

Triratna European Chairs' Assembly (ECA)

Vulnerable adult protection policy and guidelines

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This document is for Friends, Mitras and Order members involved in activities run by Triratna's European Chairs' Assembly as members, employees, volunteers, leaders, teachers or parents. It sets out practices and procedures contributing to the prevention of abuse of vulnerable adults. It also sets out a course of action to be followed if abuse is suspected.

It is aimed at protecting both vulnerable adults at ECA activities, and Friends, Mitras and Order members working with them.

Who is a 'vulnerable adult'?

A vulnerable adult is a person aged 18 years or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is, or may be, unable to take care of him/herself, or unable to protect him/herself against significant harm or exploitation.

A vulnerable adult *may* be a person who:

- Has a physical or sensory disability
- Is physically frail or has a chronic illness
- Has a mental illness or dementia
- Has a learning disability
- Is old and frail
- Misuses drugs and/or alcohol
- Has social or emotional problems
- Exhibits challenging behaviour

Whether or not a person is vulnerable in these cases will vary according to circumstances. Each case must be judged on its own merits.

What is 'abuse'?

Abuse is the harming of a person usually by someone who is in a position of power, trust or authority over them, or who may be perceived by that person to be in a position of power, trust or authority over them; for example by a Friend, Mitra or Order member who is helping to run ECA activities those newer to such activities. The harm may be physical, psychological or emotional, or it may exploit the vulnerability of the victim in more subtle ways.

Types of abuse

Physical

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

Sexual

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts; also sexual harassment, with or without physical contact.

Psychological/emotional

- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting or swearing

Abuse through neglect

- Ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services the withholding of the necessities of life, such as medication, adequate nutrition and heating

Financial or material

- Theft, fraud
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions; the misuse or misappropriation of property, possessions or benefits

Discriminatory

- Language which is racist, sexist, or based on a person's disability, gender or sexual orientation, etc

Signs of abuse

Physical

NB Ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well-protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing

- Injury shape similar to an object
- Injuries to head/face/scalp
- History of moving from doctor to doctor, or between social care agencies; reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition; or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication; or lack of medication causing recurring crises/hospital admissions

Sexual

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, inappropriately seductive behavior, loss of appetite or difficulty in keeping food down.
- Unusual circumstances, such as, for example, two service-users found in a toilet/bathroom area, one of them distressed

Signs of psychological or emotional vulnerability

- Isolation
- Unkempt, unwashed appearance; smell
- Over meticulousness
- Inappropriate dress
- Withdrawnness, agitation, anxiety; not wanting to be touched
- Change in appetite
- Insomnia or need for excessive sleep
- Tearfulness
- Unexplained paranoia; excessive fears
- Low self-esteem
- Confusion

Signs of neglect

- Poor physical condition
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Signs of financial or material vulnerability

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Unusual level of interest by family members and other people in the vulnerable person's financial assets

Signs of discrimination

- Lack of respect shown to an individual
- Substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other signs of abuse

- Controlling relationships
- Inappropriate use of restraint
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of personal clothing or possessions

People who might abuse

Abuse may happen anywhere and may be carried out by anyone, eg:

- Order members, Mitras and Friends, whether financially supported or volunteering
- Parents
- Informal carers, family, friends, neighbours
- Other participants in ECA activities
- Strangers or visitors at ECA activities

Reporting abuse

- All allegations or suspicions are to be treated seriously. No abuse is acceptable.
- Some abuse may be a criminal offence and should be reported to the police as soon as possible.
- The employee or volunteer's primary responsibility is to protect the vulnerable adult if they are at risk.
- Each employee or volunteer has a duty to take action.

What to do if a vulnerable adult reports abuse to you

Do

- Stay calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Clarify issues of confidentiality early on. Make it clear that you will have to discuss their concerns with others
- Explain what you are going to do
- Write a factual account of what you have seen and heard, immediately

Do not

- Appear shocked, horrified, disgusted or angry
- Press the individual for details
- Make comments or judgments other than to show concern
- Promise to keep secrets

- Confront the abuser
- Risk contaminating the evidence

What to do next

When deciding whether to refer the matter to others (e.g. to the Chair and Safeguarding officer of the ECA, police or social services) consider the following:

- The wishes of the vulnerable adult and their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to the individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached
- The **need** for others to know
- The ability of others (eg police, social services) to make a positive contribution to the situation

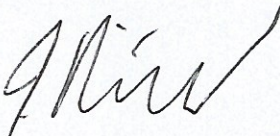
Where a vulnerable adult expresses a wish for concerns not to be pursued, this should be respected wherever possible. However, decisions about whether to respect their wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed

Triratna European Chairs' Assembly

Chair's name JANET PIÉSOLD (Visuddhimati)

Chair's signature 

Safeguarding officer's name Catherine Hopper (Munisha)

Safeguarding officer's signature 

Date 26/7/2017