

**SAFEGUARDING ADULTS POLICY**

The abuse of vulnerable adults constitutes a clear infringement of their rights and freedoms as citizens. This policy aims to protect vulnerable adults, who are at risk of all forms of abuse, receive a safe sound and supportive service, through the process of identifying, investigating, managing, and preventing such abuse. As a service we are committed to promoting equality of opportunity to all members of our community.

Dudley Advocacy work to the guidelines of the Mental Capacity Act (2005) and the Care Act (2014) in all areas of safeguarding.

* It is every adult’s right to live in safety and to be free from abuse or fear of abuse from others.
* It is every adult’s right to live an independent life based on “self-determination” and personal choice.
* An independent lifestyle may involve risk for vulnerable adults. Dudley Advocacy respect this choice and will support them in making such decisions.
* It is the responsibility of all staff and volunteers to actively work together to help prevent abuse of vulnerable adults. This will be achieved by raising awareness, empowering people to make their own decisions and putting safeguards in place.
* When a situation is discovered in which a vulnerable adult reports abuse, or is thought to be at risk of abuse, then Dudley Advocacy will react quickly in a co-ordinated manner to help them to overcome these difficulties.
* Dudley Advocacy recognise that people are discriminated against on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, ethnic origin, religion or belief, sex and/or sexual orientation. We are committed to working with vulnerable adult’s in a positive manner that values them as individuals.
* Policies and procedures are used positively to enhance the overall quality of care giving and thus aim to protect employees from accusations of poor work codes or misconduct.
* Advocates will record and monitor all aspects of a safeguarding concern including a breach of confidentiality.
* If a person is deemed to be at immediate risk/serious harm or another person is at risk from the client, confidentiality will be breached to safeguard all concerned.

**Definitions**

**“Vulnerable adult”** describes a person who is an adult (aged 18 or over) **and** who is, or may be in need of, community care services because of frailty, learning or physical disability or mental health difficulty **and** who is or maybe unable to take care of him or herself or take steps to protect him or herself from significant harm or exploitation.

**“Harm”** - for vulnerable adults one refers to the concept of “significant harm” introduced by the Law Commission. “Harm” should be taken to include not only ill treatment (including sexual abuse, and forms of ill treatment which are not physical) but also the impairment of, or an avoidable deterioration in physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

**“Abuse” –** is a violation of individual human and civil rights by any other person(s). This definition of abuse includes singular and repeated acts or mistakes. Abuse may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction, to which he or she had not consented, never could consent to or whose consent was deemed invalid due to a real lack of understanding as to the issue they were consenting to.

**FORMS OF ABUSE**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subject to it.

**Physical**

To hit, slap, push, kick, misuse medication, use inappropriate methods or sanction.

**Sexual**

Rape, sexual assault, or sexual attacks to which the vulnerable adult has not consented, could not consent, or had been put under pressure to consent.

**Psychological**

Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Financial**

Theft, fraud, exploitation, or pressure in connection with wills, property, inheritance, or financial transactions. To misuse or misappropriate the property of a person, or their possessions or benefits.

**Neglect and acts of omission**

To ignore medical or physical care needs. A 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.

**Discriminatory**

Abuse based upon protected characteristics under the Equality Act (2010) and other forms of harassment, slurs, or similar treatment.

**Institutional**

The mistreatment or abuse of a person or persons by a regime, or individual staff within an institution. It occurs when the routines, systems and norms of an institution compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution. For example, Person Centred Plans are disregarded, and individual preferences may be disregarded.

**TYPES AND PATTERNS OF ABUSE**

These include:

* Serial abuse, where the perpetrator seeks out and proceeds to groom vulnerable individuals. Sexual abuse can fall into this pattern, as can some forms of financial abuse.
* Long term abuse in the context of an ongoing family relationship, such as domestic abuse between spouses or generations.
* Opportunistic abuse, such as committing a theft because money has been left lying about.
* Situational abuse, arising from pressure building up in a particular environment, or because of challenging or difficult behaviour presented by the vulnerable adult.
* Neglect of a person’s care needs because of those around the vulnerable adult do not feel able to be responsible for that care, for example where a carer has their own difficulties and problems.
* Institutional abuse, featuring poor care standards, lack of positive responses to complex care needs, rigid routines, inadequate staffing, or an insufficient knowledge base within the service.
* Unacceptable treatments or programmes, including sanctions or punishments such as the withholding food and drink, isolation, un-necessary or unauthorised or inappropriate use of restraint or control, and over-medication.
* Failure of agencies to ensure that staff receive appropriate guidance on anti-racist and anti-discriminatory practice.
* Failure to give opportunity for access to key services such as health care.
* Misappropriation of benefits, or the misuse of the person’s money, by other members of the household.
* Fraud or intimidation in connection with wills, property, or other assets.

**SIGNS AND SYMPTOMS OF ABUSE**

**Sexual abuse may be taking place if any of the following is identified:**

* A change in the person’s behaviour, such as withdrawal from social situations or wishing to spend excessive time alone.
* Overt sexual behaviour or language
* Self-inflicted injury
* Disturbed sleep patterns
* Recent difficulty in walking or sitting
* Torn, stained, or bloody underclothes
* Bruising or bleeding around the rectal or vaginal areas
* Sexual transmitted disease

**Financial abuse may be taking place if any of the following is identified:**

* Unexplained or sudden ability to pay bills
* Withdrawal of money from accounts without apparent consent or understanding
* Disparity between a person’s assets and their unsatisfactory living conditions
* Sudden or over-involved behaviour by others in respect of the assets of the vulnerable person
* Bank books, credit cards and cheque books may be ‘lost’
* There may be a loss of jewellery or other items
* Unpredicted transfer of money or property to another person may have occurred

**Physical abuse may be taking place if any of the following are identified:**

Considerable caution should be exercised in diagnosing abusive behaviour in this category because some ageing processes can cause charges which are hard to distinguish from some aspects of physical assault. For example, skin bruising can occur easily, due to blood vessels becoming fragile.

* Examples are a history of unexplained falls or minor injuries such as bruising in well protected areas, bilaterally on soft parts of the body, or clustered as from repeated striking.
* Other indicators are finger marks, burns in unusual places or of an unusual nature, slap marks or kick marks, cuts and lacerations or injuries especially to the head, face or scalp, injuries consistent with an object being used.
* Fractures, ulcers or bedsores or weight loss due to malnutrition, drowsiness due to too much medication or conversely a lack of medication causing recurring crises or forced hospital admissions.
* A person may self-harm, through for example, the use of knives, scissors or other sharp objects, the misuse of prescribed or illegal drugs, or physical acts of aggression that are self-directed e.g. “head banging”.
* Though not in need of protection from others, and therefore not within the remit of adult protection procedures as such, a person in this situation is likely to need care management support, counselling, or other services to help self-protection and development.

**Other social and emotional signs may be observed**

* Isolation – where for example a vulnerable person is confined to a room and denied social contact
* A change in appetite
* An unkempt or unwashed appearance
* The smell of urine or faeces
* Moods of ambivalence, confusion, excessive resignation, fearfulness, or agitation
* Excessive sleep or insomnia

**Reporting a safeguarding issue.**

The escalation procedure should be followed when making a safeguarding incident/issue has been discovered.

**ESCALATION PROCEDURE**

1. If any staff member has a safeguarding concern, they should notify their line manager (usually the Senior Advocate or Chief Officer) immediately.
2. In discussion with the staff member, the manager should refer to the definition of abuse in Dudley Advocacy’s Adult or Child safeguarding procedures
3. A discussion between the staff and line manager will take place on whether to report the concern as a safeguarding concern.
4. If the decision is taken to report the issue as a safeguarding concern, this action will be completed by the staff member who has raised the concern in line with the confidentiality policy.
5. The staff member must immediately contact Dudley Adult or Children Safeguarding team (whichever is relevant) and make a safeguarding alert as informed by Dudley Safeguarding Boards procedure.
6. The staff member must record the concerns they have raised in case notes on the file if already working with the person. If not, then a file will be created. All details of the issue and the alert must be recorded.
7. In raising the safeguarding concern with the relevant safeguarding team, the staff member should ascertain the email contact details of the safeguarding team or the person taking the referral and confirm key details of the referral and the discussion that took place in a follow up email.
8. Staff should follow up any concerns either with a phone call or email and if possible, note the action taken and the outcome reached. It is appreciated that this will not always be possible due to confidentiality issues.
9. If the concern that is raised by, or reported to, a member of staff, volunteer or manager constitutes an emergency, call the Police via 999; do not wait for the escalation procedure to take effect.