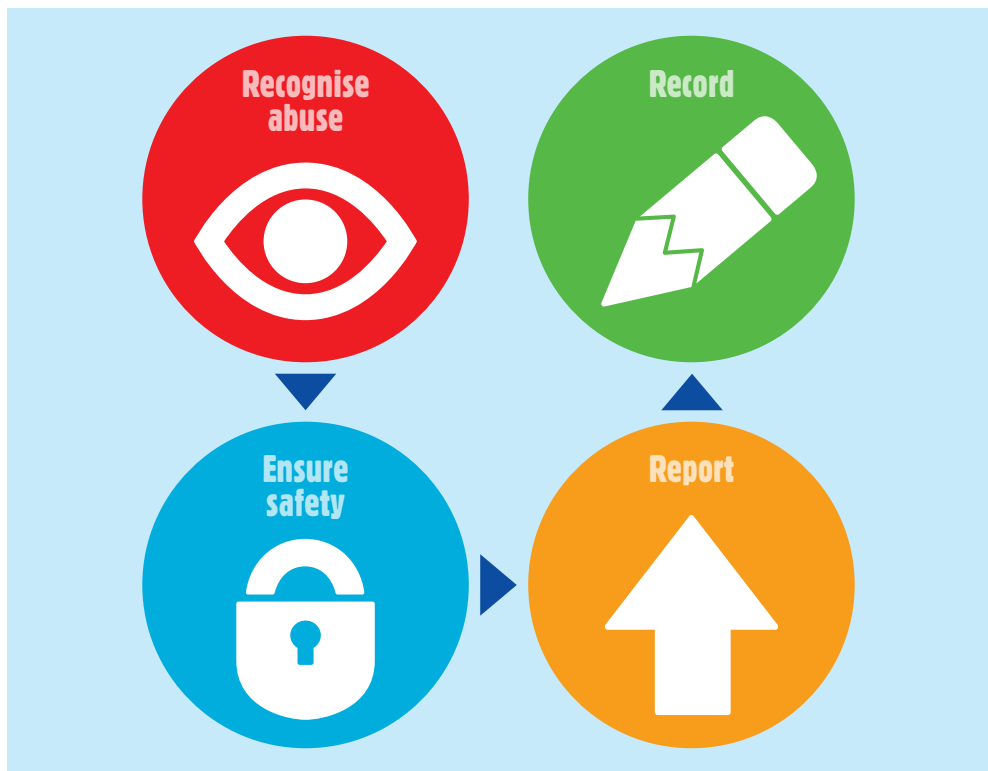


SAFEGUARDING ADULTS FROM NEGLECT OR ABUSE

HANDBOOK FOR FRONTLINE STAFF



This guidance booklet has been produced to help people working directly with adults at risk to understand how to raise concerns they may have about abuse or neglect.

An adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving services, and because of those needs are unable to protect themselves against abuse or neglect.

This booklet supplements the *London Multi-agency Safeguarding Adults Policy and Procedures*.

It is the responsibility of everyone to recognise suspected or actual abuse and to take appropriate action in line with the procedures in this document.



**Ignoring abuse
or neglect is
not an option**

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MAKING SAFEGUARDING PERSONAL

All individuals regardless of age, ability, race, gender, sexual orientation, faith or beliefs should have the greatest possible control over their lives.

People should be able to live as independently as possible and to make informed decisions about their own lifestyles, including the opportunity to take risks if they choose to do so, without fear of harm or abuse from others.

Your understanding of adult safeguarding and your actions can make a positive difference to adults who may not be able to protect themselves because they have care and support needs.

The key message is that we have a responsibility to safeguard adults with care and support needs from abuse. You should make sure that you fully understand the guidance within this handbook, as it sets out your responsibilities for safeguarding adults at risk.

Many people find it hard to understand why another person (or persons) would want to abuse and cause harm to a person who is unable to protect themselves. However, someone who is vulnerable can often be the perfect target. Why? Because often:

- They can't defend themselves or get away.
- Sometimes allegations of abuse are not believed.
- It may be forgotten that vulnerable people have a human right to be safe (as we do).
- Abuse of vulnerable people does not have to be deliberate, malicious or planned. Sometimes the person who causes harm does so because of frustration even in a caring context. However, irrespective of why the abuse might happen, the abusive action of another on a vulnerable person causes harm.

WHAT THE LAW SAYS

The law states that local councils have a duty to make enquiries into any safeguarding concerns brought to its attention regarding an adult living in or visiting its area, who:

- has care and support needs, **and**
- is experiencing, or is at risk of, abuse or neglect, **and**
- is unable to protect themselves because of their care and support needs.

An adult with care and support needs may be:

- An older person.
- A person with a physical disability, a learning difficulty, or a sensory impairment.
- Someone with mental health needs, including dementia or a personality disorder.
- A person with a long-term health condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

If abuse or neglect takes place in a service such as a care home, home care agency, day centre, hospital or college, the first responsibility to act lies with the manager of the service who should then do two things:

- Inform the local council explaining the person's wishes about what they would like to happen
- Take action to protect the adult concerned from further harm (such as by removing the staff or volunteers involved, or by providing them with additional training or supervision).

WHAT IS ABUSE?

Incidents of abuse may be a one-off incident or occur many times, and affect one or more person(s). Abuse can happen anywhere – in a person’s home, in a care home or nursing home, a hospital, in supported or sheltered housing, at a day centre or an educational establishment or in the street.

It can vary from neglecting the person, to treating someone with disrespect in a way which significantly affects their quality of life and limits their ability to access opportunities. It can also be behaviour which causes actual physical harm and suffering.

It is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to take action no less important, but in such circumstances, an appropriate response could be a support package for the carer and monitoring. However, the primary focus must still be how to safeguard the adult.

Patterns of abuse vary and include:

- Serial abuse, in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.
- Long-term abuse, in the context of an ongoing family relationship such as domestic abuse between spouses or generations or persistent psychological abuse.
- Opportunistic abuse, such as theft occurring because money or jewellery has been left lying around.

“ Ignoring abuse is not an option.

**Any person or organisation with
knowledge of, or suspicion that an adult
may be at risk of abuse or is being abused
must report their concerns ”**

DIFFERENT TYPES OF ABUSE

1. Physical abuse including:

- assault
- hitting
- slapping
- pushing
- misuse of medication
- restraint
- inappropriate physical sanctions.

2. Domestic abuse including:

- psychological
- physical
- sexual
- financial
- emotional abuse
- so called 'honour' based violence.

Domestic abuse isn't always physical. Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the adult at risk.

This controlling behaviour is designed to make the adult dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.

A Multi Agency Risk Assessment Conference (MARAC) is a regular local meeting to discuss how to help victims at high risk of murder or serious harm. No single agency has a complete picture of the life of a domestic abuse survivor, but many will have information that is crucial to their safety. The MARAC is both a forum to share this information with other local services and to develop a joined-up safety plan.

To make a referral, email:
marac@standingtogether.org.uk

3. Sexual abuse including:

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- indecent exposure
- sexual assault
- sexual exploitation and/or sexual acts to which the adult has not consented or was pressured into consenting.

4. Psychological abuse including:

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation
- blaming
- controlling
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks.

DIFFERENT TYPES OF ABUSE continued

5. Financial or material abuse including:

- theft
- fraud
- internet scamming
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits
- other scams such as telephone, postal, doorstep and/or distraction burglary.

6. Modern slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude
- traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Read *Modern slavery: how the UK is leading the fight* for further information.

7. Discriminatory abuse including forms of:

- harassment
- insults or offensive behaviour because of:
 - race
 - gender and gender identity
 - age
 - disability
 - sexual orientation
 - religion.

8. Organisational 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.

9. Neglect and acts of omission including:

- Ignoring medical, emotional or physical care needs.
- Failure to provide access to appropriate health, care and support or educational services.
- The withholding of the necessities of life, such as medication, adequate nutrition and heating.

10. Self-neglect

This covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

DIFFERENT TYPES OF ABUSE continued

11. Disability hate crime

The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The police monitor five strands of hate crime:

- disability
- race
- religion
- sexual orientation
- transgender.

12. Female genital mutilation (FGM)

Involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practise FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country.

Further information on safeguarding women and girls at risk of FGM is available via this link:

www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm

13. Forced marriages

Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will.

A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process.

In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

The Anti-social Behaviour, Crime and Policing Act 2014^{xli} make it a criminal offence to force someone to marry. In addition, Part 4A of the Family Law Act 1996^{xlii} may be used to obtain a Forced Marriage Protection Order as a civil remedy. Registrars and registry staff need to be supported through relevant training to know the signs of possible forced marriage.

DIFFERENT TYPES OF ABUSE *continued*

14. Hate crime

The police define 'hate crime' as 'any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability'. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition, it includes incidents that do not constitute a criminal offence.

15. Honour-based violence

Will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community.

Some of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Adult safeguarding concerns that may indicate honour-based violence include domestic abuse, concerns about forced marriage, enforced house arrest and missing person's reports.

If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

16. Human trafficking

Is actively being used by Serious and Organised Crime Groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit.

Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health. The Organised Crime Groups will continue to be involved in the trafficking of people, whilst there is still a supply of victims, a demand for the services they provide and a lack of information and intelligence on the groups and their activities.

17. Mate crime

A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.'

Mate crime is often difficult for police to investigate, due to its sometimes ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

DIFFERENT TYPES OF ABUSE continued

18. Restraint

Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not.

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment.

19. Sexual exploitation

Involves exploitative situations, contexts and relationships where adults at risk (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. It affects men as well as women. People who are sexually exploited do not always perceive that they are being exploited.

In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources. There is a distinct inequality in the relationship. Signs to look out for are not being able to speak to the adult alone, observation of the adult seeking approval from the exploiter to respond and the person exploiting the adult answering for them and making decisions without consulting them.

20. Radicalisation

Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. The aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual.

Prevent is part of the Government's counter-terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed.

The Counter-Terrorism and Security Act 2015 requires specified authorities, in the exercise of their functions to have due regard to the need to prevent people being drawn into terrorism. The support available for individuals at risk of being radicalised is called Channel.

DIFFERENT TYPES OF ABUSE *continued*

21. Pressure ulcers

Pressure ulcers are largely preventable. Whilst the treatment and response to pressure ulcers is predominantly a clinical one, the prevention of them is a shared responsibility.

The reality is that many people at risk of pressure ulcers are receiving services that are commissioned, arranged and provided by non-clinical staff in the social care sector. It is vital that any assessment, including risk assessments, address the likelihood of pressure ulcers developing and what action must be taken to prevent them. This will be as true for an individual living at home as those living in a regulated care setting.

It is also vital that carers, whether family/friends or paid carers, receive training in the prevention and signs of developing pressure ulcers. Those responsible for carrying out assessments and arranging services need to be alert to this issue and have easy access to clinical advice to support care planning.

If a staff member is concerned that a pressure ulcer may have arisen as a result of poor practice, neglect/abuse or an act of omission, the Safeguarding Adults Pressure Ulcer Protocol should be applied.

YOUR RESPONSIBILITIES



WHAT IS EXPECTED OF ME?

1 Ignoring abuse is not an option – if at any time you think that an adult with care and support needs is being abused or is at risk of abuse you must report your concerns so that they can be looked into.

2 If you come across a situation where you think or have been told about an adult at risk of abuse you must not ignore the information. Do not assume that others know what you know. **You must tell** someone so that others can help.

3 Remember that adults have human rights. **You have a duty** of care to ensure the rights and needs of the adult are your main consideration.

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

5 If at the time you have reason to believe the adult is in immediate and serious risk of harm or that a crime has been committed call the police.

6

If an adult tells you something that causes you to be concerned:

- Keep calm; this will help the person.
- Make sure that the person is safe.
- Listen carefully to what is said.
- Do not question except to clarify and ensure that you understand what is being said.
- Clarify what the adult wants to do or what they would like to happen.
- Do not make promises that you cannot keep.
- Do not promise confidentiality, as you cannot keep the information to yourself.
- Reassure and take care of the person.

7

Remember you will need to record everything that you saw, heard and did. Record the facts of what happened.

8

Remember it is expected that you pass on any concerns immediately to your manager and in particular seek support from a manager if you are unsure about the risks observed or disclosed.

SHARING INFORMATION WITH OTHERS

Whilst every effort will be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a person who has been or is at risk of abuse/neglect.

All those working with adults with care and support needs must be clear that it is not possible to keep information about suspected or actual abuse/neglect confidential.

The needs of the adult and the potential risk to others requires you to share the information with your manager and/or the relevant authority that can take action.

The adult should be told with whom the information will be shared. Although you must share the information even if the adult does not want you to, explain that their views and wishes about what they want to happen will be taken into account.

Any views or wishes expressed by the adult should be recorded. Views, wishes and concerns should be reported at the earliest possible opportunity. Ensuring the safety of the adult and any other people at risk is the primary responsibility of staff.

IF AN ADULT DOESN'T WANT ANY ACTION TO BE TAKEN

If the adult has the mental capacity to make decisions in this area of their life and declines assistance, this can limit the intervention that organisations can make.

An adult may make a choice to remain in an abusive situation e.g. be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.

This doesn't mean that you cannot share the information. By sharing the information professionals can assess the risk of harm and be confident that the adult is not being coerced or intimidated or influenced by another person taking advantage of them so they are unable to make their own choices freely. This will also enable professionals to check if the right decisions have been made and that the adults is aware of all the options and look to reduce the harm that may occur.

An adult refusing any action should not limit the action that may be required to protect others who are at risk of harm.

It is good practice to inform the adult that this action is being taken unless doing so would put them at increased risk of harm.

MENTAL CAPACITY

Mental capacity means being able to make your own decisions. Someone lacking capacity – because of an illness or disability such as a mental health problem, dementia or a learning disability – cannot do one or more of the following four things:

- Understand information given to them about a particular decision.
- Retain that information long enough to be able to make the decision.
- Weigh up the information available to make the decision.
- Communicate the decision.

A person's capacity must be judged according to the specific decision that need to be made at a particular time, and not solely because of their illness. Therefore, it is wrong to label someone as lacking capacity to make a certain category of decisions as a whole, e.g. all safeguarding decisions.

Be clear at each point if there really is a decision the person is faced with, for example, if it is their choice whether information is shared with safeguarding partners.

You need to focus on upholding the person's right to make their own decision if at all possible, with your support and/or support from one or more other people they trust.

Always bear in mind the first three principles of the Mental Capacity Act 2005:

- Assume the person has capacity to make the decision in question unless there is reason to doubt this.
- Support the person to make their own decision if possible.
- Do not assume the person lacks capacity to make the decision because you think their decision is unwise.

If the person lacks capacity to make their own decision (because the problem with the way their mind is working is stopping them from understanding a key piece of information, or from remembering all the key information long enough to reach a decision, or from weighing-up the key information against their own priorities and value base), you need to follow the last two principles of the Mental Capacity Act:

- Decide what's in their best interests.
- Achieve their best interests in the way that restricts their rights and freedom of action as little as possible.

RECORDING EVIDENCE

It is important to write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. In some cases, this will mean writing in a person's records or notes, in others it might be on a separate record sheet.

- You should record all relevant information including what you saw, what you heard, and why you acted as you did (all original notes must be retained, where possible).
- Sign and date your records and make sure they are kept in a safe place.
- Record any physical signs or injuries using a body map; make sure you sign and date it.
- Write down what is said to you, who said it including their relationship to the adult or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it.
- Include any details about what the adult wants to be done at this stage.
- Be aware that the person alleged to cause the harm might be able to access information which may increase the risk. Ensure information is secure in line with your own organisations own policies and guidelines.

KEEPING EVIDENCE SAFE

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

- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place.
- Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them.
- In cases of physical or sexual assault encourage the person not to wash bathe or shower where you think they might need a medical examination.
- Don't tidy up, wash clothes, bedding or other items.
- Try and ensure that others around do not interfere with any items that maybe important for the police.
- If there is any suspicion that there may be forensic evidence, inform the police and preserve the evidence. The person may not tell you all the facts on the initial disclosure – do all you can to anticipate what may be needed as evidence, and do all you can to preserve it.

WHISTLEBLOWING

It is everybody's responsibility to alert managers where there are concerns about the abuse of adults at risk. Whilst it is not easy to complain about a colleague's behaviour, everyone's first concern must be the safety and wellbeing of service users.

Whistleblowing is the popular term used to describe when someone within an organisation contacts someone outside of their normal operational management to share information about a matter that is concerning them.

In most instances staff are willing to voice concerns to their line manager but occasionally something prevents this from happening – a belief that they will not be taken seriously or because the manager is believed to be the cause of concern. In these instances, it is legitimate, indeed important in terms of safeguarding adults, that another channel is available. So long as it is not motivated by malice, 'whistle blowing' is viewed as a vital and responsible safety valve.

Whistle-blowers at work will receive statutory protection from being victimised or dismissed, provided that

the information they disclose meets certain criteria. Please refer to your own organisation's whistleblowing policy for further guidance.

Whenever you report wrong doing:

- If desired, everything possible will be done to respect your confidentiality. However, it may be necessary to take a statement as part of the enquiry and enforcement process
- You will not be required to prove your allegation, but you will be asked to give as much detail as possible.

For advice on whistleblowing contact the whistleblowing officer within your organisation. Public Concern at Work (telephone 020 7404 6609) provides independent legal advice and support to anyone who is concerned about something that is happening in their workplace.

KEY STEPS & CONTACTS



KEY STEPS



**Recognise risk & safeguarding concerns
Gain person's wishes & views**



Assess immediate risks & ensure immediate safety



**Escalate to manager or senior member of staff
& raise a safeguarding adults concern with local
authority referral point**



Document & follow local procedures

USEFUL CONTACTS

Your bi-borough local authority and mental health referral points:

RBKC

Social Services Line

020 7361 3013

Emergency Duty Team

020 7373 2227

Fax (office hours only)

020 7368 0228

Secure email

socialservices@rbkc.gov.uk.cjasm.net

Email

socialservices@rbkc.gov.uk

CENTRAL NORTH WEST LONDON MENTAL HEALTH TRUST

Telephone enquiries

07812 031 215

Kensington and Chelsea

cnw-tr.mh.safeguarding.RBKC@nhs.net

Westminster

cnw-tr.mh.safeguarding.westminster@nhs.net

WESTMINSTER

Safeguarding Adults helpline – ask for the Adults Access Team

020 7641 2176

Emergency Duty Team

020 7641 6000 (out of hours)

Secure email

Please discuss with Adults Access Team

Email

adultsocialcare@westminster.gov.uk

