

## SAFEGUARDING ADULTS AT RISK POLICY

### Purpose of the Policy

This policy has been designed to provide guidance for Age UK Buckinghamshire staff and volunteers in the event that they suspect abuse, or are party to a disclosure of abuse from a service user, friend, relative, carer or other of that service user. As an organisation that works with adults and predominantly older people, we recognise that we have a duty of care. It is everyone's responsibility to ensure adults at risk are protected from abuse, and we are committed to doing so; both through education of our staff and volunteers, and by taking appropriate and timely action when a concern or incident arises.

### Summary of the Policy

Staff and volunteers at Age UK Buckinghamshire will be working with vulnerable clients. In our trustworthy and compassionate roles, clients may disclose that they are not being treated well, that they are not receiving the help / care they need or that they are being taken advantage of. When any disclosure takes place, the simple rule is: **"discuss the disclosure with your line manager or a senior manager"**.

Staff and volunteers at Age UK Buckinghamshire cannot be sworn to secrecy. The client needs to be made aware that disclosures are shared with managers.

If you are concerned that any adult at risk is experiencing abuse or neglect, whether it is by an employee, carer, family member, neighbour or other, it is your responsibility to report any concern immediately or within 4 hours to your line manager.

### Scope of policy

Age UK Buckinghamshire subscribes to the Buckinghamshire County Council's Safeguarding Adults Board's Safeguarding Adults Multi Agency Policy and Procedures 2016. The document sets out a multi-disciplinary framework, which follows the recommendations outlined in the Care Act 2014, this replaced the previous 'No Secrets' guidance. The County Council has the responsibility to investigate allegations of abuse and is the statutory authority to do so.

### Who is an 'adult at risk'?

An adult at risk could be someone who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse

- is unable to demonstrate the capacity to make a decision and is in need of care and support

**This is not an exhaustive list.**

It is important to bear in mind that just because a person is old or frail or has a disability, does not mean they are inevitably 'at risk'.

**What is abuse?**

Abuse is a violation of an individual's human and civil rights, by any person or persons that results in significant harm.

It could be:

- A single act or repeated acts.
- An act of neglect or failure to act.
- Multiple acts, for example, an adult at risk may be neglected, and financially abused

**Definition of abuse**

For the purpose of this Safeguarding Adults policy the term *abuse* is defined as:

A violation of an individual's human and civil rights by any other person or persons which results in significant harm. (DH, 2000).

Abuse can take various forms:

**Physical:** hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate sanctions, exposure to heat or cold and not giving adequate food or drink.

**Sexual:** Including rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting, including watching sexual activity.

**Psychological:** includes threats of harm or abandonment, being deprived of social or any other sort of contact, humiliation, blaming, controlling behaviour or intimidation, coercion and bullying.

**Financial / material:** use of a person's property, assets, income, funds or any resources without their informed consent or authorisation.

**Neglect or acts of omission:** Ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

**Discriminatory:** Including racist, sexist behaviour or harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability, and any other forms of harassment, slurs or similar treatment.

**Institutional abuse:** Mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.

These examples are not exhaustive. Further details of types and indicators of abuse can be found in the appendix 'Types and indicators of abuse.' The Chief Officer will be happy to discuss any issues around types and indicators of abuse with you.

## **Procedure for staff and volunteers to follow if abuse is suspected or disclosed**

### **Immediate action**

If there is immediate risk to the adult at risk, you, or anyone else, and emergency action needs to be taken dial 999 to call the police or ambulance service.

### **Volunteers**

If you are concerned that any adult at risk is experiencing abuse or neglect, whether it is by an employee, carer, family member, neighbour or other, it is your responsibility to report any concern immediately or within 4 hours to your staff member you work with. If your line manager is not available then discuss with any other manager available or the Chief Executive Officer.

### **Staff**

If you are concerned that any adult at risk is experiencing abuse or neglect, whether it is by an employee, carer, family member, neighbour or other, it is your responsibility to report any concern immediately or within 4 hours to your line manager. If your line manager is not available then discuss with any other manager available.

The manager should gain the full facts and circumstances and decide on the best course of action. A decision should never be made unilaterally.

After this discussion the manager should:

- 1) Make every effort to ensure the person understands why a referral is advised and what it will entail.
- 2) Consider whether the adult at risk has capacity. This includes thinking about:
  - Awareness: Is the person aware of the choice he/she is making?
  - Consequences: Can the person say and understand what the consequences of their actions will be?
  - Communicate: Has that choice been communicated?
  - Is the person's ability to make an informed decision affected by the abuse that is occurring?

If the person has capacity and agrees to a referral, then Age UK Buckinghamshire should explain to the adult at risk what will be shared with other organisations. This should be done in line with Age UK Buckinghamshire's confidentiality policy.

If after discussion with the adult at risk, they refuse to consider any intervention; their wishes will be respected unless:

- There is a public interest, for example, not acting will put other adults or children at risk
- There is a duty of care to intervene, for example, a crime has been or may be committed. Please see '**Suspected crime**' on page 4
- They are not considered to have mental capacity. Please see '**Mental capacity and consent**' on page 5

If it is decided that the adult at risk does not have capacity and abuse is suspected Age UK Buckinghamshire will alert adult safeguarding, MASH even if consent has not been given. This must be done as soon as possible and always within 4 hours. This can be done on the phone 0800 137 915 or via email: [safeguardigadults@buckscc.gov.uk](mailto:safeguardigadults@buckscc.gov.uk) or, Adult Social Care 01296 383204.

If no referral is made in line with the person's wishes, then the situation should be monitored and reviewed at a later date. In the meantime, all other avenues of support should be explored.

### **Suspected crime**

The police should be informed if a criminal activity is suspected. The police must be involved if:

- There is an allegation from an adult to another person of sexual abuse
- There is a suspicion that sexual abuse has occurred
- There has been an alleged or suspected case of physical injury that has caused harm to an adult constituting an assault, actual or grievous bodily harm
- An alleged or suspected case of cruelty, including where an adult is ill-treated or neglected
- There are allegations or suspicions that involve unusual circumstances e.g., organised or institutional abuse
- There is an alleged or suspected case of financial abuse

### **Regulated health and social care settings**

If the adult at risk is allegedly abused in a regulated health or social care setting by a member of staff who is employed by a regulatory body, the Care Quality Commission (CQC) must be contacted.

### **Mental Capacity Act and consent**

The Mental Capacity Act 2005 underpins the safeguarding process where the adult does not necessarily have the capacity. A mental capacity assessment will be carried out by a social worker to ascertain if the person has the capacity to make decisions regarding the abuse allegation and consent to a safeguarding investigation. They may then appoint an Independent Mental Capacity Advocate (IMCA). If you suspect that someone is being deprived of their liberty in a care home or hospital the Deprivation of Liberty Safeguards provide a framework for protecting people who lack the mental capacity to make the decision as to whether they receive care and/or treatment in a care home.

### **What Age UK Buckinghamshire will do to reduce the risk of harm**

Safeguarding training is mandatory for all staff and for key volunteers as discussed and with line managers. Staff may also access higher level safeguarding training when necessary to

their role. Identified staff and volunteers will undergo a Disclosure and Barring Services check.

**You can help an individual to protect himself / herself from abuse by enabling him / her to:**

- access information about adult abuse
- access an independent advocacy scheme
- talk about any concerns they may have
- contact agencies including Adult and Community Services and the Police if required
- develop safe and supportive relationships with others

**Staff can minimise the risk of adult abuse by:**

- developing an awareness of what adult abuse is by attending up to date training
- acknowledging that it could happen to any adult anywhere and at any time
- being alert to the support needs of carers
- being alert to risk factors
- attending staff meetings and regular supervision to discuss and learn about care practices which could be abusive
- accessing support from colleagues and managers as required

### **Logging and monitoring safeguarding**

All alerts will be logged by a manager on the Charity Log database in line with our Confidentiality & Data Protection Policy and monitored to ensure that all referrals have been investigated. After investigation is completed, the outcomes will be logged as upheld or inconclusive.

Safeguarding concerns should also be added to the Safeguarding Register by the manager- this can be found on Teams, under Policies & Procedures.

### **Charity Commission Serious Incident Procedure**

In the case of a very serious safeguarding issue, we have an obligation to report it to the Charity Commission. Decisions on reporting incidents to the Charity Commission should be made by the Chief Executive Officer, who should also inform the trustees.

The list of incidents that should be reported to the Charity Commission can be found via the attached link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/748997/RSI\\_guidance\\_what\\_to\\_do\\_if\\_something\\_goes\\_wrong\\_Annex\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/748997/RSI_guidance_what_to_do_if_something_goes_wrong_Annex_1.pdf)

### **Training**

Every staff member must complete online Safeguarding Training annually. Further in-depth training can be provided if needed.

## **APPENDIX**

### **Signs and indicators of abuse – Adults**

Please note: This document is to be read in conjunction with: 'Safeguarding Adults at Risk' policy.

#### **What is abuse?**

"Abuse is the violation of an individual's human and civil rights by any other person or persons". Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

#### **Financial abuse**

Financial abuse is illegal or unauthorised theft or use of a person's property, money or other valuables.

It could involve undue pressure on an individual to lend or give money to relatives, friends or professionals who are working with them. There could also be pressure to sign over a house or property, or to change a will. A family member could move into someone's home without their consent and without a prior agreement on sharing costs and could frequently ask for money. A person could be charged excessive amounts for services such as minor building works on a property. Someone could take charge of individual's benefits or pension book and not give them all their money; or they could cash a cheque or use a credit or debit card without permission.

#### **Possible indicators of financial abuse**

- Unexplained loss of money
- Inability to pay bills, overdue rent
- Person unable to access their own money or check their own accounts
- Deterioration in standard of living, for example an inability to purchase items that they could normally afford
- Unusual activity in bank accounts
- Cheques being signed or cashed by other people without someone's consent
- Inappropriate granting and/or use of a Power of Attorney
- Sudden change or creation of a will to benefit an individual significantly
- Missing personal belongings such as art, jewellery and silverware

Crimes associated with this type of abuse include theft, undue influence and forgery. Section 4 of the *Fraud Act 2006* prohibits a person from abusing a position in which they are expected to safeguard the financial interests of another person. The *Mental Capacity Act 2005* also contains a strict prohibition relating to financial abuse.

## **Neglect**

Neglect is a form of abuse in which the perpetrator is responsible for providing care for someone who is unable to care for him or herself, but fails to provide adequate care to meet their needs. Neglect can be deliberate or can occur as a result of not understanding what someone's needs are.

Examples of this could include not giving someone proper food or assistance with eating or drinking. It may be a failure to provide a warm, safe and comfortable environment. It could be failure to prevent physical harm such as not providing appropriate equipment to avoid excessive risks to mobility or transfers from a bed or chair. A carer or support worker could fail to record incidents appropriately, fail to read and follow a care plan or fail to provide basics standards of care. Someone's health needs may be ignored, for example by not allowing them to go to the doctor for treatment, not arranging regular check ups, or not giving medication in accordance with what the doctor has prescribed. Calls for assistance could be ignored for long periods of time or someone could not be assisted to keep clean in the way that they would choose, for example if they have incontinence

- Dirt, urine or faecal smell in a person's environment
- Pressure sores
- Prolonged isolation or lack of stimulation
- Depression
- Person has dishevelled appearance or is dressed inappropriately
- Person has an untreated medical condition
- Under or over medication
- Home environment does not meet basic needs, for example no heating
- Signs of malnourishment or dehydration
- Person who is not able to look after him or herself is left unattended and so put at risk
- Not being helped to the toilet when assistance is requested

## **Physical abuse**

Physical abuse is abuse involving contact intended to cause or resulting in pain, injury, or other physical suffering or bodily harm. It can also result in feelings of fear and other psychological problems.

It could include hitting (with or without an object), kicking, shaking, burning, pulling hair, biting or pushing. It could be rough handling during care giving, for example lifting someone inappropriately instead of using the correct procedures or equipment. A person could be stopped from going out, locked in a room or tied to a chair or bed.

### **Possible indicators of physical abuse**

- Cuts, scratches
- Oval or crescent shaped bite marks over 3cm across
- Lacerations, weal marks, puncture wounds, finger marks, burns and scalds
- Fractures and sprains
- Bruises (particularly if there is a lot of bruising of different ages) and discolouration
- Any injury that has not been properly cared for such as untreated pressure sores
- Poor skin condition or poor skin hygiene
- Loss of hair, loss of weight and change of appetite
- Insomnia or unexplained behaviour, fearfulness, unexplained paranoia, anxiety

**Please note:** It must be stated that bruising can be as a result of a medical condition or accidentally knocking against something. However, it is better to share concerns than to dismiss them.

### **Sexual abuse**

Sexual abuse can be defined as direct or indirect involvement in sexual activity by a person without their consent. People who do not understand what is happening to them are unable to consent to sexual activity.

Sexual abuse could include a person forcing someone to have sexual intercourse or perform sexual acts that they do not want to do. It could consist of indecent exposure, serious innuendo or teasing a person. A person may be forced to watch pornographic material or sexual acts or a person could spy on someone when they are undertaking personal care activities. There could be enforced or coerced nakedness or inappropriate photography of a person in sexually explicit ways.

### **Possible indicators of sexual abuse**

- Emotional distress
- Itching, soreness, bruises or lacerations
- Certain types of soiling on clothing
- Mood changes
- Change in usual behaviour



- Expressions of feelings of guilt or shame
- Difficulty in walking or sitting
- Disturbed sleep patterns

### **Psychological / emotional abuse**

Psychological abuse, also referred to as emotional abuse, is a form of abuse characterised by a person subjecting or exposing another to behaviour that is psychologically harmful. Such abuse is often associated with situations of power imbalance, such as abusive relationships.

Psychological or emotional abuse could involve humiliation, for example making someone feel ashamed of their behaviour or the way that they act through words or actions which put someone down. This could make someone feel unworthy, unwanted, unimportant or ignored. An individual's wishes or choices could be denied, for example regarding food or clothing choices; this may be particularly significant if it relates to choices that have spiritual or religious meaning to that person. It could be in the form of overprotection where another individual thinks they know best.

It could also consist of disrespecting someone's right to privacy and dignity, for instance opening their mail without permission or entering their bedroom without knocking. A carer could threaten to withdraw care or move out of the accommodation or a relative could threaten to put someone in a care home. There may also be threats of harm if someone does not comply with another person's wishes or views.

### **Possible indicators of psychological and emotional abuse**

The following is a list of psychological and emotional indicators that may have abuse as their cause. It is important to also be aware that there may be many other reasons for any of these indicators in any given situation.

- Untypical changes in mood, attitude and behaviour
- Changes in sleep pattern
- Loss of appetite
- Anger
- Excessive fear or anxiety
- Helplessness or passivity
- Confusion or disorientation
- Implausible stories
- Denial
- Hesitation to talk openly

- Low self-esteem
- Unclear or confused feelings towards an individual

### **Institutional abuse**

Institutional abuse is repeated instances of poor care of individuals or groups of individuals. It can be through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation.

It can occur in any setting where one or more service users receive a service, whether on a daily or residential basis, for example a care home, a day services centre, a hospital ward or a person's own home. The service may not meet the necessary professional standards or there is a need for further training or the development of a more caring and person-centred approach.

It is essential that individual staff within an organisation take responsibility for recognising and dealing with institutional abuse and do not accept poor standards as something that cannot be challenged or changed.

### **Possible personal indicators of institutional abuse**

- Inappropriate approaches to continence issues such as toileting by the clock as opposed to when a person wishes to go to the toilet
- Set times for refreshments with no opportunity to have a snack, or to make alternative arrangements outside these hours
- No evidence of care plans that focus on an individual's needs
- Staff not following care plans when they are in place
- Lack of privacy, for example a failure to close doors when attending to a person's personal care needs
- Failure to knock on a door before entering, for example a bedroom or bathroom
- No access to personal possessions or personal allowance
- Failure to promote or support a person's spiritual or cultural beliefs
- A culture of treating everyone the same which is different from treating everyone equally
- A couple being prevented from living together
- Abuse of medication
- Dehumanising language
- Infantilising older people – speaking to or treating them like a child
- Locking people in their rooms

## **Possible cultural and management indicators of institutional abuse**

There are ways in which an organisation can be run that lead to practices, which if left unaddressed, can contribute to an environment where abuse is tolerated

These indicators may be contributory factors of institutional abuse in a care setting but do not always lead to abuse.

- The absence of a clear complaints process
- The absence of an Equal Opportunities policy
- Failure to promote advocacy when it is locally available
- Inadequate staff training and supervision
- Premises that are regularly understaffed
- Inflexible visiting procedures
- A culture of interaction between staff that habitually runs counter to recognised best practice
- High staff turnover
- Low staff morale

## **Discriminatory abuse**

This is where a person is abused or treated less favourably without a proper justification because of their: gender, race (including skin colour), ethnicity or culture, religion or belief, preferred language, sexual orientation, political views or age. Discriminatory beliefs and practices limit the lives of the people upon whom they are imposed

Discriminatory abuse could involve withholding services from an older person without a proper justification. It could be the absence of an equal opportunities policy in an organisation or presumption of a particular sexual orientation. There could be a presumption of a lack of capacity without proper investigation of this. There could be a failure to take account of religious practices, for example by expecting someone to eat food that is not acceptable to their faith. It could also include a failure to take into account the spiritual welfare of the person, for example when providing palliative care

## **Who might abuse an older person?**

In a UK-wide of study in 2007, 4% or approximately 342,400 people aged over 66 years living in private households, reported experiencing mistreatment by a family member, close friend, care worker, neighbour or acquaintance in the previous year. It was found that 35% of those perpetrating abuse and neglect were the partners of the victims, 33% were other family members, 33% were neighbours and acquaintances, 9% were home helps and 3% were friends. These findings demonstrate that those closest to older people are often the ones most likely to commit abuse.

The survey did not cover care home or hospital staff. Other professionals who may come into contact with an older person such as GPs, social workers, other health and social care professionals and trades-people may also be involved in abuse situations.

### IF SOMEONE TELLS YOU THEY ARE BEING ABUSED

Do	Do Not
Listen patiently and calmly to what the person is saying even if it does not make sense.	Do not ask questions. It is not your job to investigate
Observe the victim and what is happening to them	Do not dismiss what someone is telling you, even if it appears unlikely.
Stay calm	Do not appear shocked or disgusted
Respect confidentiality as far as you are able. This means you tell who needs to know, but do not discuss it with other members of staff or Service Users	Do not promise to keep secrets.
Tell the alleged victim what you are going to do next if safe and appropriate to do so	Do not keep information to yourself
Report straight to your line manager and record exactly what you have heard	Do not confront the alleged abuser

### WHAT TO PUT IN A DISCLOSURE REPORT

It is important that you write down why you are concerned about the situation as clearly as you can, in simple language. Include all relevant information, i.e. what you saw, what you heard, why you took the action you did. Note down any physical signs or injuries (you can sketch this if it clarifies where the injuries have been sustained), as well as any changes in behaviour etc.

**Give this to your line manager immediately.** If your line manager is not available, then see a member of the management team. If no one from Age UK Buckinghamshire is available, then ring the Safeguarding Team at Buckinghamshire Council.

### AND FINALLY ...

- **Report any suspicion as soon as you can – and certainly within 24 hours.**
- **Remember that you are a witness, not a complainant.**
- **Think about the risks and possible outcomes before you act.**
- **Don't forget that there may be an innocent explanation.**
- **Don't become a private detective!**

*Please sign, date and return this page to your line manager to confirm that you have read and understood this document and that you agree to abide by the Safeguarding Procedures.*

I have read the Safeguarding Adults at Risk Awareness and Procedures Handbook and agree to abide by the procedures set out in it.

Signed: .....

Print name: ..... Date: .....

*Please circle the appropriate role description below.*

- |        |                             |                            |
|--------|-----------------------------|----------------------------|
| I am a | Staff member                | Befriending Plus volunteer |
|        | Welfare Benefits' volunteer | Toenail cutter             |
|        | Handyperson agent           | Gardening agent            |
|        | Help-in-the-Home agent      | Other (please specify)     |
|        | Hairdressing agent          |                            |