Safeguarding Adults Policy

1.1 What are Junction Surgery's Multi-Agency Policy and Procedures?

The Junction Surgery Safeguarding Adults Policy and Procedures is the local code of practice that has been formulated and agreed in by the practice.

This document reflects the recognition that adults at risk (see below for definition) can suffer abuse, ill treatment and discrimination and that these represent an infringement of their human and civil rights. The policy recognises that all people have the right to live their life free from abuse and free from the fear of abuse.

The policy is concerned with adults at risk in who are unable without assistance to protect themselves from abuse. This policy and procedures makes a clear distinction between the broader safeguarding agenda for all Adults at Risk, and the Adult Protection operational procedures that should be invoked in individual cases of suspected or actual abuse of an adult at risk.

All activity undertaken within the policy and procedure will be carried out in a way that is appropriate to the level of understanding, degree of disability, means of communication, ethnic and cultural background, gender or sexual orientation of the person concerned.

1.2 Definitions of Adult at Risk, Abuse, Harm, Significant Harm and Dignity

1.2.1 Adult at Risk

The term 'Adult at Risk' is used throughout this policy but is interchangeable with term 'Vulnerable Adult. Care Act 2014 section 42 (1) states Safeguarding duties apply to an adult who:

• **has needs for care and support (whether or not the Local Authority is meeting any of these needs)** ***and;***
• **Is experiencing, or at risk of abuse or neglect*****; and***
• **as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect**

The Care Act defines an Adult at Risk as a person aged 18 or over whom:

• is aged 18 or over but stills receives children's services *(the level of care and support is not relevant, and the young adult does not have to have eligible needs for care and support under the Care Act, or be receiving any particular service from the Local Authority , in order for the safeguarding duties to apply- as long as the conditions set out above are met)

• is eligible for or receives any adult social care service* (including carers services) provided or arranged by the local authority or

• receives Direct Payments in lieu of Adult Social Care services or

• funds their own care and has social care needs or

• otherwise has social care and/or health needs that are low, moderate, substantial or critical

• falls within any other category prescribed by the secretary of state

• is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse by the cared for person

• Is unable to demonstrate the capacity to make a decision and is in need of care and support.

This does not mean that just because a person is old or frail or has a disability that they are inevitably 'at risk'. For example, a person with a disability who has mental capacity to make decisions about their own safety would be perfectly able to make informed choices and protect themselves from harm.

In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to their care needs and how able they are to make and exercise their own informed choices, free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation.

It is important to note that people with capacity can also be vulnerable.

1.2.2 Abuse, Harm, Significant Harm and Dignity

For the purpose of this policy and procedures the term abuse is defined as:
'An act or omission, a violation of an individual's **dignity**, human or civil rights, by any other person or persons which results in **significant harm** to the physical, emotional or social wellbeing of an adult at risk'.

Key concepts in adult safeguarding work are 'Harm' and 'Significant Harm'. They help to determine the seriousness and extent of abuse and assist in determining the level of intervention. However the distinction between harm and significant harm should not be the sole means in determining whether or not abuse has occurred.

Harm (regardless of whether the impact of this is a significant or not) is defined as:

• ill treatment (including sexual abuse and forms of ill-treatment that are not physical)
• the impairment of development and/ or an avoidable deterioration in, physical or mental health
• the impairment of physical, emotional, social or behavioural development or the impairment of health
• unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion)

(Taken from: Who Decides? - Lord Chancellor's Department 1997; and the Law Commission Review of Adults Social Care Law consultation 2010).

Significant Harm

The impact of harm upon a person will be individual and depend upon each person's circumstances and the severity, degree and impact or effect of this upon that person. The concept of 'significant harm' is therefore relative to each individual concerned.
The difference between harm and significant harm is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the policy and procedures.

Dignity

Being treated with dignity and respect is a human right. The opening sentence of the United Nations Universal Declaration of human rights declares that;
'Recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world'.
Dignity, quality and safeguarding are inextricably linked in the provision of services to adults at risk. Treating people with respect and therefore helping them retain their dignity and self-respect is an important aspect of the quality of services provided by both health and care providers. Corporate neglect is often the result of not putting dignity at the core of service provision.

1.3 The Aim of the Policy & Procedures

This policy in line with the Care Act 2014 recognises that adults at risk can suffer abuse, ill treatment and discrimination, and that this is an infringement of their human and civil rights. This policy aims to make sure that:

• Practice is person led and outcome focused; ensuring the adult at risk is supported to maintain choice and control

• the needs and interests of adults at risk are always respected and upheld

• the human rights of adults at risk are respected and upheld

• the dignity of adults at risk is respected and upheld

• the prevention of abuse where possible is a key priority for all services

• a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse

• all relevant decisions and actions comply with the Mental Capacity Act 2005

• The health and safety of the adult at risk is paramount.

1.4 Who is expected to Comply with this Policy and Procedures?

• All statutory organisations delivering Health and Social Care in (see 3.1.1)

• All organisations from which services are commissioned by the statutory Health and Social Care organisation.

• Any other organisation working with adults at risk.

Additionally each organisation should have its own internal procedures and guidelines informing their staff of their responsibilities to protect adults at risk and specifying how these relate to Junction Surgery's multi agency policy and procedures.

These multi-agency procedures should also be used in conjunction with individual organisations procedures on related issues such as domestic violence, fraud, disciplinary procedures and health and safety.

In complying with the policy and procedures all organisations and individuals confirm their commitment to:

• Work together on the prevention, identification and investigation of abuse and the protection and support of people who may be at risk.
• Maintain a dialogue at both strategic and operational levels to ensure multi-agency co-operation.
• Share information within legal and professional constraints.
• Ensure that staff – both in commissioned and directly provided services - understands the policy and procedures and implement it consistently.
• Contribute to the monitoring and evaluation of the implementation of the policy and procedures.
• Identify the resources required, within acknowledged constraints, to meet these commitments.
• Recognise that the right of self-determination can involve risk and ensure that such risk is acknowledged and understood and appropriate steps taken to minimise the risk once it has been identified.

1.4 Relevant Training

The Care Act 2014 requires that all those involved in the provision of health and social care will undergo appropriate training to ensure all staff meet the relevant level of competency in relation to safeguarding adults at risk.

1.5 What are the Guiding Principles Which Underpin this Policy and Procedures?

By implementing this policy and procedures to safeguard the basic human rights of individuals in our society, we have agreed the following principles as set out in the care act 2014

• **Empowerment -** Presumption of person led decisions and informed consent.
• **Prevention -** It is better to take action before harm occurs.
• **Proportionality -** Proportionate and least intrusive response appropriate to the risk presented.
• **Protection -** Support and representation for those in greatest need.
• **Partnership -** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
• **Accountability -** Accountability and transparency in delivering safeguarding.

In order to effectively implement these guiding principles it is of paramount importance that at all times, the adult at risk and/or their representatives are fully supported to engage in the adult protection process.

Making Safeguarding personal

Making Safeguarding Personal 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 having 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.

Making Safeguarding Personal is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

1.7 Why do we need this Policy and Procedures?

This policy lays out locally agreed multi-agency procedures so that NHS Services, Adult Social Care, the Police, local Independent, Statutory and Voluntary organisations can work together to safeguard and protect adults at risk from abuse.

There are many advantages to a multi-agency approach including:

• Having an overview of a person at risk's vulnerability through sharing information between organisations.
• A reduction in the number of interviews conducted.
• A clearer understanding of agency roles in dealing with abuse.
• Co-ordinated service delivery to the abused person and carer.
• Shared responsibility for working with people who have experienced abuse.
• An assurance that procedures for protection and care of vulnerable adults are consistently implemented and understood.
• The process being monitored.

1.8 What are the Rights of the Individual?

The policy and procedure is a practical expression of the commitment to ensure that individual rights are recognised and upheld. All people have the right to:

• Be treated with dignity at all times.
• Respect from their families and carers, and professionals and volunteers providing services for them.
• The freedom to express their thoughts and feelings providing this does not break the law or infringe other people's rights.
• Be meaningfully involved in making decisions that affect their lives.
• Personal privacy, including not having personal letters opened or phone calls listened to unless the law allows this.
• Be included in the activities and opportunities of ordinary living.
• Information, especially concerning things that would make life better for them.
• Adequate standards of living, good food, access to health care and freedom from neglect.
• Opportunities and support to become as independent and active as possible and to develop their full potential.
• Safety, adequate care and protection from all forms of violence, including physical punishment, intimidation, harassment, belittling, and sexual assault.
• To access the criminal justice system if a crime is believed to have been committed.
• Leisure time activities of their choice, including those with an element of risk.
• Retain money and property that is legally theirs.

To be free from discrimination on the grounds of ethnic origin, culture, religion, gender, sexuality, age or disability.

All adults should be enabled to take control of their lives. The challenge for the implementation of this policy and procedure is to achieve the right balance between protecting individuals and enabling them to manage their own risks. In doing this individuals need to be at the centre of making any decisions that affect them.

This policy and procedures will be implemented with due regard to equality of opportunity and where appropriate will take into account the statutory rights of carers. This will include work undertaken in partnership with carers wherever it is in the interests of the adult at risk.

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2.1 What is Abuse? – Categories and Indicators

2.1.1 Abuse may be:

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

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place. Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place in settings such as the person's own home, day or residential centres, supported housing, educational establishments, or in nursing homes, clinics or hospitals.

What constitutes abuse or neglect should not be considered in isolation. Abuse and neglect can take many forms and the circumstances of each individual must always be considered.

A number of abusive acts are crimes and informing the police must be a key consideration.

2.1.2 Categories and indicators of Abuse

There are ten categories of abuse in the policy which are listed below with possible indicators for each type of abuse.

The presence of one or more indicators does not necessarily mean that a vulnerable person is being abused; however, they may reflect the potential for abuse in a given situation and suggest the need for further investigation. Different indicators of abuse are not mutually exclusive to one category and the same indicators may present across the various categories of abuse.

2.1.2. (i) Physical abuse

Physical abuse is any abuse which has a physical impact on that individual, this includes:
• Hitting, slapping, kicking, shaking, pinching, dragging, pulling or pushing
• Burning or scalding
• Force feeding or tampering with food
• Misuse or mal-administration of medication
• Inappropriate restraint or treatment*
• Inappropriate moving and handling/rough handling
• Inappropriate isolation or confinement
• Withdrawal of sensory or mobility aids.
• Honour based violence.

***Restraint**

Inappropriate use of restraint or physical interventions and/or unlawful deprivation of liberty is physical abuse. 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 a person'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. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm.

Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint incorporating best practice guidance and theMental Capacity Act, Mental Capacity Act *Code* and the Deprivation of Liberty Safeguards (DoLs) (see below).

Please note appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm. Such practice should be clearly documented, stating who the decision maker is and how the less restrictive option was determined.

Deprivation of Liberty Safeguards (DOLS)

These safeguards provide protection to people in hospitals and care homes who do not have the capacity to consent to their care and treatment and the manner in which it is provide.

In March 2014, the Supreme Court handed down judgment in two cases: *P v Cheshire West and Chester Council and P & Q v Surrey County Council*.1 That judgment, commonly known as *Cheshire West* has led to a considerable increase in the numbers of people in England and Wales who are considered to be deprived of their liberty for the purposes of receiving care and treatment.

The Supreme Court decided that when an individual lacking capacity was under continuous or complete supervision and control **and** was not free to leave, they were being deprived of their liberty. This is now commonly called the "**acid test**."

Any Adult at Risk who is detained without consent for the purpose of care or treatment should be deprived of their liberty via a legal means. The legal means available for such actions are a DOLS authorisation, detention under the Mental Health Act 1983, or an order by the Court of Protection.

Care Homes and hospitals must make requests to the Supervisory Body for authorisation to legally deprive someone of their liberty if they believe it is in their best interests. All decisions on care and treatment must comply with the Mental Capacity Act.

Physical Abuse Possible Indicators

• Injuries inconsistent with or not fully explained by the account given.
• Different accounts of the injuries given to different people.
• Injuries inconsistent with the person's lifestyle
• History of unexplained injuries or falls.
• Bruising on the torso, back, buttocks or thighs or in well protected areas such as the inside of the leg or upper arm or on each side on soft parts of the body.
• Bruising clustered from repeated striking.
• Injuries or bruising at different stages of healing.
• Marks on the body in the shape of an object.
• Finger mark bruising.
• Fractures, especially if these are in different stages of healing.
• Multiple or spinal injuries.
• Burns, including scald marks, rope burns, carpet burns, electrical appliance burns.
• Unexplained hair loss in clumps.
• Cuts or abrasions to the mouth, lips, gums, eyes or external genitalia.
• History of changes of GP or social care agencies.
• Signs of misuse of medication such as over or under medication.

Lack of personal care, inadequate or inappropriate clothing, inadequate heating, left in wet clothing.

• Subdued behaviour in presence of the carer.
• Urinary or faecal incontinence.
• Malnutrition – rapid or continuous weight loss, complaints of hunger.
• Use of furniture and other equipment to restrict movement.

2.1.2 (ii) Domestic Abuse

Domestic abuse includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence ;

Female Genital Mutilation; forced marriage.

Domestic abuse is not only between intimate partners, other family members can be considered perpetrators of domestic abuse.
The Home Office 2013 defines domestic abuse as:

• 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, who is 16 years old and above.

Domestic abuse is multifaceted in its presentation please see all other categories of abuse for possible indicators of Domestic abuse.

2.1.2 (iii) Neglect and Acts of Omission

Neglect is failing to provide an adequate standard of care. It may occur deliberately or by omission, and it includes:

• Failure to provide essential nutrition, clothing, medication and heating.
• Ignoring physical or medical care needs.
• Ignoring emotional care needs
• Denying access to medical, psychiatric, psychological or social care.
• Failure to assess risk or to intervene to avert or reduce danger.
• Failure to access assessments or technical aids (e.g. hearing test/aids).
• Failure to access to educational services
• Failure to give privacy and dignity in delivery of care.

2.1.2 (iv) Self-neglect

The Care Act 2014 formally recognises self-neglect as a category of abuse. Adults who self-neglect can now be supported through intervention under safeguarding adults procedures.

The term ‘self-neglect’ refers to an unwillingness or inability to care for oneself and/or one’s environment. It encompasses a wide range of behaviours, including hoarding, living in squalor, and neglecting self-care and hygiene

Self- neglect is a difficult issue to address in practice, not least because people who self-neglect may not see that they are living with self-neglect. There are questions of personal choice and how to provide help and support to someone who may not want it. In addressing self-neglect under this policy and procedure the response must be proportionate to the risk of harm to the mentally capacitated individual. **Neglect - possible indicators**

Factors that may indicate neglect include:

• Malnutrition, rapid or continuous weight loss, complaints of hunger or thirst.
• Dehydration.
• Poor personal hygiene.
• Untreated pressure sores.
• Indications of untreated medical problems.
• Signs of mal-administration of medication.
• Failure to provide hearing aids, mobility aids, glasses and dentures.
• Clothing and bedding dirty, wet, soiled, inadequate or inappropriate.
• Accommodation in poor state, inadequate heating or lighting.
• Failure to adhere to agreed care plans and risk assessments.
• Failure to ensure appropriate privacy and dignity.

• Person is exposed to unacceptable risk.

2.1.2 (v) Sexual abuse

Sexual abuse is involving people in sexual activity without their voluntary and informed consent and may also include sexual activity where one party is in a position of trust, power or authority. Sexual abuse includes:

• Vaginal or anal rape
• Inappropriate looking or touching
• Denial of a sexual life
• Incest
• Indecent assault
• Gross indecency
• Sexual harassment
• Coercion or undue influence to engage in sexual activity.
• Sexual teasing or innuendo
• Sexual harassment
• Sexual photography
• Exposure to sexual explicit materials or situations
• Forced marriage
• Sexual activity with a person who lacks the mental capacity to consent.

Professional Relationships

All sexual activity involving staff with individuals for whom they care, or know to be vulnerable is contrary to professional standards. It is abusive and will result in disciplinary proceedings.

Sexual abuse – possible indicators

Factors that may indicate sexual abuse include:
• Full or partial disclosure or hints of sexual abuse.
• Bruising, bleeding or pain in genital, vaginal or anal area.
• Bruising of upper thighs or upper arms.
• Unexplained difficulty in sitting and walking.
• Love bites.
• Sexually transmitted diseases.
• Urinary tract infection or vaginal infection.

Pregnancy in a person who is unable to consent to sexual relations.
• Persistent unexplained removal of urinary catheters.
• Wetting or soiling when no history of incontinence.
• Torn, stained or bloody underclothing or bedding.
• Overt sexual behaviour or language.
• Unexplained behaviour or mood change.
• Obsession with washing.
• Reluctance to be alone with an individual known to them.
• Fear of caregiver offering help with personal care.
• Signs of depression or stress.

2.1.2 (vi) Psychological or emotional abuse

Psychological or emotional abuse is behaviour that has an adverse effect on an individual's mental well-being. It includes:

• Bullying and aggression.
• Inappropriate befriending
• Threats and intimidation of harm and or abandonment
• Derivation of contact
• Isolation
• Unreasonable and unjustified withdrawal of services or supportive networks
• The denial of basic human and civil rights such as self-expression, privacy and dignity.
• Humiliation, ridicule and name calling.
• Exclusion from group or marginalisation.
• Denial of access to social contact, cultural or religious observance or possessions.
• Disregard of choice and consent.
• Verbal abuse.
• Cyber bullying
• Grooming, recruiting and encouraging participation in acts of violence or violent extremism

– **(The Channel Process - see section 2.10 for more information)**

• Forced Marriage – this is a violation of internationally recognised human rights and contrary to Matrimonial Causes Act 1973. – comes under Domestic Abuse

Psychological abuse – possible indicators

Factors that may indicate psychological or emotional abuse may include:

• Fear, watchfulness or agitation
• Deference, resignation and passivity
• Excessive loyalty and over-anxious to please
• Oppressive atmosphere or tension in the presence of certain others
• Low self-esteem
• Loss of interest, emotional withdrawal or symptoms of depression
• Sleep disturbance
• Significant weight loss or gain
• Over controlling behaviour by third party
• Self-harm
• Denial of access to the vulnerable adult
• Social isolation
• Lack of consideration for the vulnerable adult
• Denial of privacy, choice, freedom of movement
. Denial of religious or cultural needs
• Restricting access to sensory, mobility or continence aids or equipment
• Decisions always made by others
• Person not allowed visitors/phone calls.

2.1.2 (vii) Financial or material abuse

In many instance financial abuse is a crime and the police should be involved at an early stage if appropriate. Financial abuse is the misuse of a person's property, assets, income, funds or any resources it includes:

• Theft, misappropriation or withholding of money, possessions or property.
• Mismanagement of finance and property.

• Pressure, by threat or persuasion, to influence wills, inheritance, property or financial transactions.
• The misuse of an enduring power of attorney, a lasting power of attorney, benefits agency appointeeship or court appointed deputyship.
• Denying access to care or accommodation for financial reasons.
• Manipulating or grooming an adult at risk in receipt of a personal budget direct payment.

Professional relationships

It is contrary to professional standards for staff to enter into any kind of financial arrangements with an individual for whom they provide care. This includes knowingly being named as a beneficiary in a will.

Financial abuse – possible indicators

Factors that may indicate financial or material abuse include:

• Unexplained or sudden debts or inability to pay bills.
• Unusual or inappropriate bank account activity.
• Unexplained disappearance of financial documents.
• Disparity between assets and living conditions.
• Extraordinary interest by certain others in person's assets.
• Financial dependency of others on the vulnerable adult.
• Person managing financial affairs is evasive or uncooperative.
• Enduring Power of Attorney or Lasting Power of Attorney obtained or wills signed when the person lacks mental capacity.
• Unexplained arrival of bills, credit card bills.
• Denial of access to funds or documentation.
• Changes to wills or deeds of title.
• Responsible person(s) fail(s) to account for expenses incurred on behalf of other(s).

2.1.2 (viii) Discriminatory abuse

Discriminatory abuse exists when values, beliefs and culture result in a misuse of power that denies opportunity to individuals or groups.
A person may be exploited or targeted by others who have a negative view of the individual based on the following factors:

• Gender and gender identity
• Sexuality
. Culture
• Ethnicity
• Sexual orientation i.e. lesbian, gay, bi-sexual, transgender
• Age
• Disability as a result of physical condition or cognitive impairment
• Religious observance
• Political affiliation.
• Race

Factors which may indicate discriminatory abuse may include:

• A failure to support the adult at risk to communicate in the language or medium most appropriate to them
• Loss of weight through lack of provision of culturally appropriate diet

• Anxiety/depression through lack of opportunities for religious observance
• Excluded from decision making
• Poor health as a consequence of poor care standards
• Failure to protect or provide redress through the criminal or civil justice system
• Denial of sexual expression
• Inappropriate use of language
• Delivery of personal care without reference to gender
• Harassment

Hate Crime

A specific manifestation of discriminatory abuse is recognised within the criminal justice system under the category **Hate Crime.**

Hate Crime is defined as any incident that is perceived by the victim, or any other person to be targeting that individual on the grounds of sexual orientation, transgender identity, religion or belief, race or ethnicity and disability. This can include incidents of anti-social behaviour which do not always constitute a criminal offence. The police have special procedures to respond to reports of hate crime appropriately. In the event of a perceived hate crime against adults at risk, early contact with the police is vital to ensure appropriate an appropriate response is given.

A Hate Crime can manifest itself in the following ways

• Spitting
• Physical attack
• Verbal abuse
• Damage to property including graffiti
• Offensive letter, leaflets, email and texts including the use of social networking sites
• Bullying
• Abusive gestures
• Name calling/harassment abuse.

2.1.2 (ix) Organisational / Institutional Abuse

Organisational/Institutional abuse can be defined, as abuse or mistreatment by a regime as well as by individuals within any health or care setting or persons own home.

Organisational/ Institutional abuse violates the person's dignity, which results in lack of respect for their human rights. Organisational/Institutional abuse may range from a one off incident to ongoing ill treatment. It can be neglect or poor professional practice as a result of the structure, policies, process and practices within an organisation; which result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

The risk of organisational/ institutional abuse increases in services:

• With poor management.
• With too few staff.
• Which use rigid routines and inflexible practices.
• Where there is a closed culture.
• Where there is poor training of staff.
• Where there is poor supervision of staff and inadequate guidance.

• Where there is a culture of failing to promote people's rights.
• Where is there is a lack of or poor response to complaints.
• Where there is poor communication between staff, residents, managers, visitors and carers.
• Where there is an inflexible services based on the convenience of the provider rather than the person receiving the services.
• Where there is a lack of adherence to confidentiality.
• Where there is a lack of understanding regarding the importance of person centred planning.
• Where there are out of date/poor care plans, risk assessment and care reviews.

Indicators of institutional abuse:

• Lack of dignity, privacy or respect.
• Lack of opportunity for drinks or snacks outside of main meal times.
• Lack of choice regarding meals.
• Lack of flexibility and choice, excessively rigid routines.
• Lack of opportunity to personalise environment, lack of personal possessions.
• Use of restraint except where there has been clear multi agency risk assessment and planning.
• Lack of choice of same sex staff to undertake intimate personal care.
• Treating adults as children.
• Lack of choice in everyday activities.
• Changes in accommodation (within or between homes) without agreement.
• Denial of individual identity.
• Lack of privacy and personal care.
• Lack of personal clothing or possessions.
• Being left on toilet/commode for long periods.

2.1.2 (X) Modern Slavery

Encompasses slavery, human trafficking, and forced labour and domestic servitude. Signs of slavery in the UK and elsewhere are often hidden, making it even harder to recognise victims around us. There is no typical victim of slavery – victims can be men, women and children of socially excluded groups.

Modern Slavery -Possible indicators Factor that may indicate modern slavery:

• Physical Appearance – victims may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn.
• Isolation-victims may rarely be allowed to travel on their own, seem under the control, influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work.
• Poor living conditions- victims may be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address.
• Few or no personal effects-victims may have no identification documents, have few personal possessions and always wear the same clothes day in day out. What clothes they do wear may not be suitable of the season or their type of work.
• Restricted freedom of movement- victims have little opportunity to move freely and may have their travel documents retained e.g. passports
• Unusual travel times- may be dropped off and collected for work on a regular basis either very early of late at night.

• Reluctant to seek help- victims may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation , fear of violence to them or their family.

2.2 Causes of Abuse

Factors contributing to the occurrence of abuse

The following paragraphs identify some possible causes of abuse. The presence of one or more of these will not necessarily lead to abuse and abuse may occur when none are present. They do reflect, however, some of the stresses that may affect the relationship between people who are dependent on others for their care and those who provide that care and which may, therefore, be predisposing factors for abuse to occur.

Possible causes of abuse within personal relationships (Carer Stress)

A carer is someone who provides care for a relative, friend or neighbour at home. It is recognised that providing care can be very stressful and can occasionally lead to either deliberate acts of harm or an inability to provide appropriate care (omission).
There is no evidence from research that the stress of caring *in itself* is a cause of abuse. In addition carers may find themselves being abused by the person that they care for and some adults at risk are themselves carers for others.

Section 1 of the Care Act 2014 includes protection from abuse and neglect this includes both the cared for and the carer.

In situations where the abuse occurs within a caring relationship (the victim being either the carer or cared for) the aim of the safeguarding adults protection plan will be to provide support to eliminate abuse to either party and decrease the risk of further harm.
A carer's assessment should be offered.

Stress may occur within the relationship between an adult at risk and a carer when:

• The nature of the previous relationship has changed from one of equality to one of dependency and care giver.
. The quality of the previous relationship between the adult at risk and the carer was poor or abusive.
• A previous power-abusive relationship is reversed, as when an abusive husband/father becomes dependent on a partner or adult child.
• The carer has a number of other significant dependants.
• The carer or the adult at risk has a mental illness, misuses drugs or alcohol or has a history of violence or sexual offences.
• Living conditions are poor or there are financial difficulties.
• The adult at risk and the carer have different values and standards.
• The carer has had to change their lifestyle unwillingly.
• Incontinence or difficult behaviour is perceived as deliberate.
• The demands of physical and emotional care are considerable.
• The carer feels isolated and unsupported and has no respite.
• Sleep patterns are disturbed.
• Support services are unavailable or are rejected by the adult at risk or the carer.
• Sudden, significant changes such as loss or bereavement affect normal coping mechanisms.

Where a carer causes deliberate harm to an adult at risk the same principles and responsibility for reporting to the police apply as described throughout this policy.

Possible causes of abuse in service settings

Poor quality care in service settings may be a result of inadequate management, poor performance, low staff morale or breakdown in communication whereby:

• Policy and practice guidance, quality standards and monitoring are lacking.
• Staffing levels are inadequate.
• Staff are untrained or unsupported.
• Staff turnover and sickness levels are high.
• Communication between managers and staff is poor.
• Teamwork among staff is poor.
• There is a culture of control between staff and managers or between staff and adult at risk.
• Adult at risk have little opportunity to express their views and wishes.
• Adults at risk are critical about their placement or service delivery.
• Adults at risk are abusive to staff and other service users.

Organizational/institutional abuse may range from one off incidents leading to ongoing ill treatment.

For Adult safeguarding under the Care Act 2014 the responsibility to act first lies with the employing organisation as a provider of the service. When an employer is aware of abuse or neglect they are under a duty to correct this and protect the adult at risk as soon as possible and inform Local Authority, CCG and CQC. Transparency, open-mindedness and timeliness are important features of fair and effective safeguarding enquires. In partners should be aware of the local agreement regarding who needs to notified or involved in safeguarding alerts. Safeguarding procedure should be used in a proportionate way that reflect the principles of the care act and the significance of the harm and risk identified***.*** For further information in relation to responding to abuse in a service setting please see Harm Levels Guidance.

2.3 Responding to Disclosures

Staff working with adults a risk in any setting may find themselves in a situation in which a person discloses information alleging or suggesting that they have been abused. It is most important that the adult risk is given the fullest opportunity to say what they want to say and that the staff member's response to the disclosure provides the foundation for appropriate action to be taken within the Safeguarding Adults Policy and Procedures.

Do:

• Remain calm and try not to show any shock or disbelief.
• Listen very carefully to what you are being told.
• Demonstrate a sympathetic approach by acknowledging regret and concern about what has happened.
• Reassure the person that:
− They have done the right thing in sharing the information with you
− You are treating the information seriously
− The abuse is not their fault.
• Be aware that in cases of physical or sexual abuse, medical or criminal evidence may exist and it is important to preserve this.
• Explain that you are required to share the information with your line manager.

• Reassure the person that:
− Any further investigation will be conducted sensitively and, wherever possible, with their full involvement;
− Steps will be taken to support and, where appropriate, protect them in the future.
• Report the information to your line manager at the earliest opportunity.
• Record what the person has told you as soon as possible, including the actual words used by the person and precise factual information such as dates and times.
• Sign and date the record, including a note of when and to whom you reported the information.

Do not:

• Stop someone who is freely recalling significant events but allow them to share whatever is important to them.
• Ask the person for more details as this may be done during any subsequent inquiry and it is important to avoid unnecessary repetition for the person concerned.
• Ask questions about the person's own behaviour or reaction to the abuse.
• Promise to keep secrets.
• Make promises you are unable to keep.
• Contact the alleged abuser.
• Talk to other staff or service users about the information that has been shared with you.

2.4 Mental Capacity and Consent

The assumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. However, issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the mental capacity of individual to make informed choices about the way they want to live and the risks they want to take.
The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for them and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act.

The Act says that:

"… a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain" Further, a person is not able to make a decision if they are unable to:

• **understand** the information relevant to the decision or
• **retain** that information long enough for them to make the decision or
• **use or weigh** that information as part of the process of making the decision or
• **communicate** their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is **time and decision specific**. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

2.4.1 The five Principles of the Mental Capacity Act 2005

• An adult at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is assessed otherwise.
• Adults at risk must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions.
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• Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.
• Decisions made on behalf of a person who lacks mental capacity must be done in their best interests.

• The decision should be the less restrictive of their basic rights and freedoms.

2.4.2 Ill treatment and wilful neglect

An allegation of abuse or neglect of an adult at risk who does not have mental capacity will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act and Mental Capacity Act *Code* as outlined above.

Section 44 of the Mental Capacity Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

The Criminal Justice and Courts Act 2015 section 20 and 21 introduces the specific offences of ill-treatment or neglect by care-workers (s 20) or care providers (s 21) which is applicable regardless of the person's mental capacity.

2.4.3 Consent

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent.

2.4.4 An Adult with Mental Capacity

Points to consider:
• The adult consents to the abusive activity (if consent is believed to have been given under duress, for example, as a result of exploitation, pressure, fear, intimidation or family loyalty, consideration should be given to the need to disregard adult at risks wishes).
• The adult at risk does not consent to a Safeguarding Adults investigation going ahead and there are no public interest issues, risk to others and criminal activity considerations, then their wishes must be respected. However the person must be given the relevant information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

Consent will be required for each of the following:

• The recommendations of an individual protection plan being put in place
• A medical examination
• An interview
• Sharing of information with others.

2.5 Prevention of Abuse

All organisations working with vulnerable adults should ensure they have systems in place to proactively prevent abuse. Section 6 (7) of the Care Act requires Local authorities and their relevant partners to cooperate with each other in the exercise of their functions relevant to care and support inclusive of the protection adults.
The Care Act 2014 requires providers of care and support to prevent abuse wherever possible. Positive early intervention can make a huge difference to people's lives and the safeguarding outcome.

The following list out lines good practice guidelines which will contribute to the prevention of abuse:

• Rigorous recruitment practices (including volunteers)
• Internal guidelines for employees
• Training
• Information for users, carers and the general public
• Attention to issues relating to protection of vulnerable adults in Direct Payments arrangements Commissioning of services

The Care Act requires all parties to have robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under the Safeguarding adult's procedures.

For further information in relation to responding to abuse in a service setting please see Harm Levels Guidance.

2.5.1 Recruitment and Selection

service is offered to vulnerable adults and the following addressed.
• Convictions - The Rehabilitation of Offenders Act 1974 (ROA Exceptions) Order 1975 as amended by ROA 1974 (exceptions) (Amendment) Order 1986 allows convictions that are ordinarily spent (under the ROA 1974) to be disclosed for the purpose of working with vulnerable people and to be taken into account in deciding whether to recruit an applicant. All applicants should therefore be asked to list all convictions and cautions.

• A past conviction should not in itself preclude employment but consideration must be given as to whether past behaviour of the individual may put the vulnerable adult at risk.

• References - All employers should take up references from a minimum of two referees, with one being from the last employer. This should be undertaken before offers of appointment and these should be provided in writing. Prospective employers should make all efforts to ensure references can be checked and are in writing.

• Disclosure and Barring Service (DBS) - All prospective staff in regulated activity must have an enhanced DBS disclosure which includes a check whether a person's name is on either of the Barred Lists maintained by the DBS.

• Volunteers - Where volunteers in regulated activity with adults at risk the employing organisation should ensure the same checks are undertaken as with a paid employee. Employers should ensure that volunteers are fully aware of agency polices including those relating to adult protection

2.5.2 The Disclosure and Barring Service (DBS)

The DBS role is to help prevent unsuitable people from working with children and vulnerable adults. It assesses those individuals working or wishing to work in regulated activity that are referred to the DBS on the grounds that they pose a possible risk of harm to vulnerable groups. Referral is required where an employer or an organisation, for example, a regulatory body, has concerns that a person has caused harm or poses a future risk of harm to children or vulnerable adults. In these circumstances the employer or regulatory body must make a referral to the DBS. The range of organisations that have this duty to make referrals include:

• Regulated activity providers
• Personnel suppliers
• Local authorities
• Education and Library Boards
• Health and Social Care (HSC) bodies
• Keepers of Registers named in the legislation
• Supervisory authorities named in the legislation.

The DBS replaces all previous vetting and barring schemes including the ISA, POVA list, the POCA List and List 99.

Any inquiry which is considering an allegation of abuse against a paid or voluntary worker must determine whether a referral to the DBS needs to be made and who is to make the referral.

Comprehensive guidance on the scheme in general, the referral process and the referral form can be downloaded from www.gov.uk/government/organisations/disclosure-and-barring-service In addition Skills for Care has produced a recruitment and retention toolkit for the adult care and support sector. 'Finders Keepers' is designed to help care providers, particularly smaller organisations, to improve the ways they recruit staff and retain them.

Please see http://www.skillsforcare.org.uk/Document-library/Finding-and-keeping-workers/Practical-toolkit/

2.5.3 Health and Care Professions Council (HCPC)

All professionals registered with the HCPC should be familiar with codes of practice and proficiency standards relevant to their role. Compliance with these is expected at all times.

2.5.4 Safeguarding Adults Competency Framework

A competency framework based on the National Occupational Standards for Health and Social Care and the National Competence Framework produced by Bournemouth University has been adopted by the Safeguarding Board. The framework identifies the knowledge and skills required by staff to carry out their specific roles identified within this policy and procedures. All training is delivered base do this framework.
For detail of available training go to: www.gov.uk/staffdevelopment

2.5.5 Nursing and Midwifery Council Code of Practice

The code is the foundation of good nursing and midwifery practice, and a key tool in safeguarding the health and wellbeing of the public. Please see the NMC website for info on safeguarding and training resources

http://www.nmc-uk.org/Nurses-and-midwives/safeguarding/Introduction-to-safeguarding-adults/

2.5.6 Whistleblowing

Whistleblowing encourages and enables employees to raise serious concerns **within** their service rather than overlooking a problem or 'blowing the whistle' outside.

Employees are often the first to realise that there is something seriously wrong with the service. However, they may not express their concerns as they feel that speaking up would be disloyal to their colleagues or to their employer.

In order to encourage the raising of such concerns it is expected that all health and social care organisations have internal formal whistle blowing policies which are understood by all employees and volunteers.

Staff reporting concerns at work (whistle Blowing) are entitled to protection under the Public Interest Disclosures Act 1998**.**

2.5.7 Risk Assessment

The Care Act 2014 requires all partners to implement robust risk management processes in order to prevent concerns escalating to a crisis point and requiring intervention under this policy and procedure.

Adults at risk have a right to take risks about their own lives. Where intervention is required under this policy and procedure, in considering any interventions practitioners should note adults at risk ‘Programme Approach’ will already have been assessed for services and any risk will have been taken into account as part of this assessment. Additional risk assessments will also have been undertaken by provider services. The adult protection process however may identify the need for further risk assessments and management plans to protect.

Disagreements about risk assessments and refusals of proposed interventions should be noted. Risk evaluation may change during the course of an intervention as risk levels reduce or increase. This may result in the need for further review to evaluate the concerns or changes.

A risk assessment (where appropriate) should be completed categorising the risk(s) presented and establishing the severity of possible injury, ill health or loss. The inquiry should consider the following categories:

• High Risk – The adult at risk is in immediate danger or at continuing risk of abuse which would include neglect.
• Medium Risk – The adult at risk is at risk because the potential harm is significant **or** the likelihood of abuse happening is high or both.
• Low Risk – The adult at risk may be at some risk of harm but it requires little or no action.

In the first instance practitioners should utilise their existing risk assessment procedures.
(For risk assessment as part of adult protection procedures see section 4.15.3)

2.5.8 Abuse by another Adult at Risk (sometimes known as service user on servicer user abuse)

Service user on service user abuse is still abuse irrespective of the intention and/or the mental capacity of the service users involved.
Early intervention with service users who abuse others may be important in the protection of other adults at risk, preventing the continuation or escalation of abusive behaviour.

For further information in relation to responding to abuse in a service setting please see Levels of Harm Guidance and section 4.10.

2.5.9 Abuse of Trust

A relationship of trust is one in which one person is in a position of *power or influence* over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust. Where the person who is alleged to have caused harm is in a position of trust with the adult at risk, they may be deterred from making a complaint or taking action out of a sense of loyalty, fear, of abandonment or other repercussions.

Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are a member of staff, a paid employee, a paid carer, a volunteer or a manager or proprietor of an establishment, the organisation will invoke its disciplinary procedures as well as taking action under the Safeguarding Adults policy and procedures. If a crime is suspected, reporting to the police should always be considered, and referral must be made to the Disclosure and Barring service (DBS) if they have been found to have harmed or put at risk of harm an adult at risk.

If the person who is alleged to have caused the abuse is a member of a recognised professional group the organisation will act under the relevant code of conduct for the profession as well as taking action under this policy and procedures. Where the person alleged to have caused the abuse or neglect is a volunteer or a member of a community group, adult social care services will work with the relevant group to take action under this policy and procedures.

Where the person alleged to have caused the abuse is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and support that they may need. In all cases regard should be given to issues of consent, confidentiality and information sharing.

For help and information contact Kirklees Safeguarding Adults Board (KSAB). Please email ksab@kirklees.gov.uk.

The Safeguarding Adults Board is chaired by an Independent Chair and membership to the Board includes representation from the following agencies;

- Kirklees Council
- West Yorkshire Police
- West Yorkshire NHS Integrated Care Board: Working in partnership
- Locala Community Partnerships CIC
- South West Yorkshire Partnership Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Mid Yorkshire Teaching NHS Trust
- NHS England
- Kirklees Council Housing & Homelessness
- West Yorkshire Fire & Rescue Service
- Healthwatch Kirklees