



Safeguarding Vulnerable Adults

What do we need to know?

(Information Training Resource)

## Safeguarding - Information resource suitable for all staff/Trustees/volunteers

How will this help you? The aim is to help you:

- recognise different types of harm
- recognise abuse and neglect
- understand how individuals can be protected.

Learning outcomes. You will:

- know own role in relation to safeguarding adults from harm, abuse and neglect;
- understand how individuals are protected from harm, abuse and neglect;
- know how to recognise different types of harm, abuse and neglect.

(This resource should be read alongside HBH Safeguarding Policies and relevant policies referred to within that.)

### Who are we safeguarding?

An 'adult at risk' is an adult who:

- is experiencing or is at risk of abuse or neglect;
- has needs for care and support (whether the charity is meeting any of those needs); and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The statutory guidance states that the inclusion of 'at risk' enables early intervention to protect an adult at risk. The decision to act does not require actual abuse or neglect to have taken place. The Act provides definitions of abuse and neglect.

Abuse means physical, sexual, psychological, emotional or financial abuse (and includes abuse taking place in any setting, whether in a private dwelling, an institution or any other place), and financial abuse includes theft, fraud, pressure about money, misuse of money.

Neglect means a failure to meet a person's basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person's well-being (for example, an impairment of the person's health).

Guidance explains that the impact of abuse and neglect, and what you do, will be affected by the:

- frailty or vulnerability of the adult at risk;
- extent of abuse or neglect;
- length of time and frequency of the occurrence;
- impact on the individual; and
- risk of repeated or escalating acts involving this or other adults at risk.

Abuse or neglect may constitute a criminal offence. These include offences against the person (violent offences), sexual offences and property offences such as theft. If abuse or neglect is motivated by someone's personal characteristic – disability, race and ethnicity, religion and belief, sexual orientation and transgender / gender identity – then this may be a hate crime.

The following is a non-exhaustive list of examples for each of the categories of abuse and neglect:

#### Physical abuse

- hitting
- slapping
- over or misuse of medication
- undue restraint or inappropriate sanctions.

#### Sexual abuse

Rape and sexual assault or sexual acts to which the vulnerable adult has not or could not consent and / or was pressured into consenting.

#### Psychological abuse

- threats of harm or abandonment
- coercive control
- humiliation
- verbal or racial abuse
- isolation or withdrawal from services or supportive networks
- coercive control is an act or pattern of acts of assault
- threats
- humiliation
- intimidation or other abuse that is used to harm
- punish or frighten the victim.

#### Neglect –

- failure to access medical care or services
- emotional neglect

- negligence in the face of risk taking
- failure to give prescribed medication
- failure to assist in personal hygiene or the provision of food, shelter or clothing.

Financial abuse in relation to people who may have needs for care and support:

- unexpected change to their will;
- sudden sale or transfer of the home;
- unusual activity in a bank account;
- sudden inclusion of additional names on a bank account;
- signature does not resemble the person's normal signature;
- reluctance or anxiety by the person when discussing their financial affairs;
- giving a substantial gift to a carer or other third party;
- a sudden interest by a relative or other third party in the welfare of the person;
- bills remaining unpaid;
- complaints that personal property is missing;
- a decline in personal appearance that may indicate that diet and personal requirements are being ignored; and
- deliberate isolation from friends and family giving another person total control of their decision making.

At HBH, our residents and guests may be at risk of any of the above, however, for the purposes of this awareness development information, we can focus on the most likely risk factors for this setting.

## **Physical Abuse**

### INDICATORS

#### Physical

- injury incompatible with its explanation
- injury which has not been properly cared for
- cuts, scratches, lacerations, weal marks
- puncture wounds • bruises or skin discoloration
- sprains
- bite marks
- fingertip and pinching marks
- burns and scalds, including friction burns
- any fracture without a satisfactory explanation of accident
- carpet burns
- restraint injuries
- excessive repeat prescriptions; under / over use of medication

#### Emotional

- confusion

- fearfulness
- low self esteem
- unexplained paranoia or terror Behavioral
- signs of hair pulling
- significant loss of weight or appetite
- insomnia
- flinches at physical contact
- excessive drowsiness
- varying or inconsistent accounts of injury by another
- bedwetting
- disturbed sleep pattern
- asks not to be hurt

### Social

- unacknowledged or hidden injuries (e.g. covered by clothes)
- unlikely or varying explanations of an injury by the person
- uncharacteristic behavior or withdrawal
- fearfulness around a particular person or place

### Domestic Abuse

In a relationship (heterosexual or same sex) one or both partners use physical sexual or psychological violence to try to get power or control over the other.

### Female Genital Mutilation

This is a procedure performed on Women or girls to alter or injure her genitalia for non medical reasons. This is illegal in the UK.

### WHERE MIGHT THIS HAPPEN?

- micro flats
- communal site areas
- hospital
- outside agency location
- at a friend's accommodation
- sheltered accommodation
- relative's home
- public place

### WHO MIGHT BE INVOLVED OR CAUSING THIS?

- resident/guest at HBH
- HBH volunteer/other agency volunteer
- relative / parent / child / spouse / other carer
- support worker
- professional
- family friend / neighbour
- stranger

### Psychological Abuse

Threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks (coercive control is an act or pattern of acts of assault, threats, humiliation, intimidation or other abuse that is used to harm, punish or frighten the victim or involve in drug dealing).

## INDICATORS

### Physical

- self-harm / Injury
- sleep disturbances
- change in appetite, weight loss
- isolation in micro flat/bus bed space

### Emotional

- passivity
- agitation
- confusion
- resignation
- fearfulness
- depression
- suicidal ideation
- helplessness
- tearfulness
- low self esteem

### Behavioural

- insomnia
- recoiling from the approach of staff/volunteers
- avoidance of eye contact
- cowering
- head banging, hand biting

### Social

- an air of silence when the abuser is present
- overtly subservient or anxious to please
- excessive and inappropriate craving for affection
- anxiety / stress / fearfulness around a particular person or place
- social activities and friendships controlled by the abuser
- unwilling to interact in communal environments on site
- unwilling to allow visitors into micro flat

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- professional
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- stranger

#### **Financial Abuse**

- having money or other property stolen;
- being defrauded;
- being put under pressure in relation to money or other property;
- having money or other property misused.

#### INDICATORS

##### Physical

- pension or benefits are cashed but the individual has no money, especially when the person needs assistance to spend money.
- unexplained or inappropriate withdrawals from bank accounts.
- unpaid bills or overdue rent when another person has taken responsibility.
- creation / changes to enduring power of attorney, will or insurance beneficiaries when the person is incapable of making such decisions.
- disappearance of financial documents, e.g. bank / building society records, payment / order books, or benefits papers.
- financial signatures, e.g. cheques, unlike the person's signature, or when they cannot write.
- missing personal belongings such as silverware, jewellery, or other valuable items
- online transactions when the person does not have necessary skills.

##### Emotional

- confusion, distress or fear when financial anomalies are discussed.
- person expresses worries about theft, threats, coercion, or disappearance of possessions.

##### Behavioural

- unusual concern by abuser that too much money is being spent on the care of the person.
- vulnerable person echoes the abuser's unlikely explanations.

### Social

- deliberate isolation by abuser from friends or family or staff or volunteers or other residents or guests, resulting in them taking financial control.
- lack of usual items he/she has such as tobacco, food or snack items etc
- prevention by abuser from spending money on cultural / social activities

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### **Radicalisation and terrorism**

This is the process by which a person comes to support terrorism and extremist ideologies.

### **Forced Marriage**

This is where one or both people do not or cannot consent to the marriage and where duress is used to enforce the marriage the duress can be financial, physiological, emotional, physical violence.

### **Modern Slavery**

This is the illegal exploitation of people for personal or commercial gain. It covers a wide range of abuse and exploitation including sexual exploitation and domestic servitude, forced labour, criminal exploitation.

## **What happens next?**

It is important to know the indicators and the possible locations and causes and to be aware of these, and it is equally important to know that dealing with any suspected safeguarding issue can also be impacted.

## **Barriers for adults**

- Fear of retribution: being asked to leave the project, being shunned by others at the project hopelessness about solutions
- fear of the impact on others
- communication difficulties
- inappropriate medication
- poor awareness of rights
- acceptance
- low self-esteem and guilt
- love or care for abuser.

## **Barriers for staff or volunteers**

- fear of being labeled as a troublemaker
- not knowledgeable about what abuse is
- think service user is a troublemaker / prejudice towards the service user
- cultural or institutional issues – may have been drawn into the behaviour, bullying culture
- stigma of being a whistle blower – ostracised, victimised
- not wanting to tell on colleagues and protecting friends
- burnout / stress
- fear of loss of role as staff/volunteer
- lack of understanding organisational policy and procedures
- attitude / indifference of not being 'bothered'
- past experience of reporting
- denial or disbelief
- fear of hierarchy – may be senior staff are responsible.

## **Barriers for family and friends / other residents**

- denial
- not wanting outside interference
- shame / stigma
- culture
- financial loss and consequences
- feeling powerless and fear of repercussions
- fear of losing or taking responsibility
- guilt at not having stopped it
- collusion
- fear of effect on others



- not wanting the attention
- no evidence
- not wanting to cause an issue that might impact on the rest of the project and/or other service users
- previous abuse or other things to hide

It is vital for all concerned to know that these barriers might be affecting any of those involved, and that awareness of these will help to reduce them.

### **Allegations and Suspicions - Do's and Don'ts**

#### **Do's:**

- Stay calm /do not show shock.
- Listen carefully, gently and patiently rather than asking questions.
- If you do ask for more information, use TED: 'tell me...' 'explain to me...' 'describe...' this should mean you do not ask leading questions. • Encourage them to talk and listen to them.
- Be non-judgmental.
- Start with an open mind and tell the individual that you treat this seriously.
- Allow the individual to recall events and describe what has happened in their own time.
- Reassure the individual they are doing the right thing by telling you and that they are not to blame.
- Be clear about your own position and what action you must take such as telling the individual that you need to pass the information on.
- Write down what you have been told, using the exact words if possible, including the date, time, place and people present which you sign and date. • Keep any drawings, etc, that they may do. Make sure you preserve any 'evidence', keeping it safe (e.g. no washing of clothes or showering) and uncontaminated. • Ask for their consent for their information to be shared with other agencies on a 'need-to-know' basis (you cannot, though, guarantee confidentiality).
- Report the allegation as soon as possible – inform your line or senior manager, unless you suspect they are implicated.
- Give the individual contact details so they can ask questions or discuss issues (they need to know who they can get information from).

#### **Don'ts:**

- Show shock, disgust or disbelief.
- Judge.
- Prompt them or ask detailed or leading questions.
- Make assumptions or put words into their mouth.
- Promise it will not happen again.

- Interrupt or stop them from freely recalling events.
- Make them repeat their account unnecessarily.
- Pressurise the individual for more details
- Ignore what you have been told.
- Promise to keep secrets - or make promises you cannot keep.
- Do not contact or confront the alleged abuser.
- Don't contaminate or remove any evidence.
- Expose the individual to an examination to verify injuries.
- Dismiss your concerns or worry that you may be mistaken.

Discuss individual cases or give information about the allegation to anyone who doesn't need to know.

This may seem a daunting task, however, HBH have both volunteer office team and Trustee contact details available for anyone to report to if they feel that is the best person to do so (bearing in mind you may suspect someone in either of those groups may be implicated, you will need to base your decision on this, however, we have an open and transparent Code of Conduct at HBH so we anticipate you having plenty of choice)

*Recording the event/disclosure must be done as soon as practically possible.*

### **Top Tips for Recording**

- Factual information e.g. times, dates, names, witnesses
- All contacts i.e. face to face, telephone, correspondence
- Contact with other agencies
- Decisions made
- Records must be a clear, accurate record what people said using their own words
- Keep objective
- List actions in correct order
- Date and sign your record
- Use a ball point pen - black ink preferable
- Legible handwriting
- Keep a copy for future reference
- What to record
  - What was observed
  - What was heard
  - What was disclosed / said to you
- Date incident took place
- Time incident took place
- People involved
- Location
- Sign and date record

Information should be shared when:

- Risk to individual or others
- A law has been broken

### How to share information

- Gain consent if possible, if not, let the person know you will have to tell someone
- Need to know basis
- Secure sharing – no faxes, messages on answer machines. If you can't verify identity of person, not over the phone
- Record actions
- If in doubt, ask the office team leader/consult HBH policy relating to data protection.

### Data Protection Act

- The law expects that all records are:
- Accurate, honest, and fair
- Kept securely
- Have a genuine purpose for being kept relevant to their purpose