

# Safeguarding Adults Procedure



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## 1. Introduction

1.1 Splitz Support Service operate under the guidelines of The Care Act 2014

1.1.1 The safety and welfare of vulnerable adults is of the utmost importance. It is the duty of all our staff and volunteers to protect each vulnerable adult from abuse and to be alert to the possibility of abuse. It is important that staff and volunteers should familiarise themselves with the local Safeguarding Vulnerable Adults procedures in their area:

<b>Wiltshire:</b>	Wiltshire Safeguarding Adults Board Guidance ( <a href="http://www.wiltshiresab.org.uk/professionals/">http://www.wiltshiresab.org.uk/professionals/</a> )
<b>Gloucestershire:</b>	Gloucestershire Safeguarding Adults Board Guidance ( <a href="http://www.gloucestershire.gov.uk/gsab/i-am-a-professional/">http://www.gloucestershire.gov.uk/gsab/i-am-a-professional/</a> )
<b>Devon:</b>	Devon Safeguarding Adults Board Guidance ( <a href="https://new.devon.gov.uk/devonsafeguardingadultsboard/policy">https://new.devon.gov.uk/devonsafeguardingadultsboard/policy</a> )

## 2. Definitions

2.1. Lead Worker. The lead worker for Adult Protection issues is the Safeguarding Lead for each area as designated in the Safeguarding Policy.

2.2. Vulnerable Adult. A vulnerable adult is someone aged 18 or over; who

- Has needs for care and support (whether or not an agency is meeting any of those needs),
- Is experiencing or is at risk of abuse, or neglect,
- As a result of those needs is unable to protect themselves from the risk or experience of abuse or neglect

2.3. Abuse. The definition and types of abuse may include one or more of the following:

- **Discriminatory abuse:** including forms of harassment, slurs or similar treatment, because race, gender, gender identity, ethnic origin, language, age, disability, sexual orientation or religion
- **Sexual abuse:** including rape and sexual assault, contact or non-contact sexual acts to which the Vulnerable Adult has not consented, or could not consent or was pressurised into consenting to.
- **Psychological abuse:** including emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation,

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coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable or unjustifiable withdrawal from services or supportive networks.

- **Financial or material abuse:** including theft, fraud, internet scamming, exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect or 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.
- **Physical abuse:** including assault, hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint or inappropriate sanctions.
- **Institutional abuse:** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Modern Slavery:** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Self-Neglect:** this covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. People who neglect themselves can often be at risk of other forms of abuse and exploitation.
- **Honour Based :** this is a form abuse which is perpetrated in the name of so called 'honour'. It is often linked to family members or acquaintances who believe someone has brought shame on their family by doing something that is not in keeping with the traditional beliefs of their culture. Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. A forced marriage is one that is carried out without the consent of both people. This is very different to an arranged marriage, which both people will have agreed to. There is no religion that says it is right to force you into a marriage and you are not betraying your faith by refusing such a marriage.

"Any act or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general well being, whether intended or inadvertent, including sexual relationships or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative"

(Safeguarding Adults and Children with Disabilities against abuse: Council of Europe 2002)

### 3. Recognition of Adult Abuse

- 3.1. Who may be the Abuser? Perpetrators of abuse are not confined to any section of society, and may be people who hold a position of trust, power or authority in relation to a

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vulnerable adult. A person who abuses may be:

- 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
- a service user or vulnerable adult
- a spouse, relative or member of the person's social network
- a carer, i.e. someone who has the right to an assessment and may be eligible for services to meet their caring role independently of a vulnerable adult under the Carers (recognition and services) Act 1996 and the Carers and Disabled Children Act 2000
- a neighbour, member of the public or stranger
- a person who deliberately targets vulnerable adults

3.2. As well as their responsibility to the person who has been abused, agencies may have a responsibility in relation to the perpetrators of abuse. Their powers and duties will vary depending upon the role of the perpetrator in relation to the agency.

3.3. Where May Abuse Occur? Abuse can take place in any situation:

- where the person lives, either alone or with someone else
- within nursing, residential or day care settings
- in hospital
- in custodial situations
- where support services are being provided
- in public places

3.4. Patterns of Abuse/Abusing. Patterns of abuse vary and reflect very different dynamics. These include:

- serial abusing in which the perpetrator seeks out and 'grooms' vulnerable adults over a period of time. Sexual abuse usually falls into this pattern as do some forms of financial abuse.
- long term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations
- situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour
- neglect of a person's needs because those around him or her are not able to be responsible for their care, e.g. the carer has difficulties attributable to debt, alcohol, mental health problems or learning disabilities
- institutional abuse such as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and insufficient knowledge base within the service
- unacceptable 'treatments' or programmes which include sanctions or punishments such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over medication
- prevention or failure to allow access to healthcare, dentistry, prostheses
- misappropriation of benefits and/or use of a persons' money by other members of the household
- fraud or intimidation in connection with wills, property or other assets
- failure of agencies to address racist and discriminatory attitudes, behaviour and practice violence.

3.5. Assessment of the environment and context within which abuse occurred is important

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because exploitation, deception, misuse of authority, intimidation or coercion may render a vulnerable adult incapable of making his or her own decisions. It may be important for the vulnerable adult to stay away from the sphere of influence of the abusive person or the setting to a safe place, in order to be able to make a free choice about how to proceed.

3.6. Indicators of Abuse. If a member of staff sees one or more indicators in an individual that must be discussed with a line manager/senior manager. It could be the case that several staff are seeing some of these signs and that by openly sharing their observations, staff may become aware that they have each noticed a different aspect of the abuse and that by sharing information a fuller picture may emerge. It is important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance.

3.7. The following lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk. Some of the following indicators may relate to more than one type of abuse and may also be an indicator of offending behaviour.

3.8. Indicators of Discriminatory Abuse.

- lack of respect shown to an individual
- failure to respect dietary needs
- failure to respect cultural and religious needs
- signs of a substandard service offered to an individual
- exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status

3.9. Indicators of Physical Abuse.

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the vulnerable adult
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- cluster of injuries forming regular patterns or reflecting shape of article
- burns, especially on soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns
- multiple fractures
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body, including slap marks, finger marks
- injuries at different stages of healing
- medication misuse
- inappropriate restraint

3.10. Indicators of Sexual Abuse.

- significant change in sexual behaviour, language or outlook
- pregnancy in a woman who is unable to consent to sexual intercourse
- wetting or soiling
- unexplained responses to personal/medical care tasks
- signs of withdrawal, depression and stress
- full or partial disclosure or hints of sexual abuse
- overly sexualised language
- unusual difficulty in walking and sitting
- pain or itching, bruises or bleeding in genital area
- sexually-transmitted disease, urinary tract/vaginal infections

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- psychosomatic disorders- stomach pains, excessive period pains

### 3.11. Indicators of Psychological Abuse.

- change in appetite
- low self esteem, deference, passivity and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sudden change in behaviour
- person managing care uses bullying, intimidation or threats to induce desired behaviour
- person managing care has punitive approach to bodily functions or incontinence

### 3.12. Indicators of Financial Abuse.

- unexplained sudden inability to pay for bills or maintain lifestyle
- person lacks belongings or services they can clearly afford
- recent acquaintances expressing sudden or disproportionate affection for a person with money or property
- lack of records and accounting of where money spent
- unusual or inappropriate bank account activity
- power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent
- withholding money
- recent change of deeds or title of property
- unusual interest shown by family or others in the person or the person's assets
- person managing financial affairs is evasive or uncooperative
- selling or offering to sell possessions of a vulnerable adult who does not have the capacity to consent or know the full value of those possessions.

### 3.13. Indicators of Neglect.

- inadequate heating and/or lighting
- inappropriate, old or shabby clothing, or being kept in night clothes during the day
- sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living
- physical condition is poor e.g. bed sores, unwashed ulcers
- clothing in poor condition e.g. unclean, wet, ragged
- inadequate physical environment
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- malnutrition when not living alone
- failure to give/offer prescribed medication
- poor personal hygiene

### 3.14. Indicators of Institutional Abuse.

- inappropriate or poor care
- misuse of medication
- inappropriate restraint

- sensory deprivation e.g. denial of use of spectacles, hearing aid etc.
- lack of recording on client files
- lack of respect shown to person
- denial of visitors or phone calls
- restricted access to toilet or bathing facilities
- restricted access to appropriate medical or social care
- lack of privacy or failure to ensure appropriate privacy or personal dignity
- lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing and possessions
- lack of adequate procedures e.g. for medication, financial management
- controlling relationships between staff and service users
- poor professional practice
- lack of response to complaints

3.15. Other Indicators. Other forms of abuse (e.g. Domestic Violence, child abuse and cruelty to animals) may highlight that adult abuse may be taking place.

#### 4. Reporting Abuse

- 4.1. Anyone who has a suspicion or a concern that abuse may have taken place, or might take place if no preventative measures are taken is an 'Alerted Person'. It is essential that any allegation of abuse is taken seriously however insignificant it may seem.
- 4.2. If you are reporting actual or suspected abuse then you need to refer to the checklist in Appendix 1 – Responding as an Alerted Person
- 4.3. A staff member raising a concern will need to give all the information they can about their suspicions, discovery or any disclosure made to them. Whilst in general you may wish to discuss this with your line manager or the Safeguarding Lead, before reporting, it is not necessary to do so, to comply with this policy, particularly if this will result in any unnecessary delay.
- 4.4. When a decision is made, to refer the concern to the local authority, then the procedure appropriate to that authority must be used.

Details on reporting in your area can be found as follows:

<b>Wiltshire:</b>	Wiltshire Safeguarding Adults - Reporting <a href="http://www.wiltshiresab.org.uk/professionals/">http://www.wiltshiresab.org.uk/professionals/</a>
<b>Gloucestershire:</b>	Gloucestershire Safeguarding Adults - Reporting <a href="http://www.gloucestershire.gov.uk/gsab/contact-gsab/">http://www.gloucestershire.gov.uk/gsab/contact-gsab/</a>
<b>Devon:</b>	Devon Safeguarding Adults - Reporting <a href="https://new.devon.gov.uk/devonsafeguardingadultsboard/reporting-concerns">https://new.devon.gov.uk/devonsafeguardingadultsboard/reporting-concerns</a>

- 4.5. Investigations. It is the responsibility of the Local Authority to conduct investigations. If the person wishes action to follow as a result of alleged abuse, do not ask investigative questions, but offer support and reassurance that the matter has been reported and that someone will contact them. In recording what the person has said, clearly separate facts from opinion. The presence of witnesses to an incident should be recorded in detail.

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Information recorded must then be available to the Investigation Team.

- 4.6. Allegations Against Staff. Where an allegation is made against a member of staff or volunteer (who may also be a colleague) it is still the clear duty of those concerned to report the matter. The procedures in Appendix 2 – Allegations Against Staff are to be followed.
- 4.7. Raising Concerns. Splitz endeavours to provide the highest quality of service at all times, in conjunction with partners and other agencies. However if a staff member does have concerns about poor practise within Splitz or elsewhere, then they should first report these to their line manager. If the issue is within Splitz and is not addressed, then the Whistleblowing Policy should be used. If the concern is external to Splitz, then the Local Authority guidelines should be used for escalating the concern.

Appendices:

1. Responding as an Alerted Person.
2. Allegations Against Staff.