

# **UNITED ANGLO CARIBBEAN SOCIETY**

## **SAFEGUARDING POLICY**

## POLICY STATEMENT

### 1.1 Abuse and Vulnerability

The United Anglo Caribbean Society believes that every individual who accesses our services has a right to:

- A life free from fear
- To be treated with dignity and respect
- To have their choice respected and not to be forced to do anything against their will.

Abuse is described as **“a violation of an individual’s human or civil rights by any other person or persons”**. We recognise that all our service users are potentially open to abuse, but that those service users defined as ‘vulnerable adults’ are particularly at risk.

A vulnerable adult is defined as a person who **“may be in need of community care services by reason of mental or other disability, age or illness and who may not be able to take care of him or herself or is unable to protect him or herself against significant harm or exploitation.”** Service users outside of this Community Care definition may also be vulnerable to abuse due to low self-esteem, social exclusion, drug, or alcohol misuse, offending history, homelessness, domestic violence, ethnicity, immigration status, gender or sexuality.

In addition to this policy, a range of policies including Health & Safety procedures and incident reporting standards, harassment policies and procedures are in place.

United Anglo Caribbean Society recognises that abuse may be perpetrated because of deliberate intent, negligence, or ignorance. Incidents of abuse may consist of a single act or repeated acts and may be perpetrated upon one person in a continuing relationship or, in a service context, of more than one person at a time. Therefore, we aim to consistently look beyond any single incident or breach of policy and practice within our services to identify any underlying patterns of harm.

Abuse can occur in any relationship, context, or environment irrespective of whether the vulnerable adult lives in their own home, residential care, shared or supported housing. We understand that those who perpetrate abuse on others are often well known to their victims and that virtually any vulnerable person who is in direct contact with an individual could be at risk. The level of abuse varies and can range from behaviour that is violent and criminal to

passive abuse, which is neglectful, unintentional, and less deliberately exploitive in character. Forms of abuse may include:

- **Physical**
- **Sexual**
- **Psychological and emotional**
- **Financial or material**
- **Neglect and acts of omission**
- **Discriminatory abuse**
- **Institutional**

## **1.2 Risk and Protection.**

The United Anglo Caribbean Society believes that each person has a right to a life that maintains independence and enables them to make their own decisions and choices. We also acknowledge that an individual's rights to independent living sometimes involves a degree of risk, and we therefore aim to ensure that any risk is recognised, understood by all and minimised whenever possible. We also understand that there will be cases where an individual may be unable to make their own decisions and or to protect themselves or their assets.

## **1.3 Prevention and Dealing with Incidents of Abuse.**

United Anglo Caribbean Society acknowledges that its primary responsibility is the prevention of abuse, and where this fails there are robust measures in place to deal with incidents of abuse. Measures for preventing incidents of abuse include:

- Ensuring that robust policies and procedures are in place and are being followed by staff that are sufficiently skilled and have an awareness of abuse.
- Effective recruitment and selection processes, which involve checks with the ISA (Independent Safeguarding Authority) and thorough checking of employment history references, are in place.
- Ensuring that breaches of policy and procedures are dealt with appropriately and consistently.
- Maintaining effective partnership with other agencies, including social services and the police, and working in line with multi-agency policy and procedures to safeguard adults from abuse.
- Cases of abuse are reported to, and monitored, by the Services Manager and Executive Committee and individual cases of abuse are reviewed to improve working practices.

#### **1.4 Monitoring of Multiple related serious incidents.**

The Services Manager would log informal and formal complaints where members of staff or others have allegedly abused service users. Repeat cases where a staff member is the alleged abuser will be discussed with the Chair and appropriate action taken in line with the following procedure. Such cases will also be reported to the Executive Committee.

#### **1.5 Recognising Abuse.**

All staff should be alert to the potential indicators of abuse. However, the presence of one or more indicators does not necessarily mean that abuse is taking place but may mean that further investigation/observation is required. Victims of abuse do not always react in the same way, however some of the more common reactions are:

- Full or partial disclosure
- Frequent and unexplained minor injuries or bruising
- Signs of depression or stress which may happen suddenly or gradually emerge.
- Neglected personal care.
- Weight loss
- Changes in habits/mood ranging from withdrawal from normal activities to a total lack of communication.
- Dramatic change of behaviour/personality, this can happen very suddenly and unexpectedly and is often associated with fear.
- Confusion
- Persistent financial hardship
- Denial that anything is wrong and an emphasis that all is extremely well
- Seeking help from numerous sources/people – this may be a direct request for help or attention seeking behaviour.

#### **1.6 Confidentiality.**

The United Anglo Caribbean Society's Confidentiality Policy and Procedures will be followed in all cases where we receive information concerning alleged abuse of one of our service users. Where the person causing harm is a member of the organisation's staff, confidentiality will be respected in line with the Disciplinary Policy and Procedure. The Services Manager and Chairperson should be informed of any allegations of abuse prior to contacting external agencies. (Refer to Confidentiality Policy & Disciplinary Procedures)

## **2.0 Managing Allegations and Disclosures of Abuse**

### **2.1 Disclosure of Abuse.**

Staff, service users and their family or friends, external agencies or the public may disclose allegations of abuse perpetrated upon an adult at risk in receipt of the organisation's services.

### **2.2 Disclosures Made by a Service User, Family Member or External Agency.**

Many incidents of abuse only come to light because the abused individual discloses the information themselves. Often, they may not realise they are being abused and may not be aware of the significance of what they are disclosing. Some disclosures may happen after many years. There may be good reasons for this and any delay in reporting or disclosing by an abused person should not cast doubt on their truthfulness. Staff members will be expected to take all allegations seriously, however insignificant they may initially seem. During a disclosure of alleged abuse, staff should always explain that they are required to share this information with their line manager. Where your line manager is allegedly involved in the incident you must explain that you are required to inform their line manager. If it is possible and appropriate, staff should make notes at the time of the disclosure, noting what the person says using their own words and phrases.

### **2.3 Consent of Service User.**

All action, including referrals to social services and the police, must be subject to the consent of the service user. In every situation it will be assumed that a person can make their own decisions and action will only be taken in the absence of consent from the service user where:

- They or others are in physical danger, i.e., they are not the only person at risk and the risk to others needs to be considered.
- It has been assessed (by a multi-disciplinary team) and agreed that the adult at risk is unable/incapable of making an informed decision for him or herself.

Staff should be prepared to accept that no action, other than continued monitoring, may in some circumstances be the only option due to current legal implications.

### **2.4 Disclosures made by a Member of Staff.**

Where a member of staff wishes to disclose alleged abuse perpetrated by a colleague, they must immediately contact their manager who will discuss the

issue with the Executive Committee. An investigation will be set up immediately and this may involve the colleague being suspended from work. If the member of staff wishes the allegations to remain confidential the manager will discuss the options for action which are available from the Chair of the Executive Committee and then feedback to the individual. The Manager should discuss the option of approaching the police with the individual if appropriate. All staff will take reasonable steps to respect the confidentiality of the person disclosing the alleged abuse. The organisation will aim to ensure that the staff member making the disclosure is supported and protected from reprisals or victimisation because of an expression of concern. If staff observe a possible incident of abuse or have suspicions abuse is being perpetrated or receive a disclosure from a service user or another source, where the alleged abuser is a member of staff, they must comply with the organisation's policy statement regarding the Public Disclosure Act (1998). This Act requires staff to report any fraud, misconduct, or malpractice to their line manager. Failure to do so may result in disciplinary action being taken against the staff member.

## **2.5 Multi –Agency Procedures.**

All local authorities in England have multi-agency policies in place for the protection of adults at risk. These documents are based upon collaborative partnerships between local authorities, police and those who provide a range of services to adults at risk. Therefore, if there is a suspicion of abuse or clear evidence of it, the Services Manager must contact the relevant authority (Ealing Council, Safeguarding Adults Team on 020 8825 6228) without delay, (**within 24 hours of a decision being taken to refer**) in accordance with the multi-agency procedures. A referral to social services under the multi-agency procedures will only be appropriate where the person suffering harm meets the NHS and Community Care Act 2014 eligibility criteria, i.e., meets the definition of a "adult at risk". The reporting Manager must inform the Chair when a social services referral has been made. The Executive Committee should also be informed if the alleged person causing harm is a staff member.

## **2.6 Criminal Offences.**

The United Anglo Caribbean recognises that some instances of abuse constitute a criminal offence and in such cases the adult at risk is entitled to the protection of the law in the same way as any other person. Criminal offences include:

- Physical or psychological assault
- Rape
- Theft
- Fraud
- Race or gender discrimination.

Where there is obvious evidence of a criminal offence a simultaneous referral to the police must be made and, in such cases, criminal investigations by the police take priority over all other lines of enquiry. Guidance may be sought from the person taking the referral in social services. The reporting Manager must inform their line manager when a referral has been made to the police. The Chair should also be informed if the alleged person causing harm is a staff member.

### **3.0 Procedure.**

Whenever abuse of a service user is suspected, staff should follow this procedure:

**Stage 1** – The Support Worker/staff member should contact the emergency services immediately if a service user appears to be in immediate physical danger. Be aware of retaining forensic evidence.

If there is no immediate physical danger apparent, proceed directly to stage 2.

**Stage 2** – Support Workers should discuss the situation and courses of action available with the service user who has had abuse perpetrated upon them. (Refer to section 2.2 disclosures made by a service user, section 2.3 consent of the service user, section 2.6 criminal offences and section 2.4 investigating allegations of abuse).

Support Workers should contact their line Manager immediately. If the line Manager is not available, they should contact the Chair of the Executive Committee and report the full facts and circumstances of the situation and discuss options and required action, having considered:

- If immediate referral to the police or social services is required.
- If there is any requirement to inform the local Supporting People team, registering or inspecting body.
- If there is a need to contact partner care/support agency.
- Review of relevant records, particularly similar incidents of the same kind.
- Consider the immediate health/welfare needs of the alleged victim or any other adult at risk who may be affected and methods for supporting the service user, including access to counselling services.
- The Services Manager will consider with the Chair the appropriateness of not notifying the alleged person causing harm of the allegation made against them prior to a referral to social services or the police. Social Services and or inter-agency input should be sought when making this decision.

**Stage 3** – Support Workers, with the input from the service user and support from their line Manager should complete an Adult Abuse Incident Recording Form (SF20/1) within 48 hours of the report/incident of abuse.

It is essential that the above form is signed and dated and completed in a manner that is:

- Clear and factual
- Reflects the words and phrases used by the person disclosing.
- Describes the circumstances in which the disclosure came about, i.e., the context, setting and anyone else who was there at the time
- Contains information only and not your own opinions. Any opinions or third-party information must be clearly identified as such.
- An action plan outlining actions to be taken, by whom and the timescales must be devised in consultation with the service user. This plan will be produced jointly by the Support Worker, Services Manager and Chair and reviewed by the Support Worker, Service Manager and Service User at appropriate intervals to ensure the safety of all service users.
- A copy of the completed Adult Abuse Incident Recording form and Action Plan, plus any additional records pertaining to the incident should be kept in the service users' file. The issue of confidentiality should be considered, for example if the allegation involves a staff member, does all staff in the project have access to the file? Private and confidential information on staff should be kept separately and placed on the personnel file only, with "need to know" information only in the file at the project.

**Stage 4-** If no referral is made to social services or no further action taken, including contacting the police, in line with a service user's wishes, the Support Worker and Services Manager must:

- Keep records of all decisions, including why no further action is to be taken.
- Regularly monitor the situation and review the agreed action plan.
- Discuss appropriate helpline or counselling services that are available with the service user.
- Refer to the organisation's Risk of Harm Assessment procedure and carry out a Risk Assessment and note actions on Individual Support Plans.

**Stage 5 -** If a referral is made to social services, this should be made by phone and followed by written notification on the form produced by the local social services department.

#### **4.0 Investigating Allegations of Abuse.**

When investigations into alleged abuse of service users are undertaken it is crucial that the individual's privacy, dignity, independence, and choice are taken into consideration throughout the entire process. Therefore, the organisation aims to ensure that the service user is fully supported and has access to all the

relevant information to enable them to make informed decisions regarding possible follow-up action.

#### **4.1 Internal Investigations.**

Internal investigations into alleged abuse of service users will be undertaken by one of the organisation's managers who are responsible for another service other than the one where the alleged incident has taken place. The manager or investigating officer will liaise with the Executive Committee during the investigating process and they will also be responsible for contacting and liaising with social services where appropriate and the police where a criminal offence is suspected. This will be done in line with the local multi-agency framework for the protection of adults at risk.

Where the investigating officer considers that there is possible misconduct by staff they will also apply the disciplinary procedures with guidance from the Executive Committee. If there is a criminal investigation the investigating officer and Chair of the Committee will agree the timing of the disciplinary investigation with the police.

#### **4.2 Where the alleged Abuser is a Member of Staff.**

Where the alleged or suspected abuser is a member of staff, a full internal investigation must take place. This does not exclude investigations also being carried out by social services, the police, and any registering authority.

#### **4.3. Where the Alleged Abuser is Another Vulnerable Adult.**

Where the alleged abuser is another adult at risk stages 1 to 5 of the above procedure will apply. Where the alleged victim has asked that no further action be taken and where it is determined that the alleged victim and other adult at risk are at continued risk, social services, and the police, if a criminal offence has taken place, should be contacted. (Refer to 2.3, Consent of the service user)

Duty of care obligations continues for the alleged abuser, and they may need the same or greater support as was available before the allegation. Therefore, the Support Worker in conjunction with their Service Manager will carry out a through risk assessment to establish the likelihood that the alleged abuser will perpetrate further abuse of the alleged victim or other service users who may be affected. Staff must also liaise closely with social services to develop a revised support plan which aims to ensure that the alleged person causing harm support needs are met. Where there is an ongoing risk to the alleged victim and other service users that cannot be managed within the service, social services must be contacted to provide crisis intervention services/accommodation pending a long-term solution.

#### **4.4 The Investigation Process.**

The investigation process described in section 4.2 will also apply in cases where the alleged abuser is an adult at risk. Often additional input from social services may be necessary in some cases.

#### **4.5 Where the Alleged Abuser is a Worker Employed by another Agency.**

Where the alleged abuser is a worker employed by another agency (private, statutory, or voluntary) e.g., CPN, Social Worker, GP, agency worker etc, stages 1 to 5 of the procedure must be followed. The Service Manager must immediately notify the appropriate manager from the agency and plan and agree investigation protocols.

## **STANDARD FORMS**

- 1. Adult Abuse: Incident Reporting Form**
- 2. Adult Abuse: Action Plan**
- 3. Register of Adult Abuse Complaints**

# Standard Form 1 – Adult Abuse: Incident Recording Form

**Strictly Confidential**

**This form should be completed for all reports or incidents of possible abuse against a service user.**

## 1. Details of victim

<b>Name Of Adult at Risk:</b>	
<b>Address:</b>	
<b>Service managed by:</b>	
<b>Date of Incident/Disclosure:</b>	<b>Time of Incident/Disclosure:</b>
<b>Alleged person causing harm:</b> (Staff, partner, friend, relative, neighbour other)	

## 2. Incidence of Disclosure

<b>Disclosure by:</b> (e.g. victim, staff, other service user, another agency)	<b>Disclosure to:</b> (Name and job title of staff member)
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**Details of how the disclosure came about:**

(Please provide details of the setting in which the disclosure came about, and people present)

**3. Reporting an Incident**

**Name and job title of staff member reporting the incident:**

**Details of Incident.**

(Describe what happened, details of any witnesses, description of any relevant events leading up to the incident, description of injuries, where appropriate the state of clothing of both victim and alleged person to have caused harm, attitudes of people involved etc., Your description should be as full as possible. Report information only. Third party information is to be clearly stated as such.

**Names of any witnesses to the incident and their relationship to the victim:**

1.

2.

3.

**4.Previous Incidents/Concerns:**

**5. What action was taken immediately following the incident/disclosure?**

Provide details of immediate action taken by the worker or other involved. (e.g., first aid, contact emergency services)

**6. Consent of the Victim.**

Provide details of the discussions you have had with the victim regarding immediate action and courses of action available to them. Include information on the course of action that the service user wishes to take. (All action, including referrals to social services and the police, must be subject to the consent of the service user.)

Does the victim have the capacity to consent to the decision they have made? (If not, please state how their incapacity has been assessed and by whom)?

Are others at risk if their wishes are respected and how has this risk been assessed?

### 7. Line Manager Involvement

Name and job title of The manager informed:	Date manager informed:	Time manager informed:

Immediate action taken in consultation with Manager:  
(Including discussions of service user's wishes and the issue of capacity and risk to others, steps to arrange for the immediate protection of the victim, decision regarding informing alleged abuser, contacting police/social services/regulating authority, protecting the confidentiality of the alerter)

**8. Other Parties Informed.**

Police Informed: Yes/No:	Date Police Informed:	Time Police Informed:
Social Services Informed: Yes/No	Date Social Services Informed:	Time Social Services informed
Alleged person to have caused harm Informed: Yes/No		
Details of any additional parties that have been informed with the consent of the service user: (including dates and times)		

Name of Worker:	
Signature of worker:	Date:
Name of Manager:	
Signature of Manager:	Date:

## Standard Form 2 – Adult Abuse: Action Plan

**Strictly Confidential.**

Region:		Area	
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Service User Name:		Service User No.	
Project Name:		Project No.	

Date of Incident:	
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See Incident Recording Form for full details of incident.

Name and job Title of staff member dealing with This incident:
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Initial meeting between service user and staff to discuss action plan held on:	
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**Action Plan**

Action Number	Agreed Action	Who	When

Agreed Review dates of action plan:

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Signed by service user:		Date:
Signed by staff member:		Date:

Review meetings

Date	Action number	Update on progress	Agreed next steps

Date	Action Number	Update on progress	Agreed next steps

Signed by service user:		Date:
Signed by staff member		Date:

## **Standard Form 3 – Register of Adult Abuse Complaints**

**Strictly Confidential**

Region:

See form 1 for full details of each incident.

Date	Name of Victim	Project code	Name of alleged abuser	Status of alleged abuser, e.g. staff member Other etc.,	Incident/accident form Sent to Health & Safety	Case Proven	Any previous complaints by victim or against alleged abuser? If so give date(s)	To be completed if multiple complaints either by individual or against alleged perpetrator.	Recommended action
					Yes/no, if no why not	Yes/No		Risk assessment carried out, Date:	

## **Protection from Abuse – Appendices**

- 1: Recognising Abuse
- 2: Risk Factors
- 3: Capacity to Consent
- 4: Consent to Sexual Activity
- 5: The Legal framework
- 6: Preserving Evidence
- 7: Responding to a Disclosure of Abuse
- 8: Useful National Numbers
- 9: Information for Service Users

## **Appendix 1 – Recognising Abuse**

### **1. Types of Abuse**

Abuse is described as a “**violation of an individual’s human or civil rights by another person or persons**”. Abuse may be the result of:

- A direct act
- A failure to act or provide proper care.
- Preventing others from providing proper care
- Failure to report disclosures/suspicious.

Forms of abuse may include:

#### **1. Physical.**

The use of force that results in pain or injury or a change in the person’s natural physical state, including hitting, slapping, pushing, kicking. This may also include withholding or misuse of medication and restraint.

#### **2. Sexual**

The involvement of an adult at risk in sexual activities or relationships which are for the gratification of the other person and which either: -

- They do not want and have not consented to; or
- They cannot understand and are not able to consent to.

This includes rape, sexual assault, fondling/inappropriate touching, offensive suggestive language, being photographed.

#### **3. Psychological and Emotional.**

Behaviour that has a harmful effect on an adult at risk’s emotional health and development and includes harassment, shouting and swearing, insults, humiliation and intimidation, ignoring blaming, lacking stimulation, threats of harm or abandonment, depriving an individual of the right of choice, information and privacy.

#### **4. Financial and Material**

The use of an adult at risk’s property, assets, or income without their informed consent, or making financial transactions which they do not comprehend, (unless this is legally sanctioned) and includes taking possessions, stealing or misappropriating money, using pressure to obtain rights to property.

## **5. Neglect and Acts of Omission.**

Behaviour that results in the adult at risk's basic needs not being met and includes failure to provide adequate food/drink, administer medication or inappropriate administering of medicine, provide a safe and adequately heated environment, assist with appropriate levels of hygiene, provide access to appropriate health, social care, or educational services.

## **6. Discriminatory.**

Abuse, including harassment, bullying, slurs, or similar treatment based on a person's race, gender, sexuality, disability, culture or religion.

## **7. Social**

The deprivation of the rights of an adult at risk to engage in activities or to see friends and relatives and have other social contacts and includes confining or locking someone in one room, preventing access of other people to the home, isolation from religious or cultural activities or antipathy to a religion or cultural activity.

## **8. Institutional.**

Neglect and poor professional practice may take the form of isolated incidents of poor practice or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill-treatment or gross misconduct at the other.

## **2. Potential Indicators of Abuse.**

The following table outlines potential indicators of abuse. The presence of one or more of these indicators does not necessarily mean that abuse is taking place but may mean that further investigation/observation needs to take place.

Physical	<ul style="list-style-type: none"> <li>- Unexplained injuries</li> <li>- Injuries consistent with the lifestyle of the vulnerable adult.</li> <li>- Fractures, sprains, dislocations</li> <li>- Lacerations</li> <li>- Black Eyes</li> <li>- Scalds/cigarette burns/friction burns/electrical appliance burns.</li> <li>- Pressure sores</li> <li>- Welt marks and bruises</li> <li>- Drowsiness, confusion due to over-sedation</li> <li>- Delays in seeking medical attention.</li> <li>- Anxiety or fear more evident in the presence of the abuser.</li> </ul>
Sexual	<ul style="list-style-type: none"> <li>- Changes in behaviour (e.g., more withdrawn, depressed, confused, fearful, agitated)</li> <li>- Reluctance to be alone with an individual known to them.</li> <li>- Unexplained difficulty in walking or sitting; torn bloody or stained clothes.</li> <li>- Pain or itching in the genital area.</li> <li>- Bruising or bleeding in external genitalia, vaginal or anal areas</li> <li>- Venereal disease</li> <li>- Sexualised behaviour</li> </ul>
Psychological and emotional	<ul style="list-style-type: none"> <li>- Fear</li> <li>- Depression</li> <li>- Withdrawal</li> <li>- Passivity</li> <li>- Confusion</li> <li>- Low self esteem</li> <li>- Running away</li> <li>- Unusual weight loss</li> </ul>

	<ul style="list-style-type: none"> <li>- Disturbed sleep pattern</li> <li>- Change in appetite</li> </ul>
Financial and Material	<ul style="list-style-type: none"> <li>- Inadequate money to pay bills, to purchase basic necessities, etc or maintain lifestyle.</li> <li>- A “disappearing” pension/benefits/bank book.</li> <li>- Sudden and/or large withdrawal from bank</li> <li>- Inadequate clothing</li> <li>- Power of attorney obtained when person is unable to comprehend and give consent.</li> </ul>
Neglect and Acts of Omission	<ul style="list-style-type: none"> <li>- Dehydration and/or malnutrition</li> <li>- Unexplained failure to respond to prescribed medication.</li> <li>- Infections</li> <li>- Pressure sores</li> <li>- Inadequate clothing or clothing in poor condition</li> <li>- Hypothermia</li> <li>- Untreated injuries or medical problems</li> <li>- Poor personal hygiene</li> <li>- Failure to respond to social interaction.</li> </ul>
Discriminatory	<ul style="list-style-type: none"> <li>- Signs of sub-standard service offered to an individual.</li> <li>- Repeated exclusion from rights afforded to others such as health, education, employment, criminal justice.</li> <li>- Barring the person from accessing services and/or leisure opportunities specific to their social, cultural, and religious backgrounds</li> <li>- Inappropriate use of language</li> <li>- Inappropriate language and behaviour towards the vulnerable person is not challenged</li> </ul>

	<ul style="list-style-type: none"> <li>- The adult at risk appears isolated.</li> </ul>
Social	<ul style="list-style-type: none"> <li>- A lock on the outside of a room</li> <li>- A physical environment that does not allow access to other parts of the home.</li> <li>- Loss of independence</li> <li>- Failure to engage within the wider community.</li> </ul>
Institutional	<ul style="list-style-type: none"> <li>- No flexibility in bedtime and / or deliberate waking</li> <li>- Inappropriate medical or nursing procedures</li> <li>- Lack of individual, person-centred care; un-homely or stark living areas</li> <li>- Inappropriate confinement or restriction</li> <li>- Lack of stimulation and choice</li> <li>- Lack of privacy in personal care e.g., toileting, bathing, washing, dressing, editing mail, restricting visitors</li> <li>- Staff using master keys without due cause.</li> <li>- Staff entering rooms without permission.</li> <li>- Breaches of confidentiality</li> <li>- Restrictive practices in the use of communal facilities</li> </ul>

## Appendix 2 – Risk factors.

Adults at risk may be abused by a wide range of people including relatives, professional staff, paid support workers, volunteers, other service users, neighbours, friends and associates, strangers and people who deliberately exploit vulnerable people.

There are certain risk factors and situations that may place people at particular risk of being abused. The presence of one or more of these factors does not automatically imply that abuse will result; however, it may increase the likelihood.

**The following factors may contribute to the risk of abuse being perpetrated upon an adult at risk:**

- Where an adult is dependent on others, for example the adult at risk has certain personal assistance and intimate care needs.
- Living in the same household as a known or suspected abuser
- Where there is a family history of abuse
- Where forms of discriminatory behaviour are present
- Dangerous or restrictive physical environment, for example lack of personal space
- A member of the household experiencing emotional or social isolation.
- The existence of financial problems
- Differences in communication or a breakdown in communication
- Where a disabled person is physically unable to defend her/himself
- Poor care standards, rigid routines, insufficient knowledge within staff teams and organisations
- Numerous caregivers and transient caregivers

**The following factors may lead carers to perpetrate abuse upon an adult at risk:**

- Lack of support (professional or otherwise)
- Sever stress (e.g., carer looking after more than one person)
- Change in carer's lifestyle (i.e., loss of income, careers, etc)
- Carer's loss of social contacts
- Poor and/or overcrowded housing
- Change or conflict in cultural expectations
- Alcohol/drug/substance abuse
- Carer's own health problems
- Carer's own fear of ageing and becoming dependent.
- Lack of understanding of ageing process/progressive illnesses/disability.

**The following factors may lead paid support staff to perpetrate abuse upon an adult at risk:**

- Stress
- Lack of support, from managers or peers
- Poor supervision and management
- Poor terms and conditions
- Poor or non-existent training
- Poor or non-existent standards, processes, and guidance
- Working in isolation

## **Appendix 3: – Capacity to Consent.**

### **1. Mental Incapacity**

All adults are presumed to have the ability to make decisions and choices for themselves unless there is clear evidence to the contrary.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establish 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 states that, a person lacks capacity in relation to a matter if at the material time, he is unable to decide for himself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain.

According to the Act a person should be regarded as lacking the mental capacity to decide if at the appropriate times they:

- Cannot understand the information relevant to the decision or
- Cannot retain the information long enough for them to make the decision or
- Cannot use the information as part of the process of making the decision or
- Cannot communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking and eye or squeezing a hand).

To be assessed as having the capacity to make a particular decision an individual must have the ability to:

- Understand and retain the information relevant to the decision in question.
- Believe that information.
- Weigh that information in the balance and arrive at a choice.

Therefore, they should be able to:

- Understand an explanation of that information in broad terms and simple language.
- Understand the principal benefits, risks, and alternative options.

A person should not be treated as unable to decide by reason of mental disability merely because she/he makes a decision that would not be made by a person of ordinary prudence.

A person should not be regarded as unable to communicate her/his decision unless all practicable steps to enable her/him to do so have been taken without success.

## **2. Best Interest.**

It is reasonable for a carer to decide for another person who lacks capacity if the decision is in that person's best interest. To decide whether an action is in a person's best interest the decision-maker must:

- Consider whether the person will have capacity in the future i.e. delay the decision to a later date
- Involve the person in making the decision as far as possible.
- Consider the person's past and present wishes and feelings.
- Consult others as appropriate to find out the past and present wishes and feelings of the persons and what would be in their best interests.
- Consider whether the purpose for which any action or decision is required can be achieved as effectively in a manner less restrictive of the person's freedom of action.

A carer is not allowed to use force against a person or restrict their movement, unless there is a substantial risk of significant harm to the person concerned.

## **Appendix 4 – Consent to Sexual Activity**

The following provides guidance on principles associated with the issue of consent in sexual activity involving people who are at risk.

### **1. Consent.**

Consent is the crucial issue in determining whether a particular act, relationship or situation is abusive of someone who is at risk.

The two pertinent questions are whether:

- The adult at risk gave consent.
- The person could give consent.

Abuse occurs when:

- The adult at risk withholds consent.
- The person is unable to give their consent because of the severity of their learning disability/mental illness significantly undermines their understanding of the basic elements of sexual behaviour.

- There is some other barrier to consent in the relationship or situation which means that the adult at risk is subject to undue pressure.

## **2. Unable to consent.**

If the person is unable to think “about” or “through” sexual behaviour in any of the following ways, then she/he is not able to consent to sexual activity. If she/he is unable to:

- Make sense of what has been done to her/him and/or construe the sequence of behaviours as a sexual act.
- Appreciate the inappropriateness of behaviour.
- Appreciate the value accorded to sexual acts.
- Appreciate the possible consequences of sexual acts.

## **3. Lack of Valid Consent.**

Even where a person can make such judgements, there may be other factors which mitigate against freely given consent, such as:

- The presence of a parental or familial relationship between the persons involved (excluding husband and wife) – this may involve the offence of incest.
- The presence of a custodial or caretaking relationship between the persons involved. Sexual activity between staff and adults at risk should always be viewed as abusive.
- The use of a weapon, threat of injury or use of force.
- The presence of a power imbalance between the persons involved which precludes consent by the weaker person.

## **4. Mutuality of Relationships.**

Where there are concerns about the mutuality of the relationship and or consent of one of the individuals, the same process of determining whether there is consent should be worked through.

Factors which may indicate mutuality are where both parties:

- Seek each other out.
- Spend spare time together.
- Share leisure activities.
- Share resources equally.
- Restrict activities with other potential partners.

## **Appendix 5 – Preserving Evidence**

### **1. Introduction.**

The term “victim” is used in place of adult at risk as the following section has been written from the perspective of the police.

Whilst your first concern will be the immediate well being of the victim, your efforts to preserve evidence will be vital. When police involvement is required following suspected physical or sexual abuse, they are likely to arrive quickly, but for that short time before they arrive, what you do or do not do can make a vital difference. To enable the police to investigate effectively, it is imperative that evidence is preserved and not contaminated.

### **2. Guidelines on Preserving Physical Evidence.**

The following checklist may help ensure that physical evidence is not destroyed or contaminated.

- Where possible, leave things as they are. If anything must be handled, keep this to a minimum. Do not clean up. Do not touch what you do not have to.
- An intrusive examination must wait for the police so that it can be conducted by them and under appropriate supervision. A medical officer should obtain consent before any examination of the victim takes place.
- Leave weapons where they are unless they are handed to you or present further immediate danger. If you must receive them, take care not to destroy fingerprints. Do not wash anything or remove any fibres, blood etc. Place them in a separate sealed bag, label the bag and store in a safe place until you can hand it, sealed, to the police.
- Preserve the victim’s clothing and footwear. Handle these as little as possible and store them in separate sealed bags.
- Preserve anything used to comfort or warm a victim e.g. a blanket.
- Note in writing the state of clothing of both the alleged victim and person alleged to have caused harm. Note injuries and make full written notes of the condition and attitudes of the people involved in the incident. This information will be transferred onto the adult abuse incident reporting form.
- Note and preserve any obvious evidence such as footprints or fingerprints e.g. by not touching or moving items around.
- Secure the room and do not allow anyone to enter until the police arrive.

## **2.1 Sexual abuse**

In addition, in cases of sexual abuse the following will apply:

- Preserve any discarded medical or first aid items.
- It is crucial for both victim and person alleged to have caused harm to be medically examined for forensic evidence at the earliest opportunity. This examination will always be carried out by an appropriately trained police forensic medical examiner.
- Try to avoid any person having physical contact with either the victim or the person alleged to have caused harm, as cross-contamination can destroy evidence. This may be difficult if you are alone and need to comfort both parties but be aware that cross-contamination can easily occur.
- Preserve bedding where appropriate.
- Preserve any used condoms.
- Advise the victim not to bathe or wash.
- If oral sex has been alleged, do not give the victim anything to drink until the police taken appropriate samples.

## **2.2 Methods of Preservation**

Where possible:

- For most things, use clean brown paper, a clean brown paper bag or clean envelope. If using envelopes, do not lick or seal it.
- For liquids, use clean glassware.
- For knives and other metal objects, use a polythene bag.
- For fire-damaged materials, use a nylon bag.
- Do not handle items unless necessary to move and make safe.

## **3. Guidelines on Preserving Verbal Evidence.**

The following section provides guidance that may help ensure that verbal evidence is not contaminated during the interviewing process:

### **3.1 Interviewing the Adult at Risk:**

Interviewing is often a very complex task, which requires careful planning beforehand. In some cases, an adult at risk may have limited communication and understanding and these needs to be taken into consideration when planning your interview. In some cases, external professional help may be required to provide advice on the process to follow, or to undertake the interviewing process.

## **Key points to Note When Interviewing:**

- Avoid reaching conclusions about the suspected abuse before the facts are known.
- Ensure that any communication difficulties are recognised prior to the interview and professional support and assistance is requested.
- The location of the interview should ensure privacy, safety, and lack of interruption.
- Inform interviewee of the purpose of the interview.
- Allow time, remain calm unhurried and non-accusing.
- Be clear about confidentiality and sharing information on a “need to know” basis.
- Be aware of making stereotyped judgements about race, gender, sexuality, and disability.
- Think beforehand about how you will explain why you are there. You may want to indicate general concern, rather than explain that an allegation of abuse has been made.
- Try to ask open-ended questions, i.e. what? How? Why? These invite more detailed responses.

## **Appendix 6: – Responding to a Disclosure of Abuse.**

### **1. Introduction.**

This appendix gives some guidance on responding to disclosure of abuse.

Many incidents of abuse only come to light because the abused individual discloses the information themselves. The abused person may not realise they are being abused and may not be aware of the significance of what they are telling you. Some disclosures happen after many years. There may be good reasons for this and any delay in reporting or disclosing by an abused person should not cast doubt on their truthfulness.

Abuse may also be disclosed through other individuals, including other service users and staff.

### **2. Your response.**

**Do**

- Remain calm.
- Listen carefully to what you are being told.
- Reassure the person that, they are doing the right thing in telling you, you are taking what they say seriously.
- If the disclosure comes from the victim, demonstrate an empathetic approach by:
  - Acknowledging regret and concern that this has happened to them.
  - Reassuring them that the abuse is not their fault.
  - Explain that you are required to share the information with your line manager, but not with other members of staff or service users.
  - Reassure them that any further investigation will be conducted sensitively and, if the disclosure is from the victim, with their full involvement, wherever possible.
  - Reassure the person that the organisation will take steps to support and, where appropriate, protect them.

### **Do Not**

- Appear shocked, horrified, disgusted or angry.
- Be judgemental.
- Stop someone who is freely recalling significant events – allow them to share what is important to them.
- Press the individual for details (it is not your job to do a detailed investigation)
- Promise to keep secrets.
- Make promises you cannot keep.
- Confront the alleged abuser.
- Breach confidentiality.
- Contaminate or remove possible forensic evidence (that is evidence that may be used in a court of law), for example, blood, semen, and saliva. If the reported incident has happened very recently, it may still be possible for the police to obtain forensic evidence.

<b>Organisation</b>	<b>Address</b>	<b>Tele/Fax</b>	<b>Website/Email</b>
<b>Care Quality Commission</b> (Responsible for registration and inspection of services such as care homes and domiciliary care agencies)	151 Buckingham Palace Rd, London SW1W 9SZ	03000 616161	<u>Website:</u> <a href="http://Cqc.org.uk">Cqc.org.uk</a>  <u>Email:</u> <a href="mailto:enquiries@ccq.org.uk">enquiries@ccq.org.uk</a>
<b>Action on Elder Abuse (AEA)</b> (Information to anyone and emotional support to those involved in adult abuse)	P O Box 60001 Streatham London SW16 9BY	Tel: 020 8835 9280 Fax: 0208 696 9328	<u>Website:</u> <a href="http://elderabuse.org.uk">elderabuse.org.uk</a> Email: <a href="mailto:enquiries@elderabse.org.uk">enquiries@elderabse.org.uk</a>
<b>Practitioner Alliance Against Abuse of Vulnerable Adults. (PAVA)</b>	PAVA UK P O Box 821 Great Missenden HP16 6AN	Tel: 0791 7892350	
<b>Age UK</b>	Tavis House 1-6 Tavistock Square London WC1H 9NA	Freephone information line 0800 169 6565	<u>Website:</u> <a href="http://www.ageuk.org.uk">www.ageuk.org.uk</a>
<b>National Carers Association</b>	Suite 4, Beaufort House Beaufort Court Sir Thomas Longley Road Rochester ME2 4FB	Tel: 01634 716 615 Fax: 01634 727 794	<u>Website:</u> <a href="http://nationalcarersassociation.org.uk">nationalcarersassociation.org.uk</a> Email <a href="mailto:info@nationalcareassociation.org.uk">info@nationalcareassociation.org.uk</a>
<b>Alzheimer's Society</b>	Devon House 58 St Katherine's Way London E1W 1LB	Tel: 0330 222 1122 Customer care 0330 333 0804	<u>Website:</u> <a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a> <u>Email:</u> <a href="mailto:enquiries@alzheimers.org.uk">enquiries@alzheimers.org.uk</a>
<b>Respond</b> (Service for people with Learning difficulties who have Been sexually abused and/or perpetrators)	3 <sup>rd</sup> Floor 24-32 Stephenson Way London NW1 2HD	<u>Tel:</u> 0207 383 0700 Helpline: 0808 8080 700	<u>Website:</u> <a href="http://www.respond.org.uk">www.respond.org.uk</a>  Email: <a href="mailto:admin@respond.org.uk">admin@respond.org.uk</a>

## **Appendix 8 – Information for Service Users:**

**The following information is included with the Residents Handbook.**

The organisation has a Protection from Abuse Policy. If you would like to see a full copy of the policy, please ask your Support Worker or the Services Manager.

### **What is the Protection from Abuse Policy?**

The policy says that anyone receiving a support or housing service from us should not be abused in any way. The organisation will do everything in its power to ensure that no service users are abused. This includes making sure that staff are properly trained and having procedures to prevent any abuse from happening.

The Protection from Abuse Policy covers any kind of abuse and may include:

- Being hurt or injured by physical force or violence.
- Being frightened or upset through someone being aggressive or threatening to you.
- Being made to have sexual contact with someone against your will
- Having your money or possessions taken or damaged
- Not being looked after properly
- Being treated badly because of something about you such as your age, gender, ethnic origin, religion, or sexual orientation.

The policy applies to any abuse which is carried out by someone inside or outside of the organisation (such as staff, other service users, friends, relatives or people from outside agencies etc.)

### **What do I do if I have been abused?**

If you or someone you know has been abused, you can report it to:

- Your Support Worker
- The Services Manager
- The Chair of the Organisation

- Any other staff member

You can report abuse to any of these people in whatever way the suits you best, such as:

- In writing
- By telephone
- By talking to them face to face or
- By using the organisation's complaints procedure.

You can ask someone else to report the abuse on your behalf if you wish, but staff will still need to talk to you to deal with the situation.

You can have a friend or relative or another person with you for support while discussing the abuse if you wish.

### **What will happen?**

All the organisation's staff will treat any report of any kind of abuse very seriously. The person who you tell will:

Listen to what you say and give you support and help.

Talk to you about:

- What action can or should be taken?
- What should be done to make sure you are safe and avoid further abuse?
- What other agencies can provide you with further support or help.
- What other agencies may need to be involved (such as the Police or Social Services).
- Help you decide what to do.

The member of staff who you tell may have to tell their line Manager about the report so that they can get advice on dealing with the situation. However, the organisation's Confidentiality Policy will be always followed.

If the abuse which you have received is also a criminal offence (such as rape, theft, physical assault) the Police may need to be involved. Other agencies (such as Social Services) may also need to be involved. You will be asked to give your permission before any information is passed on to anyone else in line with the organisation's Confidentiality Policy.

Staff will only act with your permission. If you decide you do not want any further action to be taken, your decision will be respected. However, staff may act without your permission if:

- You or someone else is in physical danger.
- You are not capable of deciding for yourself.

After you have reported abuse, an action plan will be put together for dealing with the situation and you will be kept informed and updated on what is happening at all stages.

If you would like more information or would like to talk to someone in more detail about the Protection from Abuse Policy, please speak to your Support Worker or Services Manager.