

Safeguarding Adults Policy



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Safeguarding Adults Policy

1. Introduction

- 1.1. All staff members and volunteers can play an important part in promoting the safety and protection of the vulnerable adults/children with whom B3 services works. In addition to this policy, B3 has a framework of policies which are designed to ensure the emotional and physical safety of service users, staff and volunteers which include:
- Confidentiality Policy
 - Dignity at Work Policy
 - Safeguarding Children Policy
 - Complaints and Feedback Policy
 - Health & Safety Policy
- 1.2. In recent years nationally several serious incidents have demonstrated the need for immediate action to ensure that vulnerable adults, who are at risk of abuse, receive protection and support. The Government gives a high priority to such action and sees local statutory agencies and other relevant agencies as important partners in ensuring such action is taken whenever needed (No Secrets, Department of Health/Home Office 2000).

2. Principles

B3 strives to adhere to the UK Government's Safeguarding Adults Principles:

- 2.1. Empowerment:
- By giving individuals the right information about how to recognise abuse and what they can do to keep themselves safe.
 - By providing clear and simple information about how to report abuse and crime and what support we can give.
 - By consulting with individuals before taking action wherever possible.
 - By including individuals throughout any investigation process and checking with them at the conclusion whether their desired outcomes have been met.
- 2.2. Protection
- By assessing and managing risk effectively.
 - By providing good local complaints and reporting arrangements for abuse and suspected criminal offences.
 - By making our contact details clearly available.
 - By putting individuals in touch with the right person.

2.3. Prevention

- By training staff how to recognise signs and take action to prevent abuse occurring.
- By considering, in all our work, how to make communities safer.

2.4. Proportionality

- By discussing with the individual, and with partner agencies where appropriate what we intend to do where there is risk of significant harm before we take a decision.
- By including Risk as an element of any wider assessment.

2.5. Partnership

2.6. By sharing appropriate information locally.

- By having multi-agency partnership arrangements in place and staff understanding how to use these.
- By fostering a multi-agency approach that places the welfare of individuals at the heart of everything we do.

2.7. Accountability

- By having clear lines of accountability both within the organisation and in partnership with others.
- By staff understanding what is expected of them and others.
- By recognising our responsibilities to other agencies, acting upon them and accepting collective responsibility for safeguarding arrangements. This policy reflects our belief that diversity will enable us to achieve excellence. We will do this by valuing and respecting the diversity and individual differences of the service users we support and the people who work and volunteer for us.

3. Purpose

- 3.1. The purpose of this policy is to ensure that staff know how to support adults to keep them safe from harm. The policy provides a framework to enable staff to respond appropriately to concerns, disclosures and actions which may involve the abuse of people using or coming into contact with our services and to ensure effective links are made into the appropriate local Multi Agency Adult Safeguarding procedures and structures.
- 3.2. This document should be read in conjunction with the relevant local Multi Agency Adult Protection Policies and Procedures and Multi Agency Public Protection Arrangements, the latter which relate to the management of the risks posed by violent and sexual offenders living in the community.

4. Scope

- 4.1. This policy applies to all B3 staff and volunteers if they have any concerns about the potential or actual abuse of a person receiving a service. It applies in circumstances where abuse may not have been intended but the outcome was abusive. In some cases workers may gain knowledge that other adults in our services are at risk. Such concerns must not be ignored and the steps as set out in this policy followed.
- 4.2. It is not B3's responsibility to investigate abuse. Nevertheless, it has a duty to act if there is a cause for concern and to notify the appropriate agencies so that they can investigate and take any necessary action.

5. Policy Statement

- 5.1. B3 believes that people receiving services have the right to live their lives free from any form of abuse and expect staff to know what action to take if they observe, suspect or have reported to them possible abuse. B3 agrees with the recent changing context in relation to adults at risk and previous references to the protection of "vulnerable adults" and to "adult protection" work are now replaced by the new term 'Safeguarding Adults'. This phrase means all work which enables an adult "who is or may be eligible for community care services" to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect. B3 places the safeguarding of adults at risk alongside safeguarding children above all other operating principles and where disclosure is for the purpose of safeguarding those at risk of abuse, the principle of confidentiality will be superseded.

6. Definitions

- 6.1. In England the Children Act 1989 states the legal definition of a child is 'a person under the age of 18' years and for the purposes of this policy 'adult' will refer to individuals 18 years or over if they live in England.
- 6.2. The broad definition of a 'vulnerable adult' referred to in the 1997 Consultation Paper 'Who Decides?' issued by the Lord Chancellor's Department, is a person 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 or herself, or unable to protect him or herself against significant harm or exploitation.

7. Legislation

- 7.1. Since the publication of 'No Secrets', there have continued to be a number of significant national developments which either directly address adult protection concerns or have a relevance to practice in this area, including: Publication of Government National Service Frameworks, e.g., for Older People (2001) and on Mental Health (2001) Other relevant legislation and publications include:
 - Valuing People (2001) – A new strategy for learning disability
 - Care Standards Act 2000

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- Association of Directors of Social Services Protocol for inter-authority investigations of vulnerable adult abuse (2004)
 - Protection of Vulnerable Adults (POVA) scheme (2004). Extension of checks to those looking after vulnerable adults.
 - Safeguarding Vulnerable Groups Act 2006. in particular this introduces a Vetting and Barring scheme.
 - Creation of local authority Adult Social Care Departments (2005)
 - Mental Capacity Act 2005 – Covering England and Wales, this provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice.
 - National Health Service and Community Care Act 1990.
 - Domestic Violence Crime and Victims Act 2004. The Act was introduced to increase the protection, support and rights of victims and witnesses.
 - National Health Service and Community Care Act 1990. Is designed to help people live safely in the community and access social care services when needed.
 - Youth Justice and Criminal Evidence Act 1999 – provides support for witnesses who find giving evidence in criminal proceedings particularly difficult.
 - Crime and Disorder Act 1998. Provides a legal framework for tackling crime and disorder and helps create safer communities, including Anti-Social Behaviour Orders.
 - Multi-Agency Public Protection Arrangements 2001. MAAPA is the process through which the Police, National Offender Management and Prison Services (The Responsible Authority) work together with other agencies to manage the risks posed by violent and sexual offenders living in the community.
 - Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009 have replaced in its entirety CQC's essential standards of quality and safety. They set out new fundamental standards for all care providers and say what services can do to make sure they are open and honest with people when something goes wrong with their care and treatment .
 - The Care Act (2014) places requirements on local authorities that they must:
 - (a) Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should

establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;

- (b) Set up a Safeguarding Adults Board (SAB);
- (c) Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them;
- (d) Co-operate with each of its relevant in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

While many of these relate to the statutory sector B3 welcome their guidance and this policy takes their findings and recommendations into account.

- 7.2. 'Safeguarding Adults' produced by the ADSS on behalf of the National Safeguarding Adults' Network (2005) and the Department of Health's "Clinical Governance and Adult Safeguarding Processes" (2010) has provided an updated best practice guide, containing standards for many of the activities involved in protecting and supporting vulnerable adults. It also highlights the importance of viewing those who are victims of abuse as central within adult protection processes. One aspect of this approach is the use of the term 'safeguarding' in preference to 'protection'. This is to reflect a shift in emphasis towards supporting adults to make use of services of their own choosing, rather than authorities simply stepping in to provide protection in every case.

8. What Constitutes Abuse?

- 8.1. Abuse is a violation of an individual's human and civil rights by any other person or persons. A consensus has emerged identifying the following main different forms of abuse:
- **Physical Abuse Physical:** this is 'the use of force which results in pain or injury or a change in a person's natural physical state' or 'the non-accidental infliction of physical force that results in bodily injury, pain or impairment' including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanction. This includes the act of Female Genital Mutilation (FGM).
 - **Sexual Abuse:** including, rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting
 - **Psychological and Emotional Abuse:** which is behaviour that has a harmful effect on the person's emotional health and development, or any form of mental cruelty that results in mental distress, the denial of basic human and civil rights such as self-expression, privacy and dignity, such as threats of harm or abandonment, deprivation of contact, humiliation, blaming,

controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

- Financial or Material Abuse: is the use of a person's property, assets, income, funds or any other resources without their informed consent or authorisation. It includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.
- Neglect and Acts of Omission: including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Discriminatory Abuse: where values, beliefs or culture result in a misuse of power that denies opportunities to some groups or individuals.
- Institutional Abuse: which is the mistreatment or neglect of an adult at risk by a regime, or individuals within settings and services, that adults at risk live in or use. Such abuse violates the person's dignity, resulting in lack of respect for their human rights.
- Exploitation: the deliberate targeting of vulnerable adults for personal benefit.
- Information Abuse: deliberately giving erroneous information or withholding information
- Human Rights Abuse: for example deprivation of a right to family life or to a fair hearing
- Multiple Forms of Abuse: this may occur in an ongoing relationship or service setting or to more than one person at a time. It is important therefore to look not only at a single incident, but to also consider the underlying dynamics and patterns of harm.
- Random Violence: an attack by a stranger on an adult defined as at risk is an assault; this is a criminal matter and should be reported to the Police. However, where there is the possibility that the violence may be part of a pattern of victimisation in a community or neighbourhood, local authority Adult Protection procedures may also apply in respect of effective multi-agency intervention.
- Domestic Violence: Strathclyde Police define domestic violence as “any form of physical, non-physical or sexual abuse which takes place within the context of a close relationship committed either in the home or elsewhere”. In most cases this relationship will be between partners (married, cohabiting or otherwise) or ex-partners.
- “Honour Based Violence”: which is defined by the CPS and ACPO as “a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community”. The term crimes of honour encompasses a variety of manifestations of violence against women; including

murder termed honour killings, assault, confinement or imprisonment and interference with choice in marriage.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

9. Responsibility

- 9.1. Vulnerable adults may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, people who deliberately exploit vulnerable people and strangers. There is often particular concern when abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general well being of a vulnerable person.
- 9.2. B3 not only has a responsibility to vulnerable adults who may have been abused whilst engaged with our services, but may also have responsibilities in relation to the perpetrators of abuse. The roles, powers and duties of the various agencies in relation to the perpetrator will vary depending on whether the latter is:
- A member of staff, proprietor or Service Manager
 - A member of a recognised professional group
 - A volunteer or member of a community group such as a place of worship or social club
 - Another service user
 - A spouse, relative or member of the persons social network
 - A carer; i.e. someone who is eligible for an assessment under the Carers (Recognition and Services) Act 1996
 - A neighbour, member of the public or stranger
 - A person who deliberately targets vulnerable people in order to exploit them.
- 9.3. It is important to remember B3 staff members are not responsible for the investigation of abuse; this is the role of social work services and/or the police. B3 staff members are responsible for dealing sensitively with disclosures, ensuring where possible to take appropriate measures to ensure the immediate safety of an adult at risk, ensuring that social work services and/or the police are informed fully and important information is made easily available to them in order that they can conduct any investigation effectively to ensure the long term safety of an adult at risk through multi agency working.

10. Alerter Responsibilities

- 10.1. As an alerter, you are not asked to prove that information is true. You are being asked to log your concerns or disclosures made to you and then report them to

Social Services, Health or Police. The Police have the responsibility for establishing whether or not a criminal offence has been committed.

10.2. As stated above it is the responsibility of the statutory authority to then instigate the adult protection process, however there are a number of responsibilities that are common to all staff and volunteers within B3 and irrespective of their function within individual services and the wider organisation. These are to:

- Ensure they are aware of the importance of the safeguarding Adults at risk and have made themselves fully aware of the content of this policy and attached procedure.
- Ensure that they are aware of the types of abuse.
- Ensure that they are aware of the signs of potential abuse.
- Ensure that they know how to respond quickly and appropriately if abuse is suspected, witnessed or reported.
- Ensure that the environment is safe and secure and enables service users to confide in staff.
- Ensure that staff members are aware of Whistle Blowing.
- Ensure that they are clear of the standards of conduct expected by the other relevant professional bodies.
- Ensure implementation of this policy.

11. Prevention Of Abuse

11.1. B3 ensures that its recruitment and selection procedures take account of the need to protect vulnerable adults/children. Disclosure and Barring Service (DBS) checks and two references are taken up for all successful candidates prior to a formal offer of employment and where appropriate referees are asked to comment on the applicant's suitability to work with vulnerable adults/children.

11.2. All staff and volunteers have a designated line manager who provides appropriate ongoing support (refer to the supervision agreement).

11.3. Induction for new staff and volunteers includes covering all relevant policies and procedures; including the protection of vulnerable adults/children/young people and on-going training will be provided.

11.4. B3, guided by the Board of Trustees will make appropriate disclosures to the Independent Safeguarding Authority (England) where it is felt a member of staff have acted in a way which calls in to question their suitability to conduct a role in social care due to the harming of a child or vulnerable adult.

12. Training

12.1. Training should be completed by the Service Manager and disseminated to their teams by holding awareness sessions. The training should include how to:

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- 12.1.1. Recognise and understand abuse.
 - 12.1.2. Prevent abuse.
 - 12.1.3. Respond appropriately to allegations, suspicions or incidences of abuse.
 - 12.1.4. Make necessary reports to line management and where appropriate, to external agencies.
- 12.2. The briefing/awareness sessions for staff and volunteers must be covered during induction programmes for new staff, and is ongoing for all remaining staff in keeping with the aims and objectives of the service. Any further training needs identified should be addressed via appropriate line management. Adult protection awareness sessions are usually accessible via local social service departments and where these are available to all workers and volunteers who have face to face contact with individuals should attend these.
- 12.3. It is compulsory for all staff to participate in on-going Safeguarding Adults and Safeguarding Children training.
- 12.4. All services must establish links with local Adult Social Work Service/Adult safeguarding unit depending on the arrangements within the services locality and ensure they are familiar with any local adult protection protocols. It is anticipated that this policy will complement and work in conjunction with any local policy, however if there is any significant difference between these policies services should contact B3's safeguarding lead for advice.

13. Procedure In Response To Alleged Abuse

- 13.1. A detailed protocol of response to alleged abuse is contained in Appendix A. It is the duty of all B3 staff and volunteers to familiarise themselves with it and to report all breaches through the mechanisms described as well as B3's incident reporting processes. All allegations of alleged abuse will be reported to the Service Manager and B3's Board of Trustees via the Incident Reporting Process in addition to regulatory notification detailed in Appendix A.

14. Safeguarding Structure & Responsibilities

- 14.1. At B3 we have identified an organisational structure for safeguarding vulnerable adults. The Service Manager has overall leadership of Safeguarding and other staff members also have designated safeguarding responsibilities.
- 14.2. However it is vital to point out that all staff and volunteers are required to take a shared responsibility for the protection and safety of any adults at risk.

15. Monitoring

- 15.1. Monitoring of compliance with the policy will be through the review of serious untoward incidents and B3's incident and risk management process.

16. Action In Response To Suspected Or Abuse (Appendix A)

16.1. Risk assessment

16.1.1. Where concern is aroused, the following should be taken into account when assessing what immediate action should be taken:

16.1.2. The seriousness of the abuse, which in turn will involve:

- The abused persons own view of the act
- The vulnerability of the individual
- The extent of the abuse
- The length of time it has been occurring
- The impact on the individual
- The risk of the act being repeated or getting worse
- The nature and severity of any injury
- The risk to the abused resident
- Whether the abuse is against the law
- The possibility of risk to B3 service users, staff or others.

16.1.3. In the event of an abuse allegation, do:

- Stay calm and try not to show shock
- Listen very carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed.

16.1.4. Tell the person that:

- They did a good/right thing in telling you.
- You are treating the information seriously.
- It was not their fault.
- Explain that you must tell your Line Manager and, with their consent, the manager will contact Social Services, Health and Police. The manager will, in specific circumstances, contact Social Services without their consent but their wishes will be made clear throughout.

16.1.5. Do not:

- Press the person for more details.

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- Promise to keep secrets (you can never keep this kind of information confidential).
 - Pass on the information to anyone other than those with a legitimate "need to know", such as your line manager.
 - Make promises you cannot keep (such as, "I will never let this happen to you again").
 - Contact the alleged abuser.
 - Be judgmental (for example, "Why didn't you run away?").
 - Gossip about the abuse
 - Stop someone when they are telling you what has happened to them, as they may never tell you again.

16.1.6. You must:

- Make a note of what the person actually said, using his or her own words and phrases.
- Describe the circumstance in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- Make sure the information you write is factual. You may wish to indicate your own opinion or a third party's information. If you do, ensure the separation is made very clear.
- Use a pen or biro with black ink so that the report can be photocopied. Try to keep your writing clear.
- Sign and date the report, noting the time and location.
- Be aware that your report may be needed later as part of a legal action or disciplinary procedure.

16.2. Immediate Action

16.2.1. If you or a vulnerable adult are in a violent situation and feel in immediate danger, call the Police on 999. If the vulnerable adult is injured, call for an ambulance. If you suspect a serious sexual assault has happened, the Police will take over this situation. In some circumstances, the alleged abuser may also need support and possibly immediate social care services to make the situation safe for both parties. In these cases, a member of staff may well need to call for support to manage these arrangements, such as another worker.

16.2.2. Following any abusive incident, remember four basic rules:

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- Ensure safety — look after the victim and keep them safe. Protect other possible vulnerable adults. If the perpetrator is also a service user, support them but also consider any possible further risk.
 - Preserve forensic evidence
 - Contact your line manager/senior manager as soon as possible and tell them what has happened. Discuss with them whether the incident, allegation or disclosure is to be reported to the Police for investigation.
 - Hand write a report of what happened in the order it happened as soon as you practically can — use anything to write the report on and keep it safe.

16.2.3. Where the situation does not present as an emergency but you are informing Social Services, the Police or Health, be prepared to give as much of the following information as you can:

- Name(s) by which the person is known, date of birth, address, language spoken and method of communication, racial origin and current whereabouts of the vulnerable adult. Should this point be bulleted as well?
- Your name and your involvement.
- What happened, where and when
- Details of the alleged abuser, such as name, date of birth, address, current whereabouts and his/her relationship to the person being referred.
- Whether there are any other people, including any children, who may be at risk.
- Details of other agencies involved with the vulnerable adult, especially the person's GP.
- Awareness of the person being referred, carers and alleged abuser to your making this referral. It is also important to pass on how the abused person feels about you making this referral.
- The likely movements of the person being referred and the alleged abuser within the next 24 hours.
- If you are a member of staff, document any breaches of confidentiality in line with the B3 confidentiality policy.

16.2.4. Note: You may not have all of this information but give all the information you do have when making a referral.

16.2.5. Note: Where possible, the opinion of the abused person should always be sought when deciding whether to inform Social Services or the

Police. There may be circumstances where you need to overrule their wishes. This would normally be the decision of your line manager.

16.2.6. Should you suspect that your line manager or Service Manager could be involved in the abuse, contact a member of the Board of Trustees. Remember, should there be any danger the police and/or social services should be contacted directly. You may be invited to co-operate with any investigation. This may include:

- Providing a statement
- Attending strategy meetings and case conferences.
- Contributing towards the plans for the vulnerable adult's care and/or protection — depending upon the level of your involvement with the individual.

16.2.7. Remember

- Do not start investigating the incidents yourself.
- Do not talk to the alleged abuser about the incident if they contact you and never give them any information about the abused person, especially not the abused person's whereabouts.
- At this stage, do not discuss what has happened with carers or relatives of the abused person.

16.3. Confidentiality

16.3.1. There is a clear requirement across agencies to co-operate in relation to safeguarding adults at risk and as such it may not always be possible to maintain strict confidentiality, even where a service user has asked that what he/she has said should go no further. Any concerns about the abuse or suspected abuse of a service user must be reported at the earliest opportunity. The fact that the concern might have arisen as a result of a confidence shared by a service user does not dilute that duty. Any breach of confidentiality should be recorded in a file in line with the confidentiality policy.

16.4. Reporting

16.4.1. If an incidence of abuse is reported, witnessed, or suspected, it must be reported immediately, or as soon as possible, to the Service Manager or to the senior member of staff on duty who should in turn inform the Service Manager and/or Board of Trustees.

16.4.2. The Service Manager or the senior member of staff on duty will then devise an appropriate plan of action. The exact nature of the action taken will be determined by the individual circumstances but it may include the involvement of external authorities (social work, referral organisations and the police).

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- 16.4.3. Should B3 staff have any doubt if a referral should be made to social services then the senior member of staff involved should contact social services for advice.
 - 16.4.4. In the event that members of staff can't get a hold of a more senior member of staff or the situation is so acute that taking time to do so may lead to more or greater harm then the worker involved must contact the appropriate service in any case (i.e., Policy and or Social Work Services).
 - 16.4.5. All Service Managers should familiarise themselves with local inter-agency adult protection policies and reporting responsibilities and this should be cascaded through the staff team.
 - 16.4.6. In the case of disclosure or a suspicion of abuse concerning a child or a young person under 18 in England or under 16 years old in Scotland, B3 will always refer the matter to the appropriate external authorities (refer to the safeguarding children policies). A copy of the local area safeguarding children procedures should be kept at the service. The Service Manager of the service should ensure that all relevant staff have read, understand and are knowledgeable about them.
 - 16.4.7. B3 operates a disciplinary system, which enables Board of Trustees and Service Manager to make appropriate arrangements for the suspension of a member of staff who is suspected of abuse, pending investigation or adjudication and they will ensure that all workers clearly understand this system.
 - 16.4.8. Senior management will consider whether the member of staff needs to be suspended pending formal investigation. Immediate suspension should be considered thus protecting both staff and service users. This must be done in consultation with the Board of Trustees and support must be offered to any employee pending the outcome of any investigation.
 - 16.4.9. Where the Service Manager is suspected of abuse, the Board of Trustees should be informed immediately. Workers should ensure that they are aware of their individual responsibilities. Any project worker that blows the whistle against their employers and/or managers in such circumstances is protected by law from being discriminated against as a result (The Public Interest Disclosure Act 1998).
 - 16.4.10. The Service Manager and staff team should ensure that service users understand that should they make a report of abuse, they will also be protected from reprisal and/or intimidation. This should be detailed to all service users during the assessment process.
 - 16.4.11. Any incident should also be reported on an incident form and forwarded to the Service Manager.

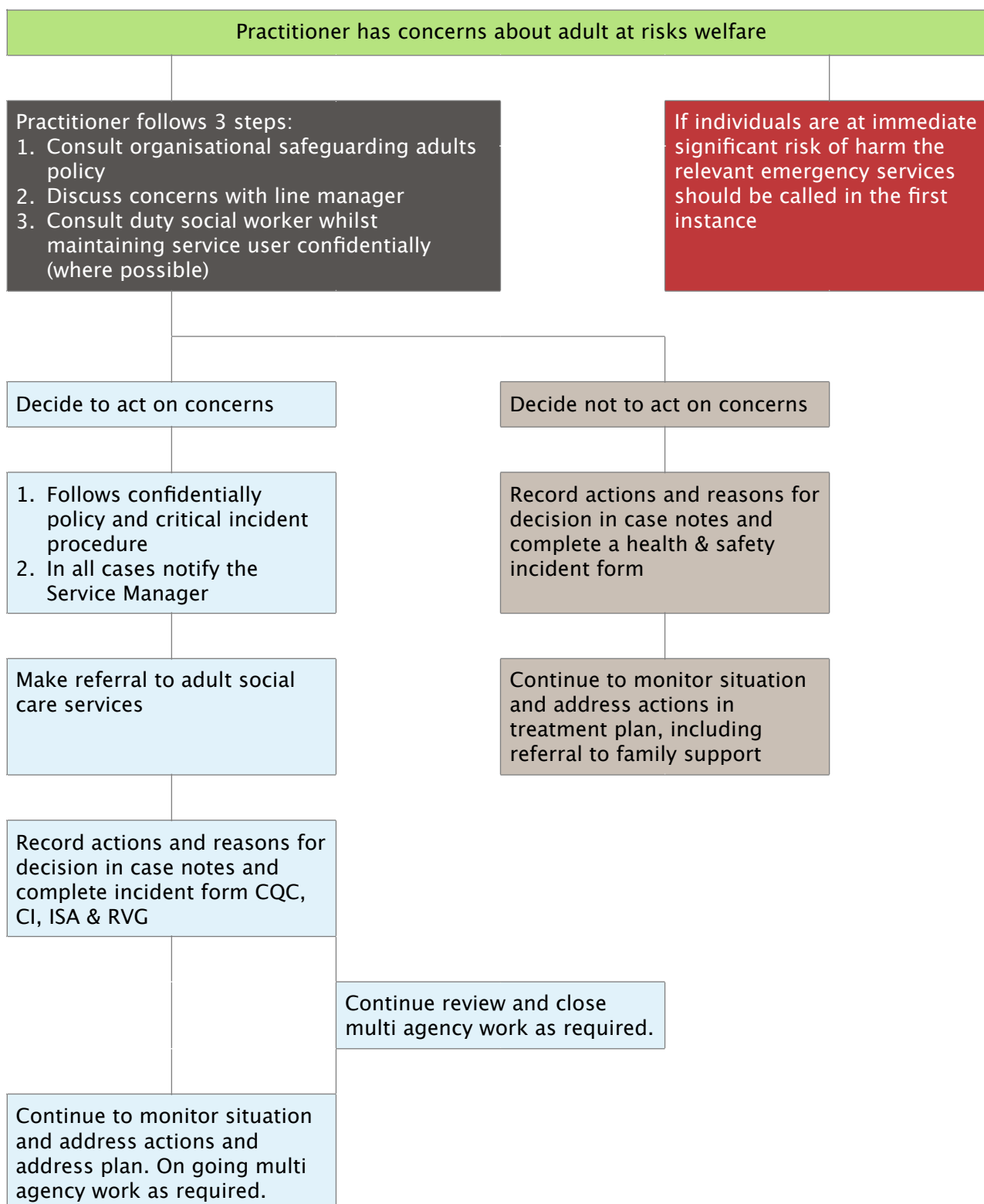
16.5. Involving others outside of the project

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- 16.5.1. Police: if at any time the situation involves something which is against the law, or the service user or a witness is in danger, then the police must be contacted at the earliest opportunity. In such circumstances the police will need to gather evidence.
 - 16.5.2. Social workers/care managers in the local social services area office. Social services are the lead agency on matters of adult protection. This agency will have a key role in the investigation of abuse. Social services will also be involved in any investigation concerning a child or young person. This may take the form of a specialist adult services board. B3 will always share concerns about any adult at risk with Social Work Services even if the police are deemed to be the most appropriate service to deal with the initial event.
 - 16.5.3. Case managers in the National Offender Management Service. The National Offender Management Service (NOMS) is responsible for supervising offenders in the community and for managing the risks posed by those under their supervision. There are also local Multi-Agency Public Protection Arrangements (MAAPA) in place to manage the risks posed by violent and sexual offenders living in the community. B3 will share concerns with the nominated case manager where we are aware the alleged perpetrator of the abuse is known to NOMS and co-operate with information sharing and risk management planning within local MAPPA
 - 16.5.4. Family/carers of the abused service user. Family/carers should be informed of the circumstances, although the wishes of the abused person must be taken into account. The Service Manager or a senior member of B3 should take this action.
 - 16.5.5. Regulatory Service: services regulated by the Care Quality Commission in England or the Care Inspectorate in Scotland must notify the respective body without delay if there has been any allegations of abuse to a person using the service. Guidance can be found on both the CQC and CI websites. All notifiable events must also be submitted in an incident form and reported to the Service Manager.

16.6. Recording events:

- 16.6.1. The Service Manager should make and retain a record of all relevant decisions and detailed records of events. Making and retaining records is important at all stages of the process. When compiling notes, it is important to do so in the knowledge that at some later stage they may be used as evidence in a criminal prosecution. They should therefore be made at the time of the event or as soon afterwards as possible. In addition, all relevant evidence should be preserved.
- 16.6.2. Any incident should also be reported on an incident form and forwarded to the Service Manager.

17. Responding To Concerns About Adult Safety (Appendix B)



18. Indicators Of Abuse (Appendix C)

- 18.1. General indicators of an abusive relationship often include the misuse of power by one person over another and are most likely to be found in situations where one person has power over another. For example, where one person is dependent on another for their physical care or due to power relationships in society, (such as, between a professional worker and a service user, a man and a woman or a person of the dominant race/culture and a person of an ethnic minority.
- 18.2. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to — or exploitation of — the person subjected to it. There are different forms of abuse as listed below.
- 18.3. Psychological Abuse: signs that psychological abuse is taking place may include:
- Difficulty gaining access to the adult on their own or the adult gaining opportunities to contact you.
 - The adult not getting access to medical care or appointments with other agencies.
 - Low self-esteem
 - Lack of confidence and anxiety.
 - Increased levels of confusion.
 - Increased urinary or faecal incontinence.
 - Sleep disturbance.
 - The person feeling/acting as if they are being watched all of the time.
 - Decreased ability to communicate.
 - Communication that sounds like things that the perpetrator would say or language being used that is not usual for the service user.
 - Deference/submission to the perpetrator
- 18.4. Physical Abuse: signs that physical abuse may be taking place can be:
- Injuries that are consistent with physical abuse.
 - Injuries that are the shape of objects.
 - Presence of several injuries of a variety of ages.
 - Injuries that have not received medical attention.

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- A person being taken to many different places to receive medical attention.
 - Skin infections.
 - Dehydration.
 - Unexplained weight changes or medication being lost.
 - Behaviour that indicates that the person is afraid of the perpetrator.
 - Change of behaviour or avoiding the perpetrator.

18.5. Sexual Abuse: signs that sexual abuse may be taking place:

- Sexually transmitted diseases or pregnancy.
- Tears or bruises in genital/anal areas.
- Soreness when sitting.
- Signs that someone is trying to take control of their body image, for example, anorexia, bulimia or self-harm.
- Sexualised behaviour.

18.6. The signs that a person may be experiencing sexual abuse and psychological abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that a perpetrator may carry out "grooming" a victim.

18.7. Neglects and Acts of Omissions: signs that neglect may be occurring:

- Malnutrition.
- Rapid or continuous weight loss.
- Not having access to necessary physical aides.
- Inadequate or inappropriate clothing.
- Untreated medical problems.
- Dirty clothing/bedding.
- Lack of personal care.
- If neglect is due to a carer being over-stretched or under-resourced, the carer may seem very tired, anxious or apathetic.

18.8. Discriminatory Abuse: signs that discrimination may be taking place include:

- A person overly concerned about race, sexual preference and the like.
- A person tries to be more like others.
- A person reacts angrily if any attention is paid to race, sex and the like.

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- A carer is overly critical/anxious about these areas.
 - Disparaging remarks made.
 - A person is made to dress differently.

18.9. Financial or Material Abuse: signs that financial abuse may be occurring include:

- Sudden loss of assets.
- Unusual or inappropriate financial transactions.
- Visitors whose visits always coincide with the day a person's benefits are cashed.
- Bills not being paid.
- A person who is managing the finances being overly concerned with money.
- A sense that the person is being tolerated in the house due to the income they bring in; sometimes with that person not included in the activities the rest of the family enjoys.

18.10. Female Genital Mutilation: this form of abuse is usually perpetrated on girls and young women aged between infancy and 15. There are a number of indications that a woman has already been subjected to FGM:

- A woman may have difficulty walking, sitting or standing.
- A woman may spend longer than normal in the bathroom or toilet due to difficulties urinating.
- A woman may have frequent urinary or menstrual problems.
- A woman may be particularly reluctant to undergo normal medical examinations.
- A woman may confide in a professional.
- A woman may ask for help, but may not be explicit about the problem due to embarrassment or fear.

18.11. Additional Information

18.12. Preserving or Protecting Evidence:

Your first responsibility is the safety and welfare of the abused person, but immediate action may be necessary to preserve or protect evidence.

Your action may be vital in any future proceedings and the success or failure of any investigation may depend upon what you do or not do in the time whilst you are waiting for the Police to arrive.

18.13. Incidents of Physical and/or Sexual Assault

Following allegations of physical and/or sexual assault, consideration will be given to organising, with the abused adult's consent, a medical examination. Any examination will be carried out by a Forensic Medical Examiner who will be contacted by the Police.

- If the abused person has a physical injury and it is appropriate for you to examine, always obtain their consent first.
- Only touch what you have to. Wherever possible, leave things as they are.
- Strongly advise the abused person not to wash or remove clothing.
- Preserve the abused person's clothing and footwear, do not wash or wipe them. Handle them as little as possible.
- Preserve anything that is used to comfort the abused person, for example, a blanket.
- Do not clean up, do not wash anything or in any way remove fibres, blood and the like.
- Try not to touch items/weapons. If you have to, as before, keep handling to a minimum. Put them in a clean dry place until the Police collect them.
- The room should be secured and no-one allowed to enter unless necessary to support you, the abused person and/or the alleged perpetrator, until the Police arrive.

18.14. Methods of Preservation

- For most items use clean paper, a clean paper bag or a clean envelope.
- Do not lick the envelope to seal it.
- For liquids, use a clean glass.
- Do not handle items unless really necessary to move and make safe.
- Note: In traumatic situations, it may not be possible to follow this guidance exactly. Do the best you can?

19. Sources Of Advice And Support (Appendix D)

- 19.1. Police
- 19.2. Local Safeguarding Boards and Units
- 19.3. Care commission or Care Quality commission
- 19.4. Social services
- 19.5. National Offender Management Service
- 19.6. Rape Crisis Federation Wales and England – 0115 900 3560
- 19.7. Sexual Abuse Line (S.A.L) – Men 0808 8000122 – Women 0808 8000123
- 19.8. Respond (Support for people with Learning Disabilities) – 0808 8080700
- 19.9. Women’s Aid England – 0808 2000247
- 19.10. Victim Support – 0845 3030900
- 19.11. Asian Women’s Project – 0161 455 0211
- 19.12. Crown Court Witness Service and Magistrates Court Witness Service – please contact your local court.
- 19.13. Refuge National Crisis Line – 0990 995443
- 19.14. Voice UK – 0870 013 3965
- 19.15. MIND – (Mental Health) 0845 766 0163
- 19.16. Adfam National – 0207 9288898
- 19.17. Samaritans: National Helpline – 24 hours – 08457 909090
- 19.18. National Self-Harm Network – PO Box 7264, Nottingham, NG1 6WJ
- 19.19. Headway, National Head Injuries Association – 0808 8002244
- 19.20. Survivors of abuse & self-harm, 20 Lackmore Road, Enfield, Middlesex, EN1 4PB.
- 19.21. Prevention of professional abuse – 0845 4500 300
- 19.22. Public concern at work – 0207 4046609
- 19.23. Citizen's Advice Bureau – for details of local services contact www.citizensadvice.org.uk/cabdir.htm or your local library.
- 19.24. Forced Marriage Unit for advice – 020 7008 0151 (Monday – Friday, 9am — 5pm; call 020 7008 1500 and ask for the Global Response Centre in emergencies outside these hours).

20. Safeguarding Adult Checklist (Appendix E)

Responsibilities	Volunteer	Team Leader	Service Mgr
Be aware of that the protection of the Adult from harm, abuse or exploitation is the paramount concern.	✓	✓	✓
Refer any suspicion you have to line manager or the Service Manager.	✓	✓	✓
Establish agreement with social care services that allows consultation about concerns whilst maintaining service user confidentiality.	✓	✓	✓
Ensure awareness of the importance of safeguarding adults at risk, good practice guidelines and their role in operational procedures on safeguarding adults at risk.	✓	✓	✓
Ensure implementation of Safeguarding Adult Policy.	✓	✓	✓
Undertake appropriate training.	✓	✓	✓
Look out for signs that adults may be at risk of harm.	✓	✓	✓
Seek advice from line manager or senior colleague if you have any concerns that an adult may be at risk of harm, keep records of your concerns and discussions with your manager, consult with duty social worker.	✓	✓	✓
Monitor the situation and take part in reviews.	✓	✓	✓
Keep records of all contacts, dates and who said what to whom, in a vulnerable adult protection incident, including completion of health and safety incident form.	✓	✓	✓
Work constructively with other agencies.	✓	✓	✓
Discuss Safeguarding Adults Policy with all service users.	✓	✓	✓
Maintain the service users support plan.	✓	✓	✓
If applicable advise the carer of the person of actions unless this puts the adult at greater risk.	✓	✓	✓
Offer support to the service user.	✓	✓	✓
If necessary, follow guidelines for breaching confidentiality and document actions.	✓	✓	✓
Ensure that the information shared is appropriate.	✓	✓	✓
Understand the roles and responsibilities of different agencies and work constructively with them.	✓	✓	✓
Provide advice, guidance and support for staff in adult protection incidents.		✓	✓

Build learning for staff through supervision, team meetings and training.		✓	✓
Arrange specialist training where appropriate.		✓	✓
Establish membership to LSCB/CPC, what are these? whether permanent or as needed.		✓	✓
Assess the need for more information or discussion.		✓	✓
Discuss with the Regional Manager/Director of Community Services.			
Ensure the Service Manager and/or Board of Trustees is informed of concerns, whether or not referral has been made, and plans for further support.			✓
Ensure the availability of accessible information about service user's rights, including making a complaint about a member of staff.	✓	✓	✓