

Adult Protection Toolkit For Domiciliary Care Agencies



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The authors would like to thank:

- Leonard Cheshire Disability for use of images on pages 5, 8, 24, 31 and 37 which are also reproduced on the front cover.
- Ronald Morton of the Commission for Social Care Inspection for comments during the drafting process.
- Jane Taylor-Medhurst for proof-reading the final draft.

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This document is available as a free download from
www.ukhca.co.uk/downloads.aspx?id=177

First edition

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Foreword

Homecare workers deliver services that can transform people's lives, enabling many people to remain at home rather than move into residential care. The very nature of homecare means that careworkers have privileged access to service user's homes. In the majority of cases, homecare workers and their managers can be the first - or only - service provider to recognise and then alert adult protection teams to situations of domestic abuse or neglect. Their role in protecting vulnerable adults from abuse is therefore crucial.

The recently published '*UK Study into the Prevalence of Abuse and Neglect of Older People*' found that family, friends and neighbours were the most likely abusers of older people. However, it also showed that domiciliary care workers accounted for 9% of abuse reported against older people living independently in their own homes and were the perpetrators in 13% of cases of neglect.

Additionally, the Commission for Social Care Inspection's (CSCI) report '*Time to Care*' found that 77% of homecare agencies are meeting National Minimum Standards for safeguarding people from abuse. Agencies falling short had not developed effective policies, had not understood locally agreed procedures or had not trained their staff adequately.

The situation is complex. Not all staff working for domiciliary care agencies are aware of the local arrangements for adult protection. Many staff are unsure of how to deal with the grey areas of abuse, such as neglect, financial abuse or

inappropriate use of medication and whistleblowing can be a painful experience. Additionally, confusion exists as to the relationship between adult protection procedures and other systems such as complaints procedures, commissioning and contracts monitoring.

It is against this background that Action on Elder Abuse and UKHCA are publishing this Adult Protection toolkit to help domiciliary care agencies draw up their own adult protection policies and procedures. We aim to reinforce the concept that the homecare sector plays a crucial role in identifying, responding to and tackling abuse of all vulnerable people. It is crucial that people in the homecare sector feel empowered to report cases of abuse and are confident enough to whistleblow where necessary. We must move to a situation where a failure to blow the whistle is seen as an unacceptable breach of codes of conduct.

Most importantly this toolkit is intended to improve the quality of life of those older people and other vulnerable adults whose lives are blighted each year by appalling abuse and hardship.



Lesley Rimmer
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About us



Action on Elder Abuse

Action on Elder Abuse is a registered charity that works to protect, and prevent the abuse of, vulnerable older adults. We were the first charity to address these problems and are the only charity in the UK and in Ireland working exclusively on the issue today. We run a confidential helpline to advise anyone concerned about elder abuse on 0808 808 8141. Consequently, when you provide support to us, or make a donation, you can be sure that it will be used exclusively on issues relating to elder abuse and nothing else.

You can read more about how to support our work and help us put an end to older people's suffering on our website at:

www.elderabuse.org.uk/Help%20Us/Help_Us.htm

An application form for membership of Action on Elder Abuse and details of the report *Hidden Voices: Older People's Experience of Abuse* are reproduced at the end of this document.

United Kingdom Homecare Association (UKHCA)

United Kingdom Homecare Association is a not-for-profit membership organisation of home care providers from the independent, voluntary, and statutory sectors. UKHCA helps organisations that provide social care, which may include nursing services, to people in their own homes, promoting high standards of care and providing representation with national and regional policy-makers and regulators.

You can read more about how to become a member of UKHCA and access a range of good practice publications, advice lines and training resources for homecare at:

www.ukhca.co.uk/joining.aspx

An application form for homecare agencies who wish to join UKHCA is reproduced at the end of this document.



Purpose of this toolkit

Paragraph 50 of UKHCA's Code of Practice states:

"Service users have the right to remain safe and free from physical, psychological and financial abuse and neglect by care workers, family members, friends, representatives, carers and health or social care workers. Member organisations will operate policies and procedures for the prevention and reporting of abuse. These policies and procedures will be consistent with local arrangements for the prevention, investigation and management of adult and child abuse made by the appropriate statutory body."

This toolkit should signpost homecare providers to everything they need to write or review policies and procedures for protecting vulnerable adults from

harm. We have designed it to equip providers with information on:

- The nature of abuse, and how it is defined;
- National guidance on adult protection by all four UK administrations;
- Regulatory requirements on dealing with abuse in domiciliary care;
- Processes for keeping abusers out of the social care workforce;
- Issues surrounding the management of finances, whistleblowing and confidentiality; and
- Training including induction and supervision

All of the above provides an important context for developing and reflecting on adult protection policies and procedures.

The toolkit then moves on to suggest:

- what an organisation's policies and procedures should contain;

- how to define responsibilities within the organisation;
- a suggested process to follow in responding to an allegation of abuse.

This document should be seen as complementary to local procedures for dealing with allegations of abuse and guidance provided by statutory agencies.

Disclaimer

This guidance has been produced as a service for homecare providers. It does not attempt to be an exhaustive reference source or a statement of law. The United Kingdom Homecare Association Ltd and Action on Elder Abuse accept no liability for organisations acting or refraining from acting solely on the information contained in this document.



The nature of abuse

Often, the people who abuse vulnerable adults of any age are exploiting a special relationship. Abuse occurs in relationships where there is a reasonable expectation of trust on the part of the victim, whether through family bonds, friendship or through a paid caring role, and that trust is exploited.

Action on Elder Abuse (AEA) define abuse as

"A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, that causes harm or distress to an older person."

AEA has classified five separate categories of abuse:

- **Physical Abuse** – the non accidental infliction of physical force that results in a bodily injury, pain or impairment (including the inappropriate use of medication)
- **Financial Abuse** – the unauthorised or improper use of funds, property or any other resource of an older person
- **Sexual Abuse** – direct or indirect involvement in any form of sexual activity without consent
- **Neglect** – the deprivation of assistance needed by an older person for important activities of daily living
- **Psychological Abuse** – the use of threats, humiliation, bullying, swearing

'No Secrets', the Government's guidance on adult protection in England (published jointly by the Department

of Health and the Home Office) defines abuse as:

'A violation of an individual's human and civil rights by another person or persons'

It is crucial to remember that the majority of abuse is a crime and should be treated and responded to accordingly.

Indicators of abuse

The secretive nature of abuse and the shame that victims feel can mean that abusive situations continue over long periods of time. It is important that those caring for vulnerable adults are aware of, and are vigilant to what may be signs of abuse. These can include:

- Recurring or unexplained injuries
- Untreated injuries and medical problems
- Being emotionally upset and agitated
- Inconsistency or difficulty in accounting for the cause of injuries
- The older person not being allowed to speak for themselves
- Poor personal hygiene, unchanged bedding and/or unsuitable clothing for the conditions or environment
- Untreated or long-standing pressure sores that do not heal
- Unexplained weight loss or gain, or evidence of dehydration noted by poor skin condition and/or frequent urine infections
- The older person appearing withdrawn, depressed, having irregular sleep patterns, low self-esteem, fearfulness, agitation, or loss of appetite
- Abrupt or unexplainable changes to bank accounts or wills.

Further reading

Further information on abuse and its indicators can be found in your local authority adult protection policy, or from the Action on Elder Abuse website, www.elderabuse.org.uk. This also provides information on the 'UK Study of Abuse and Neglect of Older People', the Prevalence survey report commissioned by Comic Relief and the Department of Health in 2007: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078333

Domestic violence

A proportion of adult abuse cases are in fact domestic violence situations. Domestic violence is defined by The Home Office as 'any incident of threatening behaviour, violence or abuse between adults who are, or have been, in a relationship together, or between family members, regardless of gender or sexuality'. Domestic violence is a crime.

Although domestic violence is chronically under reported, research estimates that it:

- accounts for 16% of all violent crime
- has more repeat victims than any other crime (on average there will have been 35 assaults before a victim calls the police);
- costs the UK in excess of £23bn a year which includes costs to employers and public services;
- claims the lives of two women each week;
- will affect 1 in 4 women and 1 in 6 men in their lifetime.

(Source: Home Office www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence)

Domestic violence affects older people, people with learning disabilities, people with physical and sensory impairments and people with mental health problems. It is rarely a one-off incident, but is often a pattern of abusive and controlling behaviour through which the abuser seeks power over the victim.

Victims of domestic violence suffer on many levels, including health and housing, and lose the freedom to live their lives how they wish and without fear. Agencies and staff should therefore be aware that the people to whom they are providing care may be victims or perpetrators of domestic violence. Domestic violence awareness should consequently be included in both training and policies and procedures for staff on abuse.

The following helplines can offer practical help and advice including:

- emergency refuge accommodation
- safety planning and advice
- translation facilities

Further contacts

- English National Domestic Violence Helpline: 0808 2000 247
- Scottish Domestic Abuse Helpline: 0800 027 1234
- Wales Domestic Abuse Helpline: 0808 80 10 800
- Male Advice & Enquiry Line (UK-wide): 0808 801 0327
- The Dyn Wales/Dyn Cymru Helpline (for men in Wales): 0808 801 0321
- Northern Ireland Women's Aid: 0800 917 1414



Adult protection within the UK

Across the UK the national impetus to protect vulnerable adults has increased in recent years, as a consequence of a number of factors including the campaigning work of organisations such as Action on Elder Abuse. However, the only country that has adopted comprehensive national legislation to protect vulnerable adults is Scotland. Elsewhere policy guidance has encouraged local social and community care services to take the lead in co-ordinating adult protection. This will be the lead local authority for social services in England, Wales and Scotland, and the Health and Social Care Trust in Northern Ireland.

While these services are the lead bodies for co-ordination, ALL guidance is explicit on the key role that independent

and voluntary care providers should play in co-operating with the lead bodies and alerting these bodies to abuse. Please note that the guidance applies in ALL situations and as much to self-funded service users as to people whose care is funded through social or community services.

It is therefore of vital importance that domiciliary care agencies familiarise themselves with the local arrangements to investigate and manage incidents of abuse and obtain a copy of the locally agreed policies and procedures from the local authority or Health and Social Care Trust in your area – this is one of the first steps in writing an adult protection policy and procedure.

The lack of a legislative framework underpinning adult protection work in England, Wales and Northern Ireland is of great concern to many campaigning organisations. Such concerns are centred on the lack of status given to

this work, the confusion around roles and responsibilities and the many gaps in civil and criminal remedies.

England and Wales

Many places have had policies, procedures and systems to investigate allegations of abuse in existence before 2000. However, the Government's 'No Secrets' guidance was the first coherent national policy statement to establish a single system, with clear lines of responsibility and accountability. 'In Safe Hands', the Welsh Assembly Government's guidance on implementing adult protection procedures was published simultaneously. For this reason both the 'No Secrets' guidance in England, and the 'In Safe Hands' guidance in Wales should be seen as landmark publications.

The above guidance identifies social services departments as the lead agencies in the investigation of abuse. But for homecare providers there is:

- A responsibility for all agencies working with adults who may be deemed as vulnerable, to have clear policies, procedures and systems for responding to allegations of abuse; and
- An obligation and responsibility to co-operate with and participate in multi-agency forums to protect vulnerable adults from abuse.

Multi-agency adult protection committees have also been set up in the majority of local authorities in England and Wales and, accompanying these, have invariably been multi-agency policies and procedures. These

set out how to prevent abuse, as well as deal with incidents of abuse locally. Effectively, there are over 160 local authorities with social service responsibilities in England and Wales and therefore 160 multi-agency policies and procedures for each area.

Many staff groups have been made aware of their responsibilities to report abuse and abusive situations and the quality of life for many vulnerable adults has therefore been improved following interventions to tackle that abuse. However, research by Action on Elder Abuse (see Adult Protection Data Monitoring Report below) has found that many staff, carers, and members of the public remain unaware of how and when to report concerns of abuse. There are many grey areas in terms of identifying what constitutes abuse, in particular neglect and financial abuse. Victims and their families can often be left frustrated with inadequate outcomes, and there is not the same level of priority and resources allocated to protecting vulnerable adults that is accorded to child protection or domestic violence. Perhaps most worryingly, criminal prosecutions for perpetrators of abuse remain all too rare.

A considerable amount of work has been undertaken both to review the effectiveness of the 'No Secrets' guidance as well as further develop effective responses to abuse situations from all relevant agencies. Two examples of this would be:

Safeguarding Adults

The Safeguarding Adults document was developed by the Association of

Directors of Social Services (now the Association of Directors of Adult Social Services) as a 'National Framework of Standards for Good Practice and Outcomes for Adult Protection Work'. This document was an attempt to standardise adult protection work across England and contains a number of useful self audit tools for all agencies working to protect vulnerable adults. It also provides a very useful guide for those agencies producing an adult protection policy.

Adult Protection Data Monitoring Project

This document was the culmination of a two year Government funded project carried out by Action on Elder Abuse looking at monitoring systems for adult protection work. It provides a comprehensive review of efforts to protect vulnerable adults from abuse along with a number of key policy suggestions for agencies.

Further reading

'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse': Department of Health and Home Office (2000).

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486.

'In Safe Hands, Implementing Adult Protection Procedures in Wales': Welsh Assembly Government (2000).

http://wales.gov.uk/docrepos/40382/4038212/403821/403821/4038211/4038213/safe_hands.pdf?lang=en

'Safeguarding Adults': Association of Directors of Social Services (2005).

www.adass.org.uk/publications/guidance/safeguarding.pdf

'Adult Protection Data Collection and Reporting Requirements': AEA (2006)

www.elderabuse.org.uk/Media%20and%20Resources/Useful%20downloads/AEA/AP%20Monitoring.pdf

Northern Ireland

Policies, procedures and systems to protect vulnerable adults from abuse in Northern Ireland have grown up in a similar way to the 'No Secrets' guidance. A Regional Adult Protection Forum has been established in Northern Ireland to promote, develop and improve arrangements for the protection of vulnerable adults. In 2006, the Forum produced 'Safeguarding Vulnerable Adults', based on good practice in Northern Ireland. This publication standardised regional procedures across the then 18 Health and Social Services Trusts who had the lead on adult protection matters. The

document is planned for review but remains currently in use amongst the newly merged 5 Health and Social Care Trusts. The lead body to investigate abuse is the Trust, who should have a Designated Officer to whom cases are reported.

However, there is a clear obligation on providers to:

- Operate within an inter-agency procedural framework as set up by the Health and Social Service Trust; and
- Ensure all staff are aware of their duty to report suspected, alleged or confirmed incidents of abuse.

Further reading

'Safeguarding Vulnerable Adults – Regional Adult Protection Policy and Procedural Guidelines': Published by the Northern Health and Social Services Board on behalf of the Department of Health, Social Services and Public Safety (2006)

www.nhssb.n-i.nhs.uk/publications/social_services/Safeguarding_Vulnerable_Adults.pdf

'Safeguarding vulnerable adults, a shared responsibility': produced by Volunteer Now, commissioned by DPHSSIS. The guidance is for the voluntary and independent sector and contains good practice guidelines and example procedures and policy statements.

<http://www.volunteering-ni.org/news/80>

Scotland

The situation in Scotland is somewhat different to the other UK administrations, following the introduction of comprehensive legislation.

Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act received royal assent on 21 March 2007. The main provisions of the Act are to:

- define adults at risk of abuse;
- place a duty on councils to investigate suspected abuse of a vulnerable adult;
- provide powers to intervene in the affairs of adults, provided this is the least restrictive action and is of benefit to the person;
- require councils to set up adult protection committees to review procedures and practices for safeguarding adults at risk;

- modify arrangements for handling the financial affairs of adults without mental capacity;
- clarify responsibilities where a person receives social care outside the area where they are normally resident;
- amend the powers of mental health tribunals to review compulsory treatment orders; and
- introduce new powers for Scottish councils to make direct payments for social care.

With the new duties on authorities, providers will have a clear lead on who to contact when abuse is suspected.

Providers are expected to:

- Co-operate with the new adult protection systems to protect vulnerable adults from abuse; and
- Be aware of the local multi-agency policies on protecting vulnerable adults from abuse.

Further reading

'*Adult Support and Protection (Scotland) Act*': Scottish Parliament (2007)
www.opsi.gov.uk/legislation/scotland/acts2007/asp_20070010_en_1



Regulations and standards for domiciliary care

All domiciliary care agencies are regulated by statutory bodies charged to inspect and raise standards in care services. Domiciliary care in England and Wales is obliged to abide by Regulations, and are inspected against the Essential standards of quality and safety in England and the National Minimum Standards in Wales. In Scotland, there are no Regulations but a set of National Care Standards against which services are inspected. Domiciliary care agencies in Northern Ireland are inspected against the Domiciliary Care Agencies Minimum Standards.

Regulations define the legal framework in which providers operate, while Standards are an interpretation of the

Regulations, and are effectively a code against which providers should operate and will be judged. Failure to meet a Standard does not in itself lead to enforcement action by the regulators, but is likely to be an indication of failing to meet basic legal requirements under the appropriate Regulations. Such a failure could lead to enforcement action, including prosecution.

Highlighted below are the Regulations and Standards for each country that specifically deal with abuse. There are other Regulations and Standards which could be an indication of abuse or neglect – or might put service users at risk of abuse - if breached. An example could be a failure to make adequate checks on employees, or failing to train staff on the principles of dignity and personalised care. All the Regulations and Standards are essentially designed to ensure that vulnerable adults are protected and receive high quality care.

England

Regulation 11 of the Health and Social Care Act 2008 (regulations 2009) contains obligations on a regulated provider to ensure that service users are protected. The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of—

- (a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs;
- (b) and responding appropriately to any allegation of abuse.

(2) Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being—

(a) unlawful;

Or (b) otherwise excessive.

(4) For the purposes of paragraph (1), “abuse”, in relation to a service user, means—

(a) sexual abuse;

(b) physical or psychological ill-treatment;

(c) theft, misuse or misappropriation of money or property;

Or (d) neglect and acts of omission which cause harm or place at risk of harm.

The accompanying Essential standards for quality and safety, Outcome 7, expands on Regulation 11 to ensure that the agency know what the service user should experience when the outcome is achieved.

Outcome 7:

People who use services:

Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

This is because providers who comply with the regulations will:

- Take action to identify and prevent abuse from happening in a service.
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
- Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.

Regulations and standards for domiciliary care

- Protect others from the negative effect of any behaviour by people who use services.
- Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005.

The standards do not specify that a policy must be in place, however, the regulations do state that you need to be able to respond appropriately to cases of abuse, this could include having a policy and procedure in place to ensure that all staff know how to deal with abuse.

Further reading

'Guidance about compliance Essential standards for quality and safety', Care Quality Commission, (2010)

http://www.cqc.org.uk/publications.cfm?fde_id=13510

'Safeguarding Adults – protocol and guidance': Commission for Social Care Inspection (2006)

www.csci.org.uk/professional/care_providers/all_services/guidance/safeguarding_adults_protocol.aspx

Wales

The Domiciliary Care Agencies (Wales) Regulations 2004, Regulation 14, places obligations on a domiciliary care agency to ensure that service users are protected. The registered person must make arrangements that:

- Specify the procedure to be followed after an allegation of abuse, neglect or other harm (Regulation 14(5)(a)), ensuring that appropriate steps are taken immediately to reduce the risk of any abuse, neglect or harm;
- Specify the procedure to be followed where a domiciliary careworker acts as agent for, or receives money from, a service user (Regulation 14(5)(d));

- Prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse. These arrangements include training (Regulation 14(8)).

Regulation 26 places obligations on a domiciliary care agency to ensure that the Care and Social Services Inspectorate Wales (CSSIW) is notified within 24 hours of the registered person being informed or becoming aware that an incident has taken place. Such incidents include those reported to, or being investigated by the police and any allegation of misconduct by the Registered Person or any person who works for the purposes of the agency (Regulation 26(2)(b)(ii) and (c)). If the notification is made verbally it must be confirmed in writing within 48 hours.

Regulations and standards for domiciliary care

The National Minimum Standards for Domiciliary Care Agencies in Wales, Standards 13 and Standard 14, expand on Regulation 14. Standard 13 requires the agency to have a policy and procedures in place for staff on the safe handling of service user's money, including guidance on not accepting gifts or cash beyond a very minimal value and selling or disposing of goods belonging to the service user and their family, amongst other things. Standard 13.3 in particular calls for policies and procedures to be followed over allegations of financial irregularities.

Standard 14 seeks to ensure that domiciliary care agencies have written

policies and procedures to safeguard service users from any form of abuse, including procedures for whistleblowing. For example, Standard 14.3 specifies that all allegations and incidents of abuse should be followed up promptly and details and action taken recorded in a special record/file kept for the purpose and on the personal file of the service user.

Standard 14.5 states that training on prevention of abuse should be given to all staff within 6 months of employment and updated every two years.

Further reading

'Domiciliary Care Agencies (Wales) Regulations 2004': Welsh Assembly Government (2004)

www.opsi.gov.uk/legislation/wales/wsi2004/20040219e.htm

'National Minimum Standards for Domiciliary Care Agencies in Wales': Welsh Assembly Government (2004)

www.csiw.wales.gov.uk/docs/Standards_Domiciliary_Care_e.pdf

Scotland

There are two sets of National Care Standards for providers who either provide housing support services (which can include counselling and advice, rather than personal care) and care at home services (traditional domiciliary care, which can include nursing), both of which are inspected by the regulator, the Care Commission. The regulations on the general standards required of all care services also promote the dignity and welfare of service users.

Care at Home

The Standards in Scotland are written from the perspective of a service user and what can be expected from a service. For care at home services, the National Care Standards Care at Home set out that everyone has the right to be free of exploitation and abuse (page 8).

Although the Standards do not explicitly set out procedures for reporting abuse, Standard 9 contains expectations that homecare workers will always respect

privacy and dignity in providing any personal care, while Standard 4 contains expectations that financial transactions are carefully recorded and that providers keep proper records, including records of incidents and complaints.

Housing Support

For Housing Support services, the National Care Standards are more explicit and contain an expectation that the services will have policies and procedures for whistleblowing (Standard 3.1) and that no abuse will be suffered, of any form, from housing support staff (Standard 7.4).

Further reading

'*National Care Standards: Care at Home*': Scottish Executive (2005)
www.scotland.gov.uk/Resource/Doc/924/0013253.pdf

'*National Care Standards: Housing Support Services*': Scottish Executive (2005)
www.scotland.gov.uk/Resource/Doc/924/0013248.pdf

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, as amended.
www.opsi.gov.uk/legislation/scotland/ssi2002/20020114.htm
www.opsi.gov.uk/legislation/scotland/ssi2003/20030149.htm
www.opsi.gov.uk/legislation/scotland/ssi2003/20030572.htm
www.opsi.gov.uk/legislation/scotland/ssi2004/20040094.htm
and www.opsi.gov.uk/legislation/scotland/ssi2003/20030150.htm

Northern Ireland

The Regulation and Quality Improvement Authority (RQIA) inspect services in Northern Ireland, against the Domiciliary Care Agencies Regulations (2007).

Regulation 14 states that the Registered Person should make arrangements to safeguard service users against abuse or neglect. Regulation 15 then specifies that the Registered Person must make arrangements that:

- Specify the procedure to be followed after an allegation of abuse, neglect or other harm (Subsection 6a). The procedure in particular should provide for written records to be kept of any allegation of abuse, neglect or other harm, and of the action taken in response (Subsection 12a);

Regulations and standards for domiciliary care

- It should ensure that the Regulation and Improvement Authority is notified of any incident reported to the police within 24 hours after the registered person has reported the matter directly to the police or has been told that the matter has been reported to the police (Subsection 12b(i) and (ii));
- Specify the procedure to be followed where a domiciliary careworker acts as agent for, or receives money from, a service user (Subsection 6d) and prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse. These arrangements include training (Subsection 9).

Further reading

'*The Domiciliary Care Agencies Regulations (Northern Ireland) 2007*'
www.opsi.gov.uk/sr/sr2007/nisr_20070235_en_1

The final *National Minimum Standards* for Northern Ireland http://www.rqia.org.uk/cms_resources/Domiciliary%20Care%20Standards%20Jul%2008.pdf



Keeping abusers out of the social care workforce

Obligations to make suitable checks on the workforce are listed under the relevant Standards and Regulations for each country. Homecare providers need to familiarise themselves with safe recruitment practices as these are closely linked to an organisational culture that places the safety of service users first.

A provider's adult protection policy and procedure should reflect an understanding of the way in which the national homecare workforce is regulated, and the obligation to make referrals to lists which 'bar' people from working with vulnerable adults if there has been an incident in which the careworker has placed the vulnerable adult in harm's way. The current systems will change in the near future, so it is also worth becoming aware of how these will work.

Criminal Record Disclosures from UKHCA

UKHCA operates a criminal record disclosure service, which enables homecare providers and other suitable bodies to complete criminal record checks on their care workers. The UKHCA Disclosure Service is registered as an umbrella body with the Criminal Records Bureau (CRB) and Disclosure Scotland, and Access NI. For more information on our service contact: 020 8288 1572 or email disclosure@ukhca.co.uk.

Current systems - England and Wales

All homecare providers in England and Wales are obliged to obtain an enhanced Criminal Record Bureau check on staff before they begin work as a measure to ensure that suitable people are employed in the social care workforce.

Since October 2009, there has been a statutory requirement on providers of care to refer individuals who have abused, to the Independent Safeguarding Authority for possible inclusion on the ISA barred lists. The ISA Adult and Child barred lists replaced the POVA and POCA lists which were run by the Criminal Records Bureau. A care provider must refer to the ISA when an employer or responsible person:

1. withdraws permission for an individual to engage in regulated or controlled activity, or

would have done so had that individual not resigned, retired, been made redundant or

been transferred to a position which is not regulated or controlled activity;

because

2. they think that the individual has:

- engaged in relevant conduct;
- satisfied the Harm Test; or
- received a caution or conviction for a relevant offence.

If both conditions have been met the information must be referred to the ISA.

Referrals are usually made after the employer's own disciplinary procedures have concluded, but where the offence is very serious, a referral can be made after the careworker has been suspended and before decisions have been taken to dismiss. ISA referrals are quite separate from the employer's disciplinary procedures and involvement in the ISA system flows from the disciplinary process. ISA is not a substitute for investigations carried out in line with the local authority's multi-agency policy and procedure, nor is it an alternative to a homecare agency's own disciplinary procedures.

A guide to the ISA referral system in England, Wales and Northern Ireland is available to download from the ISA website (see 'Further Reading'). This contains the form for making a referral and the contact details for the ISA referral team.

Further reading

'ISA Refferal Guidance': Independent Safeguarding Authority (2009)
<http://www.isa-gov.org.uk/PDF/Referral%20Guidance%20and%20Form%20FINAL%20v%202010-01.pdf>

'Making referrals to the Protection of Vulnerable Adults List': Social Care Institute for Excellence (2006)
www.scie.org.uk/publications/practiceguides/practiceguide07/files/pg07.pdf

Current systems - Scotland

The Protecting Vulnerable Groups (PVG) Scheme in Scotland will work in a very similar way to the ISA scheme in England and will be phased in from November 2010. As with the ISA scheme workers will have to apply for registration with the PVG scheme, the PVG team will decide whether the individual should be registered as suitable to work with vulnerable groups or added to a barred list.

Employers will have to apply for 'scheme record' updates for their new employees, and it seems that this will

be cheaper than the ISA scheme in the rest of the UK. The Scottish Government is committed to implementing the PVG scheme and has no plans to halt the scheme despite the fact that the ISA scheme has been halted. The scheme is due to go live from the 30th November 2010 with a four year phasing in period. Training materials and a telephone helpline are now in operation to assist individuals and organisations prepare for the implementation of the scheme.

Useful sources

Disclosure Scotland:

<http://www.disclosurescotland.co.uk/>

Protecting Vulnerable Groups Scheme:

http://www.disclosurescotland.co.uk/pvg/pvg_index.html

Future systems – UK

England, Wales and Northern Ireland:

The ISA scheme was scheduled to be phased in over a five year period from October 2009, however, implementation of the ISA vetting and barring scheme for England, Wales and Northern Ireland has recently been halted by the Home Office who plan to radically remodel the scheme to bring it back to 'common sense levels'.

In October 2009 it became a legal requirement for employers to refer relevant information about individuals who pose a threat to vulnerable groups to ISA rather than the CRB.

England:

From October 2009, the POVA1st was replaced with the ISA Adult First, which will provide confirmation of whether the individual has been barred from working with vulnerable adults, usually within 72 hours. At the time of writing, we have had confirmation that the ISA Adult First will continue to be available to employers until 'further notice'. All other requirements of the ISA vetting

and barring scheme that were due to commence from July 2010, have been halted until further announcements are made.

Scotland:

The Protecting Vulnerable Groups (PVG) scheme in Scotland will go live from November 2010. During the first year of the 'go live' date new employees or people changing roles will need to apply for PVG Scheme registration. It is anticipated that there will be a four year phasing in programme where the existing workforce will join the PVG scheme. Employers will be advised by Disclosure Scotland about when their existing workforce need to join the PPVG scheme.

Further reading

England, Wales and Northern Ireland's new safeguarding system "Independent Safeguarding Authority": www.isa-gov.org.uk

Scotland's new safeguarding system: www.protectingvulnerablegroups.com and www.scotland.gov.uk/Topics/People/Young-People/children-families/pvglegislation

Access NI: www.accessni.gov.uk

Future systems – homecare workforce registration

Across the UK, Social Care Councils have been set up to regulate the social care workforce and act as a guardian for standards in social care. These are:

- The General Social Care Council (GSCC)
- The Health Professions Council (HPC)
- The Care Council for Wales (CCW)
- The Scottish Social Services Council (SSSC)
- The Northern Ireland Social Care Council (NISCC)

In England, the General Social Care Council has been targeted by the Government as an un-necessary QUANGO and will be abolished in 2012. The responsibility for registering and regulating the social care workforce has been passed to the Health Professions Council who have said that the registration of care workers is not a priority. At the time of writing (Oct 2010) we are still waiting to hear who will maintain the codes in England and if the domiciliary care workforce will need to be registered.

In Scotland, registered managers will be able to register with the Scottish Social Services Council from December 2010. There is currently no compulsion date so at the time of writing, registration is effectively voluntary. There is no proposed dates for the registration of the rest of the workforce.

In Wales, the Care Council for Wales have announced that domiciliary care managers will need to register by the 1st October 2012, sending in application forms no later than 1st July 2012. We are yet to hear if domiciliary care workers will also be required to register with CCW.

Current plans in Northern Ireland are under review, but it was proposed that domiciliary care managers would register with the NISCC by October 2010 with care workers required to register by the 31st October 2012.

Registration should ensure that all those working in social care will have to meet registration requirements and will be held to account for conduct under Codes of Practice/Conduct. Each country has already published Codes of Practice/Conduct for social care workers and, when registered, homecare workers will be expected to abide by these Codes.

The Codes of Practice/Conduct for each UK administration are very similar – and each contains requirements for social care workers to uphold public trust and confidence in services and not abuse, neglect or harm service users, carers or colleagues. A similar Code for Employers lists responsibilities to have policies and procedures to deal with abuse.

Importantly, when registration begins there will be obligations to inform the appropriate Social Care Council about any misconduct by registered social care workers that might call into question their registration and inform the worker of the referral. The appropriate Council

will take referrals, decide whether the matter is more appropriately dealt with by the employer, or whether the misconduct brings into question that person's registration. If the misconduct falls under the remit of a Council the process may move to a hearing in front of a committee and possible removal from the register.

Therefore, when registration is imminent in each country, it would be advisable for domiciliary care agencies to revise their Adult Protection policies and procedures to reflect the Codes of Practice/Conduct expected of registered homecare workers and the mechanisms for referral to the Council where misconduct has been identified.

Further reading

General Social Care Council

www.gsc.org.uk/Good+practice+and+conduct/Get+copies+of+our+codes/

Health Professions Council

www.hpc-uk.org

Care Council for Wales

www.ccwales.org.uk/DesktopDefault.aspx?tabid=429

Scottish Social Services Council

www.sssc.uk.com/Registration/Codes+of+Practice.htm

Northern Ireland Social Care Council

www.niscc.info/registration/codes/codes_new.htm



Links with other policies and procedures

An adult protection policy will have close links to a homecare provider's other policies and procedures. It is worth cross referencing your adult protection policy with other policies, which may include, but are not limited to:

Whistleblowing

Whistleblowing policies are referred to in the Standards for Wales (Standard 14.2), England (Outcome 7E) and Northern Ireland (Standard 9). A whistleblowing system essentially allows staff to bypass internal systems if they feel that overall management is engaged in improper conduct. This could include situations where a staff member feels serious abuse by other staff is not being addressed by management. In

some cases this can be referred to as 'institutional abuse'.

According to the national charity, Public Concern at Work, a whistleblowing policy should contain the following points that:

1. The organisation takes malpractice seriously, giving examples of the type of concerns to be raised, so distinguishing a whistleblowing concern from a grievance.
2. Staff have the option to raise concerns outside of line management and have explained the avenues open to them to raise concerns.
3. Staff are enabled to get confidential advice from an independent body
4. The organisation will, when requested, respect the confidentiality of a member of staff raising a concern.

5. When and how concerns may properly be raised outside the organisation (for example with the social care regulator).
6. That it is a disciplinary matter to both victimise a *bone fide* whistleblower and for someone to maliciously make a false allegation.

Public Concern at Work also publishes tips for small businesses on the principles of whistleblowing in a small organisation.

Further reading

Public Concern at Work produces a variety of materials, available to download or to buy from their website www.pcaw.co.uk.

Managing Finances and Gifts to Staff

The regulators in each UK administration will expect a homecare provider to have policies and procedures to protect service user finances, and for staff to be trained in and made aware of these procedures. For example, in England, the Care Quality Commission, and previously the Commission for Social Care Inspection (CSCI) expects homecare providers to issue guidance to staff on not accepting gifts or cash from service users beyond a very minimal value, not making personal use of the service users property and not borrowing money from service users. It is expected that there will be signed and dated records of all financial transactions kept in people's homes. (See Outcome 7C in the Essential standards of quality and safety).

Bequests and wills may require particular care, and there is an expectation that the provider will have policies in place that preclude staff and their families being involved in service user wills, or soliciting bequests or legacies. Of course it is anyone's right to make a bequest to whoever they wish, providing they have the mental capacity to do so. However, if the circumstances surrounding a bequest to a care worker or manager raise suspicions of financial abuse, the agency's adult protection policies and procedures should be referred to.

The Service User's Guide can also make it clear that the giving of gifts, or making of bequests is strongly discouraged.

Further reading

A helpful checklist on managing finances that may be useful to homecare providers in the UK. "*In safe keeping*": Commission for Social Care Inspection guide to managing service user's finances (2007)

www.csci.org.uk/professional/about_csci/publications/view.aspx?csci=2043

Draft guidance currently under consultation by Welsh Assembly Government on managing finances in domiciliary care.

[No link available on date of publication]

Confidentiality policies

People using homecare services have a right to expect that their personal information is treated confidentially. However, there are situations where the homecare worker should pass on information despite the fact that it may have been told to them in confidence and this would include any example of abuse or suspected abuse.

The organisation's confidentiality policy should outline that the law permits the disclosure of any confidential information (Public Interest Disclosure Act 1998) necessary to safeguard a person in the public interest and that it may not be possible to assure a service user of absolute confidentiality because of this requirement.

However, it should contain reassurances that informed consent will be obtained wherever and whenever possible, and that information will only be shared on a 'need to know' basis when it is in the best interests of the vulnerable adult. The multi-agency abuse policy and procedures will usually offer advice on confidentiality and guidance on appropriate disclosure of information.

Induction, training and support

In the majority of cases homecare workers and their managers can be the first (or only) care provider to see and alert adult protection teams to situations of domestic abuse or neglect and their role in protecting vulnerable adults from abuse is therefore crucial. Central to this is induction, training and support for all levels of staff to raise concerns and report abuse – training on adult protection is an explicit requirement of regulation (see our chapter on the regulation of domiciliary care).

Although the domiciliary care workforce is yet to register with the workforce regulatory bodies across the UK, it is expected that staff will be supplied with the appropriate Code of Conduct produced by the workforce regulator (see page 22) and undergo induction according to social care induction standards produced for each country (see 'Further reading').

The social care Codes of Conduct and material on induction standards all emphasise the importance of dignity

in care and workforce obligations to identify and report abuse. With increasing numbers of workers from outside the UK entering the workforce cultural awareness training may need to be taken into account as part of the initial induction programme.

Skills for Care, the social care workforce training body for England has produced a knowledge set of key learning outcomes when training staff on safeguarding of vulnerable adults.

As a brief summary, the knowledge set seeks to ensure that at the end of a training programme the careworker has an understanding of:

- The role, responsibilities, boundaries of the worker with regard to safeguarding individuals from danger, harm and abuse;
- The role, responsibilities, boundaries of the worker with regard to recognising potential and actual danger, harm and abuse;
- The role and responsibilities of others with regard to safeguarding individuals from danger, harm and abuse. This includes the role of social services and the regulator;
- The sources of support for the worker following disclosure or discovery of abuse, including within the service setting and outside of that setting;
- The different types of abuse and harm;

- That anyone may be at risk of abuse, but especially those who are lacking mental awareness or capacity, are severely physically disabled, or have other sensory impairments;
- The importance of recognising indicators of harm and abuse, such as physical signs or psychological changes;
- The factors which can affect the individual, carer or social care worker that can lead to harm or abuse, such as illness, sleep deprivation or stress;
- The effects of abuse on individuals, such as lack of self esteem and withdrawal, depression.

See 'Further Reading' for a link to the knowledge set. Although produced for England, the knowledge set may be of use to homecare providers across the UK as foundation for in-house training programmes or as a benchmark when buying-in training provision or learning packages.

Some providers have found that the lead authorities with responsibilities to protect adults from abuse have been able to offer training on their own multi-agency policies and procedures to partners in the independent sector. This might include more comprehensive training for managers.

Finally, support and supervision offers an opportunity for both managers and staff to share concerns and discuss issues as they arise.

Training from Action on Elder Abuse

Action on Elder Abuse also provides a cascade training programme focussing upon general awareness of elder abuse and a specialist training programme called "*Home Front*" for domiciliary care providers. For more information see the following link: www.elderabuse.org.uk/Training/Training.htm or telephone 020 8835 9280.

Locate a training provider through UKHCA

UKHCA has a *Consultants' and Suppliers' Supplement* that gives the details of organisations that supply training for the homecare sector, including safeguarding issues. The Supplement is available to UKHCA members at the following link: www.ukhca.co.uk/members/supply.aspx.

Training for domiciliary care providers in Northern Ireland

Action on Elder Abuse and Women's Aid ABLNC have received funding from Comic Relief to provide a limited amount of free training to careworkers on the links between elder abuse and domestic violence. Included within this training is awareness raising, signs and factors of abuse, roles and responsibilities

of agencies and staff and the social context of abuse.

The training is being provided free of charge over a two year period and the first year is nearly completed. The feedback has been excellent. For the second year we will be concentrating on providing this training to domiciliary care agencies and their staff. For further information please contact Action on Elder Abuse 020 8835 9280.

Further reading

Skills for Care "*Common Induction Standards*" (England)

www.skillsforcare.org.uk/textonly.asp?id=751

"*Social Care Induction Framework for Wales*" is newly available on CD Rom from the Care Council for Wales, telephone: 029 2022 6257 or visit:

www.ccwales.org.uk/DesktopDefault.aspx?tabid=356

Scottish Social Services Council "*Preparing for Practice*" an induction tool for social services staff.

www.sssc.uk.com/preparingforpractice/index.html

Northern Ireland Social Care Council Induction Standards

www.niscc.info/careers/social/default.htm

Skills for Care "*Knowledge Sets*" (England)

www.skillsforcare.org.uk/view.asp?id=701



Preparing and writing an Adult Protection Policy

Domiciliary care agencies should have their own company policy on abuse that states that all forms of abuse will not be tolerated and will be challenged at every level. Such a policy should also outline the roles and responsibilities of all staff involved.

Such policies should of course reflect the local multi-agency policy and procedures for tackling abuse. There are steps that can be taken in preparing an adult protection policy.

1. Obtain the local multi-agency policies and procedures, and work within them

Ensure that you have a copy of the local multi-agency policy and procedures for tackling abuse as you will need to reflect this guidance in your own policies and procedures.

Given the obligations on domiciliary care agencies by both statutory regulators and central and local government, it is not sufficient for a homecare agency's adult protection policy to just say that the domiciliary care agency follows the local authority or Health and Social Care Trust's adult protection policy.

You should be able to get a copy of the local policy from either:

- The contracts department of local social services or Health and Social Care Trust;

- The adult protection team based at the above bodies;
- Local authority websites often hold the official document.

If you are a homecare provider that provides services in two or more local authority or Health and Social Care Trust areas, ensure that you have all the appropriate multi-agency policies and procedures for the areas where your service user's live. Do not assume that you just need to acquire the policy that covers your own branch location. For example, a provider operating from a branch in Manchester will need to follow the policy of neighbouring Stockport Borough Council if an alleged incident happens to a service user who lives in the Stockport area.

2. Be clear who the policy covers

Your adult protection policy should cover all staff working for your agency since it is everyone's responsibility to tackle and report abuse. It should not be assumed that this responsibility lies with a limited group or grade of staff, although some actions required by your policy may only be undertaken by senior managers.

Your adult protection policy should also cover all the people who use your service, whether funded by statutory bodies or self-funding service users. As well as making the adult abuse policy available to anyone who requests it, it is worth including in the Service User's Guide a straightforward statement on protecting service users from abuse. A summary of your policy should be provided to all users of your service:

it is not usually necessary to provide users with the entire policy.

3. Define responsibilities within the agency

It should be clear from previous sections that in many ways the most important part of producing an adult protection policy is to define responsibilities, both for the agency as a whole and for individual members of staff.

A written policy should be clear from the outset that the agency as a whole has a responsibility to tackle abuse and that the agency has a zero-tolerance of abuse, regardless of who the potential abuser is. Therefore decisions to take action over abuse or abusive situations are made as a company decision. Everyone in the agency has a responsibility to tackle and report abuse as part of this company policy and the duty of care owed to vulnerable adults.

Individual workers should be clear as to their responsibility to report all, and any, acts of abuse that they are aware of or are disclosed to them and know who to report this to. The policy should also be clear about things that care workers should not do. This should include:

- directly challenging the person accused of abuse;
- promising to keep abuse a secret;
- passing comment or opinion when a person discloses an allegation of abuse;

- undertaking their own investigation, which could harm evidence or alert the abuser.

A careworker should listen to the person alleging abuse and offer necessary support and concern without pressing for details or making judgements. A careworker should explain that they will have to discuss such concerns with their supervisor.

There should be one or more designated people within your organisation who will have responsibility for dealing with allegations, concerns and disclosures of abuse and abusive practice. These people will have responsibility for making referrals to statutory agencies such as the police and social services. It will be the responsibility of this person to have a detailed knowledge of both referral systems to statutory agencies along the local adult protection process.

It would generally be the responsibility of this person to attend meetings under the adult protection process and take advice and guidance from the adult protection team at the local authority or Health and Social Care Trust.

4. Contents of an adult protection policy

Ideally an adult protection policy should contain the following information:

- A statement of zero tolerance towards abuse.
- Definitions, Categories and Indicators of abuse, as outlined in this toolkit. These can be found in the 'No Secrets' guidance and your local adult protection policies.

- The organisation's responsibility to ensure that staff are aware of policies and procedures, and know how to put them into practice. This can cross reference with training policies.
- Details of how staff, service users, family members or representatives making allegations of abuse will be supported. For paid staff this should include links to whistleblowing policies and how both victim and those making allegations will have their confidentiality respected. This may also contain links to advocacy organisations.
- The contacts in your organisation including full contact details where necessary, lines of responsibility and accountability in terms of incident reporting, recording and investigation.
- A clear explanation of how your agency and local adult protection services work together. The local multi-agency adult protection policy will be a useful reference point and will usually describe how internal disciplinary, criminal investigations and POVA or DWVA (NI) referrals interlink.
- A flow chart or procedure showing how allegations of abuse will be dealt with by your organisation including contact with relevant statutory agencies e.g. social services, police. You may need different flowcharts of procedures for each local authority/ Trust in which you operate. See an example flowchart at the end of this document.

- Details of what will happen to staff members who are accused of abuse including making it clear that suspension will be used to protect the worker while investigations take place. All suspensions should be on full pay.
- Staff should also be told that if they are suspended on these grounds, they may be subject to a POVA or DWVA (NI) referral. In the future, there will be a need to refer staff to both the new vetting and barring bodies and appropriate Social Care Council in each country.

5. Disseminate, implement and continuously review your policy

There is no point in having an adult protection policy if it lies on the shelf and gathers dust. It is important to cascade the information in the policy throughout the organisation so procedures can be implemented if a report comes in of abuse.

The Regulations and Standards in England, Wales and Northern Ireland all specify that staff should have training and knowledge of protection from abuse (see page 14 – 18) and set timescales for training and refresher training that includes training in any reviewed policies and procedures.

The lead authorities for protecting vulnerable adults may also have regular meetings and forums on protecting adults from abuse that are open to independent care partners and these may be a place to exchange information, hear about changes to local systems and update policies accordingly.

Every organisational policy should be reviewed regularly in accordance with timescales specified in the Regulations and Standards for homecare across the UK, and adult abuse policies are no different.



Specimen procedure for responding to an allegation of abuse by a service user against a care worker

1. Listen and reassure

Listen carefully to the person making the allegation, and reassure them that their allegations are being taken seriously.

At the outset listen carefully to what is being said, allowing the person to continue at their own pace. Ask questions for clarification, rather than suggesting answers and reassure the person that the allegation is being taken seriously. Find an appropriate opportunity to explain that it is likely that information will need to be shared – do not promise to keep secrets. If possible, take a note of what has been

said as well as the time and date using the Incident Report book or other reporting and recording mechanisms you have at the organisation.

2. Urgent reporting

Consider contacting the emergency services and making a report to the regulator if the service user is in immediate danger or a crime has been committed.

From your understanding of the allegation is the service user in immediate danger or harm?

If YES consider whether the emergency services need to be contacted, which may include medical services as well as the police. The police should be contacted immediately if a crime has been committed or if it is suspected a crime has been committed.

Regulations in England, Wales and Northern Ireland require the registered person to inform the appropriate statutory regulator within 24 hours of them making a report to the police. In Wales oral notification will suffice in that period but written notification should be made to the regulator within 48 hours.

If someone else has informed the police, then the 24 hours count from when the registered manager was first informed that the police had been contacted.

3. Use the multi-agency policy and procedure

Where the allegation does not indicate that the service user is in immediate danger then use the multi-agency policy and procedure as the guide on next steps.

If service user is not in immediate danger refer to the guidance in the appropriate local authority or Health and Social Care Services Trust multi-agency or inter-agency abuse policy (this may be known by a variety of names). This will provide key information on what to do.

4. Contact the adult protection team

Contact your local adult protection team to take advice.

All allegations of abuse are likely to require contact with the adult protection team at the local authority (England, Scotland, Wales) or Health and Social Service Trust (Northern Ireland) as the primary course of action. This will help inform how the investigation should

proceed and who will take responsibility for different aspects of the investigation.

5. Contact the regulator

Contact the regulatory inspector to alert them to the issue.

Also call the regulatory inspector (either ask for the organisation's own inspector or ask for the 'Duty Inspector') to say consideration is being made in making an adult protection report. In Northern Ireland, contact the Regulation, Quality and Improvement Authority for advice.

6. Suspension and investigation

Begin your investigatory procedures which should include considering the suspension of the worker, as part of the investigation.

The homecare provider must consider suspension of the worker as part of the investigatory process. Employers should have regard to the recommendations and advice from the local adult protection officials. However, employers must be aware that they have the responsibility for the fair treatment of their employees and should take their own legal advice on suspension, as well as undertake suspension according to the agency's own official disciplinary policy and procedures. Any suspension must be on full pay. UKHCA members can contact UKHCA for access to limited free legal advice on employment issues.

7. Inform your insurer

The relevant insurer should be informed about the investigation at an early stage.

8. Follow police advice

Follow police advice where a criminal investigation is taking place

In cases where the police are already involved, they may wish to conduct a criminal investigation and require a provider not to pursue internal investigations which may hamper the evidence. Always follow the police advice.

9. Consider referral to a barring list

Take advice from the advisory teams that run the barring lists (ISA, or DWVA (NI) Lists), if advised to make a referral to these lists. This is usually after the disciplinary process has finished.

In England and Wales, you may also be asked to make a referral to the ISA list by the adult protection team or by the regulator. It is primarily the employer's responsibility to make the referral and in order to ensure you have the evidence to make a referral you should take advice from the ISA team on 01325 953795 on what is needed.

In Northern Ireland you may also be asked to make a referral to the Disqualification of Working with Vulnerable Adults (DWVA (NI)) List. It is the employer's responsibility to make the referral and in order to ensure you have the evidence to make a referral you should take advice from the team who operate the DWVA (NI) List on what is needed. Contact the team on 028 9052 2559.

Referrals to these lists should generally be made once the disciplinary process

has concluded and there is evidence that a referral should be made.

10. Take legal advice during any disciplinary process

Always take legal advice throughout the disciplinary process and ensure you use the agency's policies and procedures.

Dismissal must always be fair and proportionate to the allegation investigated. There may be other sanctions, including a written warning, for example where the allegation may have only been partly substantiated.

11. Record keeping

Ensure that the allegation/incident is fully recorded throughout the process.

Ensure that all allegations and incidents are recorded both in-house and on the personal file of the service user.

12. Keep the service user informed

Throughout, keep the service user informed of what is happening as this will be a distressing time for them.

Throughout the process ensure that you are engaged with the service user and that their safety, security and care does not lapse in the course of what may be an unsettling time for them. Make sure they are informed of the outcome of investigations and the complaints procedure should they be unhappy with the outcome.

Useful contacts

UKHCA and Action on Elder Abuse

UKHCA members' helpline	020 8288 5291
Action on Elder Abuse helpline	0808 808 8141

Referrals to vetting and barring lists

ISA Advice line (England, Wales and Northern Ireland)	0300 123 1111
Protection of Vulnerable Groups Scheme (Scotland)	0870 609 6006

Regulatory advice

Care Quality commission (CQC)	03000 61 61 61
Care and Social Services Inspectorate Wales (CSSIW)	01443 848450
Care Commission	0845 603 0890
Regulation and Quality Improvement Authority (RQIA)	028 9051 7500

Workforce regulators

General Social Care Council	0845 070 0630
Care Council for Wales	029 2022 6257
Scottish Social Services Council	01382 207101
Northern Ireland Social Care Council	02890 417600

GARDENS WITH RED



ROSES

Financial Abuse of Older People is a major problem in the UK in the 21st Century.

And yet, most people don't know about it, don't consider it, and can too easily become victims.

Most elder abuse happens in someone's own home, often perpetrated by people they should be able to trust. For example, in one year alone (2007) our helpline recorded over £41.5 million of cash, valuables and property stolen or defrauded from older people.

And a staggering 66% of theft, fraud and deception which takes place in a domiciliary setting is committed by the victim's own family and relatives (sons or daughters or grand-children).

So, if you would like to raise this important issue in your workplace, your pensioner's action group, your trade union, or your community group, then this short film will help you do just that.



Telling the Story of Dominic and Debbie, with Grand-dad always in the background, the film slowly draws the audience into a web of intrigue and deceit.

What appears to be two grand-children, caring for a family member with dementia, is not necessarily the result of love.

Sometimes, there are other motives...!

It can be difficult to raise such a challenging topic in any environment. But 'Gardens with Red Roses' will help you do it in a way that will stimulate discussion and thought. Does it happen in your road or street? Have you seen it but not recognised it? And, most importantly, what can you do about it?

The first challenge in dealing with elder financial abuse is to believe that it can happen.

And this film challenges you to question whether two young people – so obviously in love – can really be anything more than they seem, loving grandchildren caring for a vulnerable old man.

But we need to be ready to ask such questions.



So, armed with our fact sheet and guidance booklet on how to protect yourself, you can facilitate a discussion that will help to raise awareness of this important issue, but which will also help to protect people who might so easily fall victim to this painful crime.



The DVD, with fact sheet and guidance sheet, can be yours for just a £15 donation to Action on Elder Abuse.

And, if you live in the UK and pay tax, then please tick here to GIFT AID your donation. And then the Government will kindly add 28% to your donation.

PLEASE GIFT AID MY DONATION

Name: _____

Address: _____

Email: _____

Tel No: _____

Please send this form together with your donation to Action on Elder Abuse PO Box 60001, Streatham, London, SW16 9BY



Consequences

A guide to help safeguard vulnerable people when assisting them in their own homes



Based upon real events recorded by the Action on Elder Abuse helpline, this DVD explores the five primary types of elder abuse that staff or Personal Assistants working in domiciliary care may experience.

Each type of abuse is considered in detail, with a challenging scenario asking the viewer to consider the options for response to the unfolding situation. Taking the viewer to the conclusion of one possible option it then rolls back time to consider an alternative possibility. Providing assistance to people in their own homes can be rewarding, but it can also be challenging.

This flyer entitles you to a **20% discount** when you purchase the Consequences DVD and awareness raising pack. For more information please call us on 0208 835 9280.

Please quote: NAC

www.elderabuse.org.uk



Application for Full Membership of UKHCA

Completing this application form

1. Please complete the application form in full, signing the declaration and consent in section A and returning all documents requested in section D.
2. Admission to membership is subject to accurate completion of this application form and any supplementary vetting procedures that UKHCA may require.
3. If you are required to register with the statutory regulator in the country where your branch or branches operate and your registration is withdrawn, then membership of UKHCA will automatically lapse.
4. Organisations are required to seek membership for all their branches that provide homecare.
5. Payment should be made by cheque in pounds sterling, payable to UKHCA, at the rates below, or by a Premium Credit Monthly Instalment Plan (forms available on request from 020 8288 5291).

Membership fees from 1 st June 2017	
Single Branch	
2 Branches	
3 Branches	
4 Branches	
5 Branches	

**For current prices please see:
www.ukhca.co.uk/howtojoin.aspx
or telephone 020 8288 5291**

A. Declaration and Consent

I confirm that the details given on this application form are correct and that all branches will adhere to the UKHCA Code of Practice (available from www.ukhca.co.uk/codeofpractice.aspx).

By signing the Declaration I agree to UKHCA making the name, address, telephone number, e-mail and website address of my organisation available to:

- Individuals seeking care services
- The UKHCA website
- Local Authorities, Health Authorities and similar bodies
- Independent and voluntary organisations
- Other organisations, or individuals, as the UKHCA Board shall decide.¹

Print your name:

Signature:

Date:

¹ UKHCA does not give details, other than those described above to any third party without the written permission of the member organisation.

B. About your organisation

The main contact for this location:

Title (please tick): Mr Mrs Ms Dr

First name:

Surname:

Job title:

Organisation name:

Operating address:

Postcode:

Telephone:

Fax:

E-mail address:

Website:

Number of service providing branches:
(If this number is more than one, please submit the above information for all branches)

C. About your business

1. Please tick (✓) if your organisation can supply:

Personal care, nursing care, support or domestic care

2. Please tick (✓) if your organisation can supply any of the following services:

Rapid response, intermediate care, hospital at home, rehabilitation services or specialist ethnic minority services

3. Please tick (✓) all the categories of staff your organisation can supply:

Qualified Nurses Domiciliary careworkers Support domestics

4. Does your organisation provide a "live-in" care service (Please tick ✓)

Yes No

Continued on next page...

5. If you provide a live-in care service, what is your geographic coverage? (Please tick ✓)

Local area or region only Nationwide (in at least one UK country) N/A

6. Do you provide a telephone response services (not an answerphone) 24 hours each day?

Yes No

7. What is the size of your current trading base? (This information is strictly confidential and only used in aggregate form. It is not passed on to any third party.)

a. Average number of hours of care per week:

b. Average number of service users receiving care per week:

c. Total number of care workers currently on your books:

d. The total number of staff possessing NVQ/SVQ in health and/or social care:

8. Do you provide homecare (Please tick ✓)

As your sole activity?

As part of more than one activity? (eg. a nursing agency or care home)

9. Is your organisation (Please tick ✓ one)

A for-profit organisation? (eg. sole trader, partnership, limited company)

A not-for-profit organisation? (eg. housing association, Co-operative)

A charity or voluntary organisation?

A local authority?

10. Is your organisation a franchisor, in addition to providing care services? (Please tick ✓)

Yes No

11. Is your organisation a franchisee? (Please tick ✓)

Yes No

If "Yes", please give the name and address of the franchisor:

Franchisor's name:

Address:

Postcode:

12. Please tick (✓) any of the client groups to whom you offer a care service:

Older people Children Learning disability

Mental health Physical disability Multiple disability

13. Do you hold appropriate insurances to cover your obligations to care workers and responsibilities to clients? (Please tick ✓)

Yes No

Please provide details of your insurance cover (continue on a separate sheet if necessary):

Name of insurer:

Type of cover:

Policy number:

14. Has any ruling been made against your organisation, a director, secretary or Registered Manager, by any court or tribunal that may reasonably affect your application to join UKHCA? (Please tick ✓)

Yes No

If "yes", please supply details on a separate sheet.

D. Returning your application

All applications:

- A completed copy of this form.
- Your cheque (in pounds sterling, payable to UKHCA), or a completed Premium Credit Instalment Plan.
- Details of any rulings by a court or tribunal requested at question 14, above.

And either: (for registered services)

- A copy of your certificate of registration from the statutory social care regulator in the country where you operate.

Or: (for un-registered services)

- A copy of your complaints procedure.
- A copy of your "Statement of Purpose" or the "Aims and Objectives" of your organisation.
- A copy of your Terms and Conditions of Business.
- A blank copy of your application form for a prospective careworker.
- A bank copy of your service user assessment document.
- A copy of your brochure, detailing the services your organisation can offer.

Send your completed application form, supporting documents and cheque to:

✉ **The Membership Secretary, UKHCA, Group House, 52 Sutton Court Road, Sutton, SM1 4SL.**
☎ **020 8288 1552.**