

## Safeguarding People at Risk Policy

### Introduction

Safeguarding is about keeping adults and children safe from harm. It involves identifying and responding to concerns of abuse and neglect, working with individual/s and with other agencies to protect them from avoidable harm.

The purpose of this policy is to ensure that:

- All employees and volunteers (this includes \*trustee/directors) understand their duty to report promptly any concerns or suspicions that an individual is being, or is at risk of being, abused.
- Actions to protect the individual from abuse are our absolute highest priority. Concerns or allegations should be reported without delay.
- Every effort is made to ensure that individuals are afforded appropriate protection under the law.
- All employees and volunteers know how to recognise the signs of abuse and how to report and respond to it.
- Employees and volunteers have access to training appropriate to their level of responsibility and receive supervision that allows them to reflect on their practice and the impact of their actions on others.
- All decisions and actions are taken in line with the legal framework (Annex B).

\*trustee/directors will also be guided by the Charity Commission's Safeguarding for charities and trustees November 2021 and Safeguarding and protecting people for charities and trustees June 2022.

### Policy Statement

Age UK Gloucestershire (AUKG) is committed to the right of all adults and children to live in safety without fear of abuse, neglect or exploitation, and to have their dignity and preferences respected.

We work to promote the health, safety and wellbeing of all adults with whom we work and those of any children we may come into contact with.

AUKG Gloucestershire recognises that abuse can be perpetrated by anyone; employees, volunteers, other users of our services, families and members of the public.

We follow Gloucestershire Safeguarding Adults Board and Gloucestershire Safeguarding Children's Partnership (GSCP) guidance to ensure that reported concerns and allegations are followed up in a professional, timely and respectful manner. We reflect the guidance published by the Charity Commission for England and Wales.

AUKG understands that safeguarding children and adults at risk is a shared responsibility with the need for effective joint working between agencies and professionals that have differing roles, responsibilities and expertise.

### Key Principles of Safeguarding

The Government's policy statement on adult safeguarding sets out six principles which whilst not legal duties represent best practice and form the foundation and guiding principles for achieving successful outcomes:

1. Empowerment – individualised approach, person-led decisions and informed consent.
2. Prevention – it is better to action before harm occurs.

3. Proportionality – the least intrusive response appropriate to the risk presented.
4. Protection – support and representation for those in greatest need.
5. Partnership – services working with their communities, communities playing a part in prevention, detecting and reporting neglect and abuse.
6. Accountability – accountability and transparency in delivering safeguarding.

## **What is Abuse?**

Abuse can take many forms in both adults and children. Those specific to adults at risk are detailed at Annex A.

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

The Care Act 2014 redefined who may be seen as a 'vulnerable adult', and refers instead to 'adults at risk'. An adult at risk may be any person aged 18 years or over whom:

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

## **Safeguarding Children**

AUKG work with adults, but from time to time will come into contact with children (those aged under 18). This may be through work experience, volunteering or where there are children in the household of some individuals we support.

If an employee or volunteer has any concerns about a child being at risk of harm or experiencing abuse they are to report this immediately to the CEO or Designated safeguarding Lead (DSL) within one working day. If there is an immediate risk of harm the employee or volunteer should dial 999.

The CEO or DSL on receipt of such a report will follow the procedures laid down by GSCP.

Where required AUKG will develop and implement specific principles and procedures for safeguarding children where required and in support of specific activities such as work experience.

## **The Legal Framework**

The legal framework in which we operate and which further defines our responsibilities for adults at risk is outlined in Annex B.

## **Recruitment and Selection**

As part of AUKG's commitments to safeguarding, all potential employees and volunteers will undergo the appropriate level of Disclosure and Barring Service (DBS) checks relevant to their role. Such clearance is to be obtained before commencing employment or volunteering unless suitable mitigating actions/measures can be put in place. All such mitigations are to be approved by the CEO. In the case of a DBS check highlighting a disclosure then the CEO will take the ultimate decision on engagement having sought the appropriate expert advice.

## **Induction and Training**

AUKG is committed to having such arrangements in place to ensure effective induction and ongoing refresher training of all employees and volunteers. All employees and volunteers are to complete mandatory safeguarding training during induction and annually as a minimum. This policy and its annexes are to be read on induction and regularly throughout the individual's time with the organisation.

## **Roles and Responsibilities**

AUKG's CEO is responsible for providing overall assurance to the AUKG Board on the effectiveness and quality of the safeguarding arrangements.

The Board fulfils the overall leadership and governance role for safeguarding – setting direction, ensuring compliance with standards, policies and procedures, monitoring progress and managing risks.

All AUKG managers have a responsibility to understand this policy and to ensure all employees and volunteers are supported in applying it alongside, ensuring they maintain training and awareness relevant to their roles.

In addition to the role of the line manager/supervisor for employees and volunteers the following fulfil specific roles relating to our procedures:

- Head of Age Friendly Communities (Helen Atkinson) – Designated Safeguarding Lead (DSL)
- OOH Manager (Jo Murray) – Designated Safeguarding Officer (DSO)
- Help Team Manager (Velda Savage) - DSO

## **Safeguarding Procedures**

The procedures which follow aim to ensure that in every safeguarding situation:

- The individual's chosen outcomes are at the heart of safeguarding.
- Safeguarding is always more focused on the person than on processes.
- That dignity, and respect for the individual, are central to all our practice.

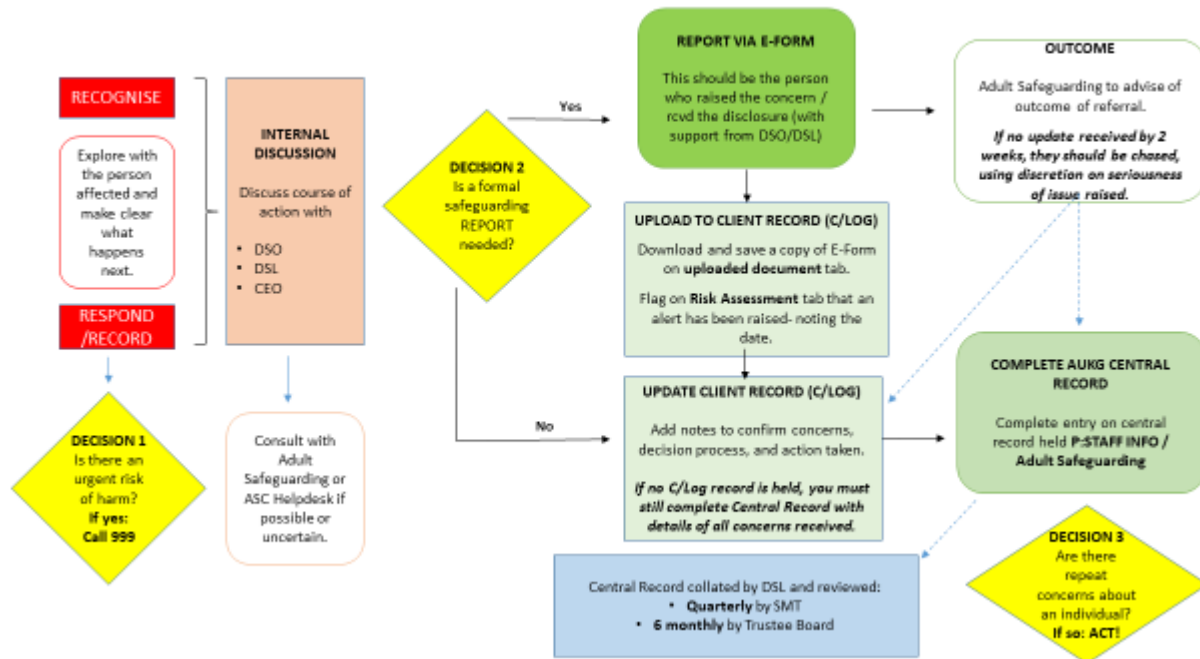
## **Working in Partnership**

As guiding principles to our safeguarding procedures, AUKG is to:

- Work with other care agencies and partner organisations in Gloucestershire to prevent abuse from happening in the first place and protect adults with care and support needs from abuse;
- Co-operate with each other to safeguard adults with care and support needs;
- Share information in a timely way;
- Empower and support people to make their own choices;
- Make enquiries and take action about actual or suspected abuse and neglect;
- Support adults and provide a service to those who are experiencing, or who are at risk of, abuse, neglect or exploitation;
- Respect the rights of the person causing, or alleged to be causing, harm. If the person alleged to have caused harm is also an adult with care and support needs they must receive support and their needs must be addressed.

## Recognise

The procedure you should follow if you recognise any safeguarding issue is very straightforward and is shown in the flowchart below:



## Respond

Take whatever steps are needed to ensure that the individual is not at any immediate risk. This may be straightforward and require nothing more than a mental check, or it may mean staying with them for a period of time, obtaining medical help, or in extreme cases, calling 999 and alerting the emergency services.

## Record

Once the individual's immediate safety from harm is assured, record everything possible about the situation. You should then discuss what you have recorded as having seen or what you suspect to a DSO or DSL as soon as possible. They will support you in decision making and following the process of reporting.

If you have a suspicion, but nothing has been directly witnessed or disclosed, you should record your concerns and discuss them with a DSO or DSL at the earliest opportunity.

## Report

The route for reporting all safeguarding matters concerning adults at risk is through the Adult Help Desk of the County Council on 01452 426868 and follow up by using their [online form](#).

It is important to note that, as the person directly involved your judgement is paramount. If you are at all concerned that the matter might be urgent or that the individual would otherwise be at immediate risk as a result of delaying the process to discuss with a DSO or DSL, you should call the Adult Help Desk.

## Advice and Guidance

If you are unsure whether something you've seen or heard might constitute evidence of abuse and would like to speak in confidence with a safeguarding expert, then you can contact the local Safeguarding Team via email: [safeguardingadultsservices@gloucestershire.gov.uk](mailto:safeguardingadultsservices@gloucestershire.gov.uk)

## Short Practice Guides

The three short practice overviews below provide a clear practical guide on what to do if a safeguarding issue arises:

### Practice Guidance #1: How and when to report a safeguarding concern?

<p><b>Who can raise a safeguarding concern?</b></p>	<p>Anyone – the adult involved, a member of the public, any colleague or volunteer.</p>
<p><b>Who decides whether to raise a concern?</b></p>	<p>The person who believes that abuse may be taking place is the best person to raise the concern and they should usually take the responsibility for doing so.</p> <p>The concern should usually be raised direct with Gloucestershire County Council’s Adult Helpdesk on <b>01452 426868</b>, or using the GCC Adult Social Care Safeguarding Adults Referral Form</p> <p>If unsure, the individual who has safeguarding concerns should raise this with an DSL, DSO, or CEO. This individual, or the person who has concerns may wish to take advice from the Safeguarding Adults team advice line.</p> <p>The Safeguarding Adults Team email address is: <b><a href="mailto:safeguardingadultsservices@gloucestershire.gov.uk">safeguardingadultsservices@gloucestershire.gov.uk</a></b></p> <p>(or <a href="mailto:safeadults@gloucestershire.gcsx.gov.uk">safeadults@gloucestershire.gcsx.gov.uk</a> if sending from a secure address)</p>
<p><b>How quickly should a concern be raised?</b></p>	<p>Immediately and always within 24 hours.</p>
<p><b>Who should be contacted with a concern?</b></p>	<p>Gloucestershire County Council’s Adult Helpdesk on <b>01452 426868</b>.</p> <p>Where a crime has taken place or the adult may be in immediate danger contact should be made with the Police, in emergencies using <b>999</b> or if less urgent using <b>101</b>.</p>
<p><b>How is a concern raised?</b></p>	<p>By telephone to the above number.</p> <p>Those who raise a concern may be asked to provide additional written detail using the <b>GCC Adult Social Care Safeguarding Adults Referral Form</b></p> <p>You should receive a reference number for our records and to assist with any follow-up queries.</p>
<p><b>What information should be included when raising the concern?</b></p>	<p><b>Personal details of the adult</b> (name, date of birth, address, gender, race, faith, culture and current whereabouts).</p> <p>Name, address, contact number of the person raising the concern, and their relationship to the adult.</p> <p><b>Full description of the abuse</b> that is believed to have taken place including where and when it occurred.</p> <p><b>All known details of the potential source of risk</b> (name, address, date of birth, gender, current whereabouts and relationship to the adult).</p>

	<p><b>Details of any harm caused to the adult.</b> Perception of continuing risks.</p> <p><b>Immediate action taken</b> or required to protect the adult.</p> <p><b>Details of other people</b> who may be at risk of harm.</p> <p><b>Details of any action already taken</b> (e.g. call to emergency services, crime number, and protection measures.)</p> <p><b>Details of agencies involved</b> with the adult.</p> <p><b>Whether the adult is aware</b> of the concern being raised.</p> <p><b>Whether the adult has agreed</b> to the concern being raised.</p> <p><b>Any known views or wishes of the adult</b> regarding possible outcomes.</p> <p><b>The views of the person raising the concern</b> about what needs to happen next.</p> <p><b>Any information that relates to the mental capacity of the adult</b> in relation to their ability to protect themselves from harm.</p> <p><b>Any known language or communication needs</b> (e.g. need for an interpreter or intermediary).</p>
<p><b>What if the adult does not wish for the concern to be raised?</b></p>	<p>Where there is a risk of harm to the wellbeing of the adult or to others, a potential offence or disciplinary issues, the concern should be raised but it must be made clear what the adult's view on this is and that they are aware that information is being recorded and shared. (See also Information Sharing section on page 8)</p>
<p><b>What feedback will be given on concerns that have been raised?</b></p>	<p>People raising a concern should be given information regarding the status of the concern they have raised. The extent of this feedback will depend on various things (e.g. the relationship they have with the victim, confidentiality issues and the risk of compromising an investigation).</p>

**Practice Guidance #2: Advice for those who receive a disclosure of abuse.**

<b>People who become aware of abuse or the risk of abuse should:</b>	<b>Why is this important for the adult?</b>
<p>Ensure the immediate safety of the adult. If there is an injury appropriate health care should be arranged (e.g. an ambulance, visit to Accident and Emergency Department).</p>	<p>Immediate protection and health care is provided.</p>
<p>If a suspected crime has just occurred or is still occurring then the Police should be informed immediately by ringing 999.</p>	<p>Criminal investigation can begin immediately.</p>



Ensure that any evidence of abuse is kept safe and free from contamination to avoid interference with the investigation.	Evidence is secure and the adult will have the option of using it in making a complaint.
Refer the incident / abuse to Adult Social Care.	Social Care support can be offered as part of the investigation.
Record all details of the abuse concerns clearly and factually as soon as possible. When recording any disclosure then record the actual words used by the adult.  It is important that the report includes as much detail as possible, is legible and can be shared if needed. It should be stored on the client's Charitylog record if there is one. The report must be kept confidential, stored in a safe and secure place until needed.	A clear record exists of the adult's initial comments and injuries. The adult will be able to see what is recorded about them and might have a better understanding of what has occurred.

### Practice Guidance #3: What to do if abuse is disclosed

DO	DON'T
Listen carefully, stay calm and make notes of what they say using <u>their</u> own words. It is important to record the facts not your own opinions	Question, put pressure on the adult for more details, start your own enquiry or take photographs
Be aware that further evidence may be needed.	Act in a way that may prevent the adult talking about the abuse in future.
Reassure the adult that the information will be treated seriously.	Promise to keep secrets.
Help the adult to understand that whatever has happened is not their fault.	Make any promises that you may not be able to keep (e.g. 'It won't happen again')
Explain the referral process and that others will need to be made aware.	Question any person who is a potential source of risk.
Explain that the matter will have to be referred on even if they do not consent but that their wishes will be made clear if this happens.	Agree not to refer because the adult withholds consent.
Report it immediately. Direct to the County Council Adult Helpdesk or if unsure with an AUKG manager.	Delay taking action unnecessarily. Do not wait to discuss with colleagues or gather more information if there is a clear safeguarding issue.

### Information-Sharing

Abuse thrives upon secrecy, a lack of transparency and closed lines of communication. Failure to share information across agencies has been cited in a number of high profile reviews of safeguarding cases. Wherever possible, information should be shared on a 'need to know' basis. The multi-agency approach to safeguarding adults means that, where it is lawful and ethical to do so, appropriate information should be exchanged between relevant agencies in order to ensure that support that is right for the individual can be provided.

Wherever possible informed consent to share information should be obtained from the adult, however there may be situations where:

- Consent is withheld; or
- The person is unable to give informed consent.

Information may still be shared if consent is withheld where you believe that:

- There is a high risk of serious harm to the person, or
- Consent was withheld under duress, or

- Other adults or children are at risk, or
- When the courts have made an order; or
- To prevent or detect or prosecute a serious crime.

As such, absolute assurances of confidentiality cannot be given, especially where other adults or children may be at risk.

Where the person is unable to give informed consent and there is a determination that they lack capacity to consent, then information should be shared where there is a determination that it is in best interests of the individual to share information in order to prevent or protect them from abuse.

### **Annexes**

A – Types of Abuse or Neglect

B – Legal Framework

C – Making Safeguarding Personal

### **Safeguarding People at Risk Policy (Review period every 3 years)**

<b>Current Version</b>	Re-drafted and approved by Board Feb 23
<b>Date of next review</b>	February 2026



## Annex A – Safeguarding People at Risk Policy

### Types of Abuse or Neglect

Defining abuse or neglect is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. It may be physical, verbal or psychological, it may occur where a person is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent. Incidents of abuse may be one-off or multiple, and affect one person or more.

Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared. Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- Physical abuse;
- Domestic violence;
- Sexual abuse;
- Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect.

These types of abuse or neglect are explored in more detail in the following sections in terms of their impact on adults with care and support needs.

### Physical abuse

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty. Possible indicators include:

- Unexplained or inappropriately explained injuries;
- Adult exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence. Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- Adult may repeat what the person causing harm has said (e.g. ‘Shut up or I’ll hit you’);

- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- An adult with capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

### **Domestic abuse**

In 2013, the Home Office announced changes to the definition of domestic abuse as below:

An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. Includes psychological, physical, sexual, financial, emotional abuse; so-called 'honour-based' violence; Female Genital Mutilation; forced marriage. Age range extended down to 16.

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

Many people think that domestic abuse is restricted to abuse between intimate partners, but this is incorrect. It actually extends to other family members as well and a great deal of the safeguarding work that occurs at home is in fact concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases. Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.

### **Sexual abuse**

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 and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting. It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust). Possible indicators include:

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
- Sexual exploitation.

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money)

as a result of performing sexual activities, and/or others performing sexual activities on them. Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain, or being sent such an image by the person alleged to be causing harm. 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.

### **Psychological abuse**

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks. Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators include:

- Untypical ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;
- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted;
- Adult's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

### **Financial or material abuse**

This includes 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, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators include:

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult's accounts or cards;
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision;
- Recent changes of deeds/title of house or will;
- Recent acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

## Modern slavery

Modern slavery encompasses slavery, human trafficking, forced and compulsory 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. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are:

- Forced to work - through mental or physical threat;
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- Dehumanised, treated as a commodity or bought and sold as 'property';
- Physically constrained or has restrictions placed on his/her freedom of movement.

Modern slavery takes various forms and affects people of all ages, gender and races.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. If an identified victim of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to adults who are the victims of human trafficking. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

- Adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else.
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn.
- They have few personal possessions and often wear the same clothes.
- What clothes they do wear may not be suitable for their work.
- The adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live.
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English.
- Fear of authorities.
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.

Environmental indicators which are of particular note may include the outside of the property having bars covering the windows of the or they are permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to prevent use. There are signs the electricity may have been tacked on from neighbouring properties or directly from power lines? Inside the property access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

### **Discriminatory abuse**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices.

An adult making complaints about the service not meeting their needs.

### **Organisational abuse**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their 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. Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs. Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- Receive little support from management;
- Are inadequately trained;
- Are poorly supervised and poorly supported in their work;
- Receive inadequate guidance;

Or where there is:

- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise.

### **Neglect and acts of omission**

These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators include:

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

### **Self-neglect**

Self-neglect entails neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It is also defined as the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the individual and sometimes to their community. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour, there may come a point where they are no longer able to do this, without external support.

Indicators of self-neglect may be:

- Living in very unclean, sometimes verminous, circumstances;
- Poor self-care leading to a decline in personal hygiene;
- Poor nutrition; poor healing/sores;
- Poorly maintained clothing;
- Isolation;
- Failure to take medication;
- Hoarding;
- Neglecting household maintenance;
- Portraying eccentric behaviour/lifestyles.

It should be noted that environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

### **Location of abuse**

Abuse can take place anywhere. For example:

- The person's own home, whether living alone, with relatives or others;
- Day or residential centres;
- Supported housing;
- Work settings;
- Educational establishments;
- Care homes;
- Clinics and hospitals;
- Prisons;
- Other places in the community.

### **Who might abuse?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult with care and support needs. A wide range of people may harm adults. These include:

- A spouse/partner;

- An adult with care and support needs;
- Other family members;
- Neighbours;
- Friends;
- Local residents;
- People who deliberately exploit adults they perceive as vulnerable to abuse;
- Paid staff or professionals; and
- Volunteers and strangers.

A lot of attention can be paid to targeted fraud or internet scams perpetrated by complete strangers, however it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.



## Annex B – Safeguarding People at Risk Policy

### Legal Framework

#### The Care Act 2014

The Care Act 2014 sets out a clear legal framework for why we should protect adults with care and support needs at risk of abuse or neglect as part of a local network under the local authority. Under section 42 of the Act, there is now a statutory duty on local authorities to carry out a safeguarding enquiry, or cause an enquiry to be made, in circumstances where an adult:

- Has needs for care and support.
- Is experiencing, or is at risk of, abuse and neglect.
- As a result of those needs is unable to protect themselves against the abuse or neglect.

Care and support needs are defined in the Care Act Statutory Guidance as:

*“The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations”.*

#### Mental Capacity Act (Including DoLS) 2005

The Mental Capacity Act 2005, covering England and Wales, 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. These can be small decisions – such as what clothes to wear – or major decisions, such as where to live and what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this.

In addition, in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law (the Deprivation of Liberty Safeguards), to protect their rights and ensure that the care or treatment they receive is in their best interests.

#### Human Rights Act 1998

The Act applies to all bodies performing public functions and the Care Act extends its scope to incorporate registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the Local Authority (including Direct Payment situations (Local Government Association, 2014).

It does not incorporate entirely private arrangements concerning care and support, however we still have a positive duty to promote the human rights of individuals and this entails a duty to stop people or companies abusing an individual’s human rights. For example, a public authority that knows an adult is being abused by their privately funded carer has a duty to protect the adult from inhuman or degrading treatment.

The Human Rights Act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions of the Human Rights Act.

## Annex C – Safeguarding People at Risk Policy

### Making Safeguarding Personal

*“Unless people’s lives are improved, then all the safeguarding work, systems, procedures and partnerships are purposeless. Currently Directors and Safeguarding Adults Boards are faced with a plethora of input/output data but no way of telling from it if they really are making any impact. Directors must have a means of knowing what works and how they are making a difference to people”.*

Safeguarding Adults: Advice and Guidance to Directors of Adult Social Services’ ADASS; LGA, (March 2013)

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about:

- Conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.
- Seeing people as experts in their own lives and working alongside them.
- Shifting from a process supported by conversations to a series of conversations supported by a process.

Safeguarding must respect the autonomy and independence of individuals as well as their right to family life. In the context of the Human Rights Act, Article 8, Lord Justice Munby, speaking about people who are vulnerable or incapacitated, states:

*“The fundamental point is that public authority decision-making must engage appropriately and meaningfully both with P and with P’s partner, relatives and carers. The State’s obligations under Article 8 are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision making process. It is simply unacceptable – and an actionable breach of Article 8 – for adult social care to decide, without reference to P and her carers, what is to be done and then merely to tell them – to “share” with them – the decision.”*

What Price Dignity? Keynote address by Lord Justice Munby to the LGA Community Care Conference: Protecting Liberties (14 July 2010)

MSP aims to facilitate a shift in emphasis in safeguarding from undertaking a process to a commitment to improving outcomes alongside people experiencing abuse or neglect. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, the extent to which desired outcomes have been realised.