



# Policy for Safeguarding Adults at Risk

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Governors/Committee Meeting	
Signature of Chair	
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## **POLICY FOR SAFEGUARDING ADULTS AT RISK**

This policy statement is formulated in recognition that abuse of adults at risk may be widespread, but frequently unrecognised in our society. Abuse can take place in any situation, care setting or hospital, as well as at home. Perpetration of abuse may be by someone in a position of trust, power or authority that uses his or her position to the detriment of the health, safety, or welfare and general well-being of a vulnerable person. The person alleged to have caused harm may be a relative, friend or family member, or those charged with a voluntary or professional care role, another service user or a stranger.

The prevention of abuse of adults at risk is a collective responsibility of all sections of society. However, those agencies, professionals, independent sector organisations and voluntary groups working with, or in contact with adults at risk, hold a particular responsibility to ensure safe, effective services and to facilitate the prevention and early detection of abuse from whatever quarter, thus ensuring that appropriate protective action can be taken.

### **Philosophy Statement**

The signatories to this policy adopt the following philosophy statement in accordance with the principles contained within the European Convention on Human Rights and the Human Rights Act 1998:

All individuals have the right to live their lives free from coercion, intimidation, oppression and physical, sexual emotional or mental harm;

All individuals have a right to a family life and privacy;

Individuals have a right to confidentiality in respect of personal information insofar as this does not infringe the rights of other people;

All individuals have the right to receive full and comprehensive information to enable them to make informed choices about their own circumstances;

All individuals have the right to the protection of the law and access to the judicial process.

Abuse is a violation of an individual's human and civil rights by any other person or persons. The risk of being abused depends upon the situation, the environment and those who cause harm, not on the behaviour of victims. Many incidents of abuse are criminal offences. Recognising that inequality, disadvantage and discrimination exist in society, all signatories to this policy accept the responsibility to ensure that all adults at risk have equal opportunity to access services and information designed to protect them from harm and to promote their welfare. This is regardless of any of the Protected characteristics:

age.

disability.

gender reassignment.

marriage and civil partnership.

pregnancy and maternity.

race.

religion or belief.

sex

The school will ensure that any necessary measures e.g. advocacy, interpreters etc. are taken or provided, to support and empower individuals to decide what action, if any, will be taken. Where an adult does not have the capacity to consent to actions taken to protect

them it should be clarified who, if anyone, has the power to act on their behalf or should advocate for them.

### **Definitions Under this policy**

Adults at Risk are those:

Aged 18 years or over

Who may be in need of community care services by reason of mental or other disability, age or illness;

Who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

("No Secrets" Department of Health /Home Office 2000)

NB: From time to time it may be necessary for an adult care team to respond in a safeguarding children's case that has been highlighted by children's services where it is possible that the young person is likely to continue to be at risk beyond their 18<sup>th</sup> birthday and where they may be subsequently described as an adult at risk as defined above.

Although the terminology below relates to abuse, the principle with these procedures is to consider the significance of the harm that has resulted from the abuse alleged.

### **Definition of Abuse**

"Any act or failure to act, which results in a significant breach of a vulnerable person's human rights, civil liberties, bodily integrity, dignity or general well-being, whether intended or inadvertent, including sexual relationships or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative"  
(Safeguarding Adults and Children with Disabilities against abuse: Council of Europe 2002)

### **Abuse may include one or more of the following:**

Discriminatory abuse, including that based on a person's ethnic origin, religion, language, age, sexuality, gender, disability, and other forms of harassment, slurs or similar treatment;

Sexual abuse, including rape and sexual assault, contact or non-contact sexual acts to which the adult at risk has not consented, or could not consent or was pressurised into consenting;

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks;

Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

Neglect or acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating; failure to report abuse or risk of abuse;

Physical abuse; including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint, or inappropriate sanctions; and institutional abuse; indicated by repeated instances of unsatisfactory professional practice, pervasive ill treatment or gross misconduct indicating an abusive climate.

## **Principles**

The following principles are endorsed by all agencies to this policy as fundamental to safeguarding adults at risk:

Agencies will:

Actively work together within the agreed inter-agency framework based on the guidance contained in 'No Secrets' (2000 Department of Health, Home Office);

To take action to prevent harm from occurring;

To investigate abuse and manage safeguarding adults at risk procedures within the agreed policy, guidance and protocols underpinning this framework;

To provide a proportionate response and seek to ensure that the individual's life will be improved as a result of using safeguarding procedures;

Actively promote the empowerment and well-being of adults at risk through the services they provide;

Actively support the rights of the individual to lead an independent life based on self-determination and personal choice;

Ensure the law is followed when assessing an individual's capacity to make particular decisions and that decisions made on their behalf are in their best interests if they are assessed as lacking capacity to do this for themselves;

Recognise people who are unable to make their own decisions and/or protect themselves, their assets and their bodily integrity;

Recognise that the right to self-determination can involve risk and ensure such risk is recognised and understood by all concerned, and harm is minimised whenever possible;

Ensure the safety of adults at risk by integrating strategies, policies and services relevant to abuse within all systems and legislation created to safeguard adults (See Appendix 1 Legal Framework);

Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advocacy, including advice, protection and support from relevant agencies;

Ensure that the law and statutory requirements are known and used appropriately so that adults at risk receive the protection of the law and access to the judicial process;

Identify others who maybe at risk of harm, including children (including unborn babies), and effect immediate referral to the appropriate authority;

Recognise the on-going duty of care to service users who cause harm and facilitate any necessary action to address abusive behaviour;

Actively promote an organisational culture within which all those who express concern will be treated seriously and will receive a positive response from management;

Ensure comprehensive Safe Recruitment procedures are in place to minimise the likelihood of appointing someone who would put a vulnerable person at risk;

Ensure that all agencies and their staff working with adults at risk are familiar with this policy and the agreed procedures, guidance and protocols;

Ensure that confidentiality and information sharing related to safeguarding adults at risk and those alleged to have caused harm in a multi-agency context are maintained with the agreed protocols;

Ensure that all staff responsible for managing and conducting investigations within these procedures receive the appropriate training and support.

### **Recognition of adult abuse**

Who may be the Abuser?

Those who cause harm (or perpetrators of abuse) are not confined to any section of society, and may be people who hold a position of trust, power or authority in relation to an adult at risk. A person who causes harm may be:

A member of staff, proprietor or service manager;

A member of a recognised professional group;

A volunteer or member of a community group such as a place of worship or social club;

A service user or adult at risk;

A spouse, relative or member of the person's social network;

A carer, i.e. someone who has the right to an assessment and may be eligible for services to meet their caring role independently of an adult at risk under the Carers (recognition and services) Act 1996 and the Carers And Disabled Children Act 2000;

A neighbour, member of the public or stranger;

or

A person who deliberately targets adults at risk.

As well as their responsibility to the person who has been abused, agencies may have a responsibility in relation to those alleged to have caused harm. Their powers and duties will vary depending upon the role of the person alleged to have caused harm in relation to the agency.

**NB:**

In some circumstances there may not be an identified alleged abuser or abusers, but the abuse may stem from organisational cultures or practices

(e.g. Institutional Abuse)

### **Where may Abuse occur?**

Abuse can take place in any situation:

Where the person lives, either alone or with someone else;  
In supported/sheltered accommodation;  
Within nursing, residential or day care settings;  
In hospital;  
In custodial situations;  
Where support services are being provided; and  
In public places.

### **Patterns of Abuse / Abusing**

Patterns of abuse vary and reflect very different dynamics. These include:

Serial abusing in which a person intending to cause harm seeks out and "grooms" individuals over a period of time. Sexual abuse can fall into this pattern as do some forms of financial abuse and psychological abuse

Long term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations of family members (e.g. older relatives, or children where children's safeguarding procedures may be required);

Situational abuse which arises because pressures have built up and/or because of difficult or challenging behaviour;

Neglect of a person's needs because those around him or her are not able to be responsible for their care, e.g. the carer has difficulties attributable to debt, alcohol, mental health problems or learning disabilities or has not got the required skills to fulfil the caring role;

Institutional abuse such as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and insufficient knowledge base within the service;

Restrictive care planning in a hospital care home setting with or for people who lack capacity to consent to these arrangements without appropriate reference to the legal requirements. These may be in their best interests but may deprive them of their liberty and require further action. e.g. Deprivation of Liberty Safeguards;

Unacceptable 'treatments' or programmes which include sanctions or punishments such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over medication;

Prevention or failure to allow access to healthcare, dentistry, prostheses;

Misappropriation of benefits and/or use of a persons' money by other members of the household;

Fraud or intimidation in connection with wills, property or other assets;

Failure of agencies to address racist and discriminatory attitudes, behaviour and practice;

Violence;

On line and other digital risks that can include:

Cyber bullying - “grooming” or harm that can result from malicious use of social networking sites by those who intend to cause harm;

Online risks resulting in fraud and financial abuse, and misuse of other digital media that is intended to cause harm, e.g. malicious use of mobile phones, text messaging etc.

Intimidation, coercion or exploiting the vulnerability of an adult at risk to become involved in acts of terrorism or actions that may contribute to acts of terrorism;

Coercion of an adult at risk to carry out actions they would not otherwise undertake; and

Being forced into a marriage the adult at risk cannot or does not consent to.

(Please note this list is not exhaustive)

### **Indicators of possible abuse or harm**

Indicators of abuse should be seen as suggestive of, not proof of, abuse as they rarely prove abuse has occurred. Any one or group of indicators could arise from other causes other than abuse. However, recognition of a number of factors or symptoms in any one individual should give rise to concern and lead to further assessment or investigation.

If a member of staff sees one or more indicators in an individual that must be discussed with the DSL. It could be the case that several staff are seeing some of these signs and that by openly sharing their observations, staff may become aware that they have each noticed a different aspect of the abuse and that by sharing information a fuller picture may emerge. It is important to bear in mind that abuse may be perpetrated as a result of deliberate intent, negligence, or ignorance.

The following lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk. Some of the following indicators may relate to more than one type of abuse and may also be an indicator of offending behaviour.

### **Indicators of Discriminatory Abuse**

Lack of respect shown to an individual;

Failure to respect dietary needs;

Failure to respect cultural and religious needs;

Signs of a substandard service offered to an individual; and

Exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status.

### **Indicators of Physical Abuse**

Any injury not fully explained by the history given;

Injuries inconsistent with the lifestyle of the adult at risk;

Bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs;

Cluster of injuries forming regular patterns or reflecting shape of article;

Burns, especially on soles, palms or back, immersion in hot water, friction burns, rope or electrical appliance burns;

Multiple fractures;

Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia;

Marks on body, including slap marks, finger marks;

Injuries at different stages of healing;

Medication misuse;

Enforced misuse of illegal or legal substances; and

Inappropriate restraint.

### **Indicators of Sexual Abuse**

Significant change in sexual behaviour, language or outlook;

Pregnancy in a woman who is unable to consent to sexual intercourse;



Wetting or soiling;  
 Unexplained negative responses to personal/medical care tasks;  
 Signs of withdrawal, depression and stress;  
 Full or partial disclosure or hints of sexual abuse;  
 Overly sexualised language;  
 Unusual difficulty in walking and sitting;  
 Pain or itching, bruises or bleeding in genital area;  
 Sexually-transmitted disease, urinary tract/vaginal infections in someone who is unable to consent to sexual intercourse; and  
 Psychosomatic disorders - stomach pains, excessive period pains.

### **Indicators of Psychological/Emotional Abuse**

Change in appetite;  
 Low self-esteem, deference, passivity and resignation;  
 Unexplained fear, defensiveness, ambivalence;  
 Emotional withdrawal;  
 Sudden change in behaviour;  
 Person managing care uses bullying, intimidation or threats to induce desired behaviour;  
 Person managing care has punitive approach to bodily functions or incontinence; and  
 Person is in receipt of malicious texts, emails or harmful contact while using social networking websites.

### **Indicators of Financial Abuse**

Unexplained sudden inability to pay for bills or maintain lifestyle;  
 Person lacks belongings or services they can clearly afford;  
 Recent acquaintances expressing sudden or disproportionate affection for a person with money or property;  
 Lack of records and accounting of where money spent;  
 Unusual or suspicious bank account activity;  
 Power of attorney obtained when person is unable to comprehend and give consent;  
 Withholding money without legal reason;  
 Recent change of deeds or title of property;  
 Unusual interest shown by family or others in the person or the person's assets;  
 Person managing financial affairs is evasive or uncooperative; and  
 Selling or offering to sell possessions of an adult at risk who does not have the capacity to consent or know the full value of those possessions.

### **Indicators of Neglect**

Inadequate heating and/or lighting;  
 Inappropriate, old or shabby clothing, or being kept in night clothes during the day;  
 Sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living;  
 Physical condition is poor e.g. treated or untreated pressure ulcers  
 Inadequate physical environment;  
 Inadequate diet;  
 Untreated injuries or medical problems;  
 Inconsistent, frequently unexplained or reluctant contact with health or social care agencies;  
 Failure to engage in social interaction;  
 Malnutrition when not living alone;  
 Failure to give/offer prescribed medication/treatment; and  
 Poor personal hygiene.

### **Indicators of Institutional Abuse**

Inappropriate or poor care, poor care planning and inconsistent application of care plans;  
 Misuse of medication;  
 Higher than average levels of mortality;

Higher than average levels of accidents and incidents and “near misses”;  
 Inappropriate physical restraint or intervention;  
 Inappropriate use of chemical restraint;  
 Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.;  
 Lack of recording on client files;  
 Lack of respect shown to person;  
 Denial of visitors or phone calls;  
 Restricted access to toilet or bathing facilities;  
 Restricted access to appropriate medical or social care;  
 Lack of privacy or failure to ensure appropriate privacy or personal dignity;  
 Lack of flexibility and choice e.g. mealtimes and bedtimes, choice of food;  
 Lack of personal clothing and possessions;  
 Lack of response to specialists guidance;  
 Lack of consideration given to an individual's mental capacity and their best interests;  
 Overly restrictive care planning & use of restrictive practice without proper authority or consent;  
 Lack of adequate procedures e.g. for medication, financial management;  
 Controlling relationships between staff and service users;  
 Poor professional practice; and  
 Lack of response to complaints.

### **Other Indicators**

Other forms of abuse (e.g. Domestic Violence, child abuse and cruelty to animals) may highlight an increased risk that adult abuse may be taking place.

Self harm or self neglect may also be considered an indicator of harmful actions by someone other than the individual at risk.

### **To Support these Procedures**

In order for these procedures to work effectively, the following measures need to be in place:  
 In accordance with the Mental Capacity Act 2005 adults at risk will be given information to support them in speaking out and protect themselves from abuse knowing they will be listened to and believed;

Training in safeguarding adults (adult protection) awareness and good care practice to staff and volunteers;  
 Identifying in advance potential abusers;  
 Minimising opportunities for abuse;  
 Promoting ‘whistle blowing’;  
 Gathering information on activity around the management and investigation of alerts;  
 Carry out quality audits on individual cases; and  
 Ensuring that the general public are aware that these procedures are in place and that steps are taken to protect adults at risk

### **What to do in our school if you are concerned about an adult who may be at risk**

Contact the DSL immediately who will consult relevant agencies.

All concerns must be recorded on the school proforma available on staff share.