adults Policy and Procedures have been developed to reflect the guidance given in 'No Secrets' and 'Safeguarding Adults' and the recommendations made as a result of the study undertaken by the Centre for Policy on Ageing.

These documents describe local policy, frameworks and structures and should be used to assist agencies in developing their own practice in respect of protecting vulnerable adults from abuse. The policy and procedure also seeks to ensure that there is clarity on the roles and responsibilities of agencies in responding to incidents of possible and actual abuse in Buckinghamshire.

Buckinghamshire Safeguarding Adults Policy and Procedures are in three parts covering:

- Part 1 Policy
- Part 2 Procedures
- Part 3 Guidance For All Agencies

This part (Part 3) provides general guidance on what should happen if someone has concerns about the welfare of a vulnerable adult, together with concerns that the person may be suffering, or is at risk of suffering abuse or neglect.

The guidance and information is meant for all people working for staff of all agencies and organisations who are signatories to the Buckinghamshire Safeguarding Adults Policies, including:

- Buckinghamshire County Council
- Health Trusts
- District Councils within Buckinghamshire
- Independent and Voluntary Sector Provider Organisations
- Providers of Sheltered and Supported Housing
- Thames Valley Police
- Department of Work and Pensions

3.1 Introduction

The abuse of vulnerable adults is relatively common. People find it hard to understand why anyone would want to abuse an older person, someone with a physical disability or learning disability, or someone who is unwell. But someone suffering some mental and/or physical frailty is the perfect victim: they can't defend themselves, they can't get away, and even if they are able to communicate they may not be believed. Abuse does not have to be deliberate, malicious or planned either. It sometimes happens that people are trying to do their best but don't really know what is the right thing to do and cause harm through neglect.

The Buckinghamshire Safeguarding Vulnerable Adults Board Policies and Procedures are not just about identifying abusers and punishing them, although this will happen when it is appropriate. Its most important aim is to:

Promote the wellbeing, security and safety of vulnerable people consistent with their rights, capacity and personal responsibility, and if possible to prevent abuse occurring.

In most cases this can only happen by making sure people get the care and help they need when they need it, and making sure that the people that care for them also get the support they need.

Perhaps most importantly, it's about listening and letting people know how they can help themselves. It is not always possible to make things better or change things to how we want them to be. In some cases a vulnerable person may remain in a potentially abusive situation with the full knowledge of those responsible for their care and support because there are no clear solutions.

Once a person reaches the age of 18 they are legally an adult regardless of any disability or impairment they may have. Because of this in most cases it is the vulnerable adult who must decide what happens. The situation will be different if vulnerable adults lack the capacity to make their own informed decisions. However, the people and organisations caring for, or helping them must do everything they can to identify and prevent abuse happening wherever possible.

All agencies and individuals have a role and responsibilities in identifying abusive situations and reporting these to the responsible authority. This **includes** abuse by another service user, or by a service user towards a carer. Sometimes such behaviour is not identified as abusive particularly when the perpetrator is also perceived as a vulnerable person. However it is important that the focus initially is on the abusive act itself and not the degree of responsibility or intent of the person carrying out that act.

The responsibility for the coordinating activity to protect vulnerable adults in Buckinghamshire lies with the County Council's Adult Social Care Service. All incidents of abuse, or suspected abuse should be reported to the Safeguarding Manager. The only exception to this is for an individual receiving a service commissioned by Buckinghamshire Adult Social Care and it is known which team is commissioning that service.

Incidents will then be investigated in accordance with the internal procedures of the department. Because many forms of abuse constitute criminal offences it is important that the Police are involved as early as possible in the investigation process so that evidence is not lost or contaminated. Contact with the Police can be made by either the referring person/agency or by Adult Social Care.

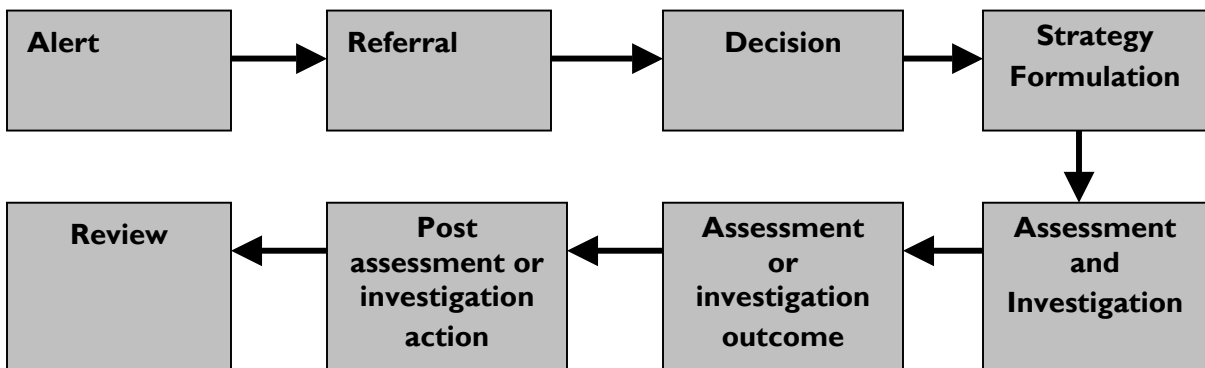
It is important that the referring agency or individual informs Social Services at the time of the referral whether the Police have been contacted. Investigation by the Police will always take precedence over other investigations including internal disciplinary investigations.

The Commission for Social Care Inspection (CSCI) has responsibility for regulating residential, domiciliary care and Nursing Agencies. Suspected Adult Abuse that takes place in services regulated by CSCI must be reported promptly. This can either be carried out by the referring agency or individual or by Adult Social Care. The referring agency or individual must tell Social Services if notification to CSCI has been made.

Disagreements as to who should take responsibility should not get in the way of responding to concerns about vulnerable adult abuse. If you know that the organisation you work for has signed up to this document then you should take responsibility for carrying out the procedures accordingly.

Your organisation's representative on the Safeguarding Adults Board should raise any disagreements at a meeting of the Board.

3.1.1 The Safeguarding Adults Process



There are a number of key steps and decision points to the safeguarding adults' process. At the key decision points, responsibilities for the necessary decisions are made clear within these procedures.

All decisions made with respect to reporting, assessment, investigation and planning for vulnerable adults suspected of being abused, need to be recorded along with the justification for that decision. In particular, if a decision is made not to proceed with a referral or to cease an investigation with no further action, a clear rationale needs to be recorded.

3.2 Who Are Vulnerable Adults?

The National Standards Framework developed by the Association of Directors of Social Services describes vulnerable adults as adults *'who may be eligible for community care services'*.

Adults *'who may be eligible for community care services'* are those whose independence and wellbeing would be at risk if they did not receive appropriate health and social care support. They include adults with physical, sensory and mental impairments and learning disabilities, whether present from birth or due to advancing age, chronic illness or accident. They also include family and friends who provide personal assistance and care to adults on an unpaid basis. They are not a self defined community, but a group that has been created by social policy.

3.3 What Are Community Care Services?

No Secrets defines community care services as *all care services in any setting or context*.

3.4 What Is Significant Harm?

"Significant harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also:

"the impairment of, or any avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development".
(Law Commission – 'Who Decides')

This definition could relate to people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. Their need for additional support to protect themselves may be increased when complicated by additional factors, such as physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

3.5 What Is Abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the individual.

3.6 Multiple Forms of Abuse

This may occur in an ongoing relationship or an abusive service setting to one person or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

3.7 Criminal Acts

Many instances of abuse will constitute a criminal offence. This may lead to criminal proceedings and intervention must take this into account. Vulnerable adults are entitled to the protection of the law in the same way as any other members of the public. Alleged criminal offences differ from all other non-criminal forms of abuse in that the responsibility for initiating action invariably rests with the State in the form of the police and the Crown Prosecution Service. Therefore, whenever complaints about alleged abuse suggest that a criminal offence may have been committed, it is imperative that reference is made to the police as matter of urgency. Criminal investigation by the police takes priority over all other lines of enquiry. Ensuring the safety of victims however must be assured.

3.8 Other Useful Definitions

Serial Abusing: the perpetrator seeks out and “grooms” vulnerable individuals. Sexual abuse sometimes falls into this pattern, as do some forms of financial abuse.

Long Term Abuse: in the context of an ongoing family relationship such as domestic violence between spouses or generations.

Opportunistic Abuse: for example, theft of money which has been left lying around.

Situational Abuse: arising owing to pressures built up perhaps because of difficult or challenging behaviour and the inability or unwillingness of the carer to deal appropriately with the situation.

3.9 Spotting the Signs and Indicators of Abuse

3.9.1 *What Might I Be Concerned About?*

When a number of the indicators listed below are present, this should alert practitioners to *consider* that abuse *may* have occurred. However, the presence of one or more does not confirm abuse/mistreatment. A cluster of several signs and indicators may indicate a potential for abuse/mistreatment and the need for further assessment.

3.9.2 *Physical Abuse – Mistreatment*

Inflicting pain or physical injury which is either caused deliberately or through lack of care

This can include:

- Hitting
- Slapping
- Pushing
- Kicking
- Punching
- Forcing...including force feeding
- Inappropriate use of restraints
- The use of incorrect moving and handling techniques that are potentially dangerous and are known to cause distress
- The misuse of medication

Indicators:

- A history of unexplained falls, minor injuries or malnutrition
- Unexplained bruises in various stages of healing
- Unexplained fractures or fractures in various stages of healing
- Injuries reflecting the shape of an object
- Unexplained burns, particularly to the soles of the feet, palms of the hands or back
- Immersion burns, rope burns or cigarette burns
- Injuries to the head, face or scalp
- Varicose ulcers, pressure sores
- Being left in wet clothing or bedding
- Signs of under or over use of medication

3.9.3 Sexual Abuse

The involvement of a person in sexual activities to which he or she has not consented or does not truly comprehend, or where the other party is in a position of trust, power or authority

Sexual abuse includes:

- Touching
- Fondling
- Sexual intercourse
- Attempted sexual intercourse
- Offensive or inappropriate language
- Indecent exposure
- Sexual teasing
- Looking
- Inflicting pornography on an individual

Indicators:

- A significant change in sexual behaviour
- Sexually implicit/explicit behaviour around certain individuals
- Unexplained changes in behaviour
- Unusual difficulty in walking or sitting

- Torn, stained or bloody underwear
- Sexually transmitted disease
- Urinary tract or vaginal infection
- Full or partial disclosure or hints of sexual abuse

N.B. Sexual abuse is usually thought of as the involvement of a person in a sexual activity to which they have not consented or which they do not truly comprehend. However, it must be remembered that to prevent a person from expressing their chosen sexuality may also threaten their human rights and may be considered to be a form of abuse.

3.9.4 Psychological Abuse

Acts or behaviour that cause mental distress or anguish to the victims or which negate the wishes of the vulnerable adult

These can include:

- Threats of harm or abandonment
- Intimidation
- Scolding or treating like a child (infantilisation)
- Making a person feel ashamed of involuntary behaviour
- Blaming someone for attitudes or actions or events beyond their control
- The use of silence
- Effects of other forms of abuse (e.g. financial when family member is perpetrator)
- Humiliation
- Controlling or creating over dependence
- Lack of privacy/dignity
- Deprivation of social contact
- Deliberate isolation/denial of access to visitors
- Threats to withdraw help/support
- Denial of cultural/spiritual needs
- Denial of choice
- Failure to respond adequately to emotional needs
- Failure to protect from the emotional abuse of others
- Threatening medical or legal consequences if the individual does not comply with the desired behaviour

Indicators:

- The person appears withdrawn, agitated or anxious in general
- The person appears intimidated or subdued in the presence of the carer
- The person appears frightened of making choices or expressing his/her wishes
- The person appears fearful or flinches on approach
- Changes in sleep patterns
- The person may be tearful

3.9.5 Financial or Material Abuse

The inappropriate use of the money, property or possessions of a vulnerable adult by another, including:

- Misuse of a person's money, property or possessions
- Refusing access to the person's money, property or possessions
- Extortion of money, property or possessions through theft
- Failing to account satisfactorily for the use of a person's money, property or possessions
- Pressure in connection with wills; property; inheritance, etc
- Misuse or misappropriation of property; possessions or benefits (e.g. personal income subsumed into household income)
- Denying the right of someone who may be competent to handle their own financial affairs

Indicators:

- Unexplained withdrawals from bank or building society accounts
- Unexplained disappearance of financial documents
- Sudden inability to pay bills
- Disparity between assets and apparent living conditions
- Carer concerned preoccupied with financial questions, rather than about care or well being
- Lack of reasonable co-operation from the person managing finances
- Carers failing to account for expenses incurred on a person's behalf

3.9.6 Neglect or Acts of Omission

A vulnerable person may be suffering from neglect when their general wellbeing or development is impaired, including:

- Lack of adequate food and fluids
- Lack of adequate heating/lighting
- Lack of appropriate medical care
- Being left to take unwarranted/unreasonable risks
- Poor hygiene/cleanliness
- Lack of attention to toe and finger nails
- Lack of attention to teeth (natural or false)

Indicators:

- Inadequate food, fluids, heating, lighting
- Poor physical condition, poor hygiene, varicose ulcers, pressure sores
- Clothing in a poor condition
- Failure to seek medical advice or summon assistance as required
- Failure to access dentistry, chiropody services etc
- Refusal to allow access to appropriate callers or visitors

3.9.7 Discriminatory Abuse

The inappropriate treatment of a vulnerable adult because of their race, colour, sex (or sexuality), disability etc

This may include:

- Racist remarks
- Sexist remarks
- Comments about disability
- Other forms of harassment
- Slurs or similar treatment
- Deprivation of normal social contact and cultural identity

Indicators:

- Inappropriate remarks or comments
- Poor quality care to certain groups of patients/clients
- Patient or client prefers not to be cared for by certain member(s) of staff
- Staff member/volunteer may seem to avoid caring for certain groups of patients/clients
- Inappropriate social contact or activity offered
- Lack of choice of appropriate food
- Minimal or no contact with relevant groups or organisations, etc
- No individualised care plan or no reference in care plan to specialised needs

3.9.8 Institutional Abuse

The inappropriate care of a vulnerable adult in an institutional situation (hospital, residential or care home, etc.), which encompasses all or some of the previous definition or examples. The vulnerable adult, in an institutional setting, may display any of the indicators mentioned in all forms of abuse described above.

3.10 Predisposing Factors That May Be Linked To Abuse

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with a relative. It may also occur within nursing, residential or day care settings, in hospitals, custodial situations, support services into people's homes, and other places previously assumed safe. It can also take place in public places. The trend towards more care at home can make people potentially more vulnerable to abuse.

Perpetrators of abuse may be visitors, neighbours, relatives, carers, care practitioners, voluntary visitors or other service users. Abuse may be more likely to occur in the following situations:

3.10.1 The Domestic Environment

- Family relationships over the years have been poor or where family violence is the norm.
- The family is under stress due to poor income or housing conditions.

- Carers have unwillingly had to change their lifestyle.
- Carers receive little or no practical and/or emotional support from their family members and/or professionals.
- Carers are showing signs of physical or mental illness or are becoming dependent on alcohol or drugs.
- Carers feel emotionally and socially isolated.
- Carers have other demanding responsibilities, e.g. work and family.
- Carers have no personal or private space.
- Roles have been reversed - for example, a parent becomes a dependent.
- The person being cared for shows little consideration for the needs of the carer and other family members.
- The carer has frequently requested help from professionals but problems have not been or cannot be resolved.
- The carer feels abused or exploited by the dependent person.

3.10.2 Residential, Social and Health Care Environments

Such environments include residential care homes, nursing homes, hospitals, day care centres and supported or sheltered housing schemes.

- An inappropriate power relationship exists between staff and service users.
- Regimes which are careless of a person's property or emotional well being.
- Inadequate recruitment policies which allow the employment of staff with insufficient checks.
- Poor practice that has gone unchecked or unguided
- A regime in which service users are discouraged from speaking out or complaining
- An environment in which staff anxieties over job security or promotion inhibits them from raising concerns about bad practice/abuse.
- Inexperienced or poorly trained staff caring for people who need a high level of assistance or specialised care
- Inadequate management support or lack of supervision by trained and experienced managers.
- Low morale amongst the work force and defensiveness about their working practices
- Insufficient numbers of staff expected to cope with high dependency levels, high incidence of incontinence, etc.
- An absence of clear policies and procedures covering operational issues, drug management, safety, handling complaints etc.
- Poor working conditions or terms of employment
- A culture which focuses on the needs and rights of staff rather than on the service users
- Constant high turnover of staff or heavy reliance on 'bank' staff. Conversely, a stable but rigid staff team resistant to change.
- A casual approach to residents' privacy and rights.
- Poor or no contact between service users and their families, friends, etc.
- An over-strict and regimented routine for service users.
- A high incidence of restraint
- A high incidence of accidents
- Inappropriate or over-use of medication
- Discrepancies or deficiencies in record keeping

- Inappropriate levels of control of service users finances and personal affairs.
- Singling out individuals for preferential treatment.

3.10.3 Carers Under Stress

It is acknowledged that unpaid carers provide a great deal of community care. Health and social care providers have developed a number of initiatives and practices to ensure that practical support for carers is given a high priority. However, the constant burden of care can place carers under stress.

Carers under stress may express a range of feelings. The frequency and intensity with which these emotions are expressed are important. The expression of these emotions might indicate not just a desire to share the difficulties that the carer faces, but a growing inability to continue coping in a sensitive and caring manner.

Social and emotional signs of a carer under stress may include the following:

- An unremitting sense of anger, frustration or despair.
- A sense of unfairness, of being victimised, or resentment
- Grieving for lost personal ambitions and plans.
- Anxiety and worry
- A sense that they are not themselves cared for.
- Feelings of isolation and loneliness
- Loss of self-esteem
- A feeling that they are not respected or important
- A sense of having no time for themselves
- Feelings that there is no relief and that the situation is beyond their control
- Feelings of bewilderment or upset caused by the person's behaviour towards them.

3.11 General Guidance - Key Points

If at any time you feel the person needs urgent medical assistance call for an ambulance or arrange for a doctor to see the person at the earliest opportunity as appropriate.

If the vulnerable adult wishes to remain in the situation, has the capacity to make this decision and understands the consequences, and refuses assistance their wishes must be respected.

In most circumstances you may not need to take any immediate action, as the person may not have suffered a serious injury or be at immediate risk. However, if you come across someone in serious distress, or at immediate risk:

- Keep calm
- Assess the situation
- Make sure that you and the victim are safe
- Give any emergency help that may be needed and you are confident and competent to give
- Get help
- Reassure and take care of the person

3.11.1 What If I See Someone With An Injury And Don't Know How It Happened?

- Don't jump to conclusions
- It is okay/good practice to ask the person, or if the person is not able to tell you, their carer, how the injury was sustained e.g. where did you get that bruise?
- Follow the guidance below for disclosures and allegations but remain open minded, you may not always be told the truth
- Record as soon as possible any physical signs or injuries using a body map or hand drawing if necessary. Write down a description of any physical signs or injuries including size, shape and colour. Make sure you sign and date it.

3.11.2 What Do I Do If Someone Makes An Allegation Or Tells Me About Abuse?

- Take time to listen to the person rather than directly question him or her
- Don't interrupt a vulnerable adult who is freely telling you what has happened
- Accept what is being said without comment and remain open minded
- Do not make judgments or jump to conclusions
- Reassure the person
- Ask the person what they would like to do about what has happened
- Unless otherwise required in your own organisational or professional codes of conduct do not promise that you will be able to keep what the person says confidential. Make explicit the fact that you may need to share what you are told, but only to people who need to know.
- Reassure the person that their wishes will be taken into account
- Make a note of what was said, where it was said and who was there, including any questions you have asked.
- Always remember to sign and date any notes you make.

3.11.3 Recording and Preserving Evidence

It is the responsibility of all individuals and agencies having a responsibility for the care, treatment and support of vulnerable adults to ensure that any concerns they have about the welfare of a vulnerable adult are recorded and that any evidence indicating that abuse is occurring or has happened is retained.

How do I preserve evidence?

In most circumstances you may not need to do anything except record the events that have given rise for concern. However, there may be occasions when it is important to follow certain rules:

- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place
- Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them

- In cases of physical or sexual assault encourage the person not to wash bathe or shower where you think they might have a medical examination
- Where the abuse has involved oral sex encourage the person not to drink until they have been seen by the police or forensic doctor
- Don't tidy up, wash clothes, bedding or other items.
- Secure the room.
- If evidence has to be moved then put it in a clean paper bag or envelope.
- Secure any financial records if financial abuse is suspected.

What should I record and how?

It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. In some cases this will mean writing in a person's records or notes, in others it might be on a piece of paper. All original notes must be retained.

- It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did
- Sign and date your records and make sure they are kept in a safe place
- Record any physical signs or injuries using a drawing if necessary, make sure you sign and date it
- Where the vulnerable person has physical signs or injuries try and ensure they are seen by a qualified medical practitioner (e.g. doctor or nurse)
- Write down what is said to you as soon as possible, who said it including their relationship to the vulnerable adult or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it
- Include any details about what the vulnerable person wants to be done at this stage
- Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them
- Ensure you record what action you took and why
- Sign and date all your records and make sure they are kept in a safe place

3.12 Reporting Concerns

People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a vulnerable person and/or others they have to share the information with someone who is in a position to take action or responsibility.

The vulnerable adult should be told who the information is to be shared with, and that their views and wishes will be taken into account. Any views or wishes expressed by the vulnerable adult should be recorded and reported with their concerns by the staff member.

It is important that you make a note of who you told and what you told them. Where possible all reports of concerns should be followed up in writing.

Concerns should be reported at the earliest possible opportunity.

Where concerns relate to a serious criminal offence e.g. sexual and/or physical assault, and or the person is believed to be at immediate and serious risk they should be reported immediately.

Referral by telephone should be made within 24 hours once a person has been alerted to suspected or actual abuse.

3.13 Who should I tell if I am concerned?

If a person is resident in Buckinghamshire then it is the overall responsibility of Buckinghamshire Council to ensure that allegations and concerns are followed up. This applies even if the vulnerable person is receiving a service arranged and paid for by another authority.

Who you tell will depend on your role and status within your department or organisation. In most cases you should inform your line manager. However, in some instances this may not be appropriate (e.g. where there is a concern about that person), or possible. If this is the case you should contact one of the following:

- Your manager's manager
- The Safeguarding Manager in Adult Social Care

3.13.1 What should I do if I'm not happy with the response I get?

Ask the person you told what has happened as a result of your report. If you are not happy with the response, talk to someone else on the list.

3.13.2 Whistle-blowing (Public Interest Disclosure)

Where concerns are held about a vulnerable adult regarding malpractice or misconduct in a workplace or by employees of an organisation/agency, those concerns should in most circumstances be raised with the organisation/agency involved and also with Social Services under Safeguarding Adults procedures.

All partner organisations should have a Whistle Blowing Policy.

Do:

- Think about the risks and outcomes before you act.
- Remember you are a witness, not a complainant.
- Phone "Public Concern at Work" (PCaW) for advice: 0207 404 6609
- Email "Public Concern at Work" (PCaW) for advice: whistle@pcaw.co.uk
- Look on the web at *Public Concern at Work - Making Whistleblowing Work* <http://www.pcaw.co.uk/>

Don't:

- Forget there may be an innocent or good explanation.
- Become a private detective.
- Use a whistle-blowing procedure to pursue a personal grievance.

- Expect your manager/employer to accept your report positively.

3.14 Adult Abuse and the Office of the Public Guardian

Many people who lack capacity are likely to receive some care or support from a range of agencies. These agencies and their staff retain those responsibilities even if the person is subject to registration of a Lasting Power of Attorney (LPA) or the appointment of a deputy. Although concerns about the way in which LPAs or deputies exercise their powers may be directed to the Public Guardian, the Public Guardian will not always be the most appropriate body to investigate all of them.

The Mental Capacity Act 2005 states that the Public Guardian may co-operate with relevant agencies to ensure that concerns and complaints are referred to the right agency. In practice, this will most commonly include social services, NHS bodies, the Commission for Social Care Inspection in England or the Care Standards Inspectorate in Wales, the Healthcare Commission and the police.

The Office of the Public Guardian (OPG) may itself investigate cases where there are allegations of financial abuse on the part of the attorney or the deputy. Where the concerns relate to personal welfare LPAs or personal welfare deputies, the Public Guardian will refer them to the relevant health or social care agency, and in certain circumstances the police will be alerted. Where such a referral is made, the OPG will ensure that it is kept informed of the action taken by the relevant agency as well as ensuring that the court has all the information it needs in order to take possible action against the attorney or deputy. For example, the court might discharge a deputy or revoke an LPA.