



Bournemouth and Poole Safeguarding Adults Board

A Quick Guide to the Multi-Agency Safeguarding Adults Procedures

20 July 2012

Advice

What Constitutes Abuse?

'Abuse is a violation of an individual's human and civil rights by any other person or persons' [No Secrets DH 2000]

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may happen when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

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

An accepted definition of significant harm is:

"...ill-treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development". [Law Commission 1995]

Signs and Indicators of abuse

Please note that these indicators are a guide only. All situations must be discussed with the appropriate line manager. A full investigation and assessment is required to establish the existence of abuse leading to the significant harm of an adult at risk. Typically, an abusive situation will involve indicators from a number of indicators in combination.

Physical Abuse

Physical injuries which have no satisfactory explanation, or where there is a definite knowledge, or a reasonable suspicion that the injury was inflicted with intent, or

through lack of care, by the person having custody, charge or care of that person. Injuries include hitting, slapping, pushing, misuse of or lack of medication, restraint, or inappropriate sanctions.

Possible Indicators of physical abuse:

- history of unexplained falls or minor injuries
- unexplained bruising – in well protected areas, on the soft parts of the body or clustered as from repeated striking
- unexplained burns in unusual location or of an unusual type
- unexplained fractures to any part of the body that may be at various stages in the healing process
- unexplained lacerations or abrasions
- slap, kick, pinch or finger marks
- injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause
- injury shape similar to an object
- untreated medical problems
- weight loss – due to malnutrition or dehydration; complaints of hunger
- appearing to be over medicated

Psychological Abuse

Psychological, or emotional abuse, includes the use of threats, fears or bribes to negate an adult at risk's choices, independent wishes and self esteem; Cause isolation or over-dependence (as might be signalled by impairment of development or performance) or prevent an adult at risk from using services which would provide help.

Possible Indicators of psychological abuse:

- ambivalence about carer
- fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach
- deference
- overtly affectionate behaviour to alleged perpetrator
- insomnia/sleep deprivation or need for excessive sleep
- change in appetite
- unusual weight gain/loss
- tearfulness
- unexplained paranoia
- low self-esteem
- excessive fears
- confusion

- agitation

Sexual Abuse

Sexual acts which might be abusive include non-contact abuse such as inappropriate looking, pornography, photography, indecent exposure, harassment, unwanted teasing or innuendo, being forced to watch sexual activity or contact such as touching breasts, genitals, or anus, masturbation, penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers or other objects.

Possible Indicators of sexual abuse:

- a change in usual behaviour for no apparent or obvious reason
- sudden onset of confusion, wetting or soiling
- withdrawal, choosing to spend the majority of time alone
- overt sexual behaviour/language by the adult at risk
- self-inflicted injury
- disturbed sleep pattern and poor concentration
- difficulty in walking or sitting
- torn, stained, bloody underclothes
- love bites
- pain or itching, bruising or bleeding in the genital area
- sexually transmitted urinary tract/vaginal infections
- bruising to the thighs and upper arms
- frequent infections
- severe upset or agitation when being bathed/dressed/undressed/medically examined
- pregnancy in a person not able to consent

Financial Abuse

Usually involves an individual's funds or resources being inappropriately used by a third person. It includes the withholding of money or the inappropriate or unsanctioned use of a person's money or property or the entry of the adult at risk into financial contracts or transactions that they do not understand, or is to their disadvantage.

Possible Indicators of financial abuse:

- unexplained or sudden inability to pay bills
- unexplained or sudden withdrawal of money from accounts
- person lacks belongings or services, which they can clearly afford

- lack of receptiveness to any necessary assistance requiring expenditure, when finances are not a problem – although the natural thriftiness of some people should be borne in mind
- extraordinary interest by family members and other people in the adult at risk's personal assets
- Power of Attorney obtained when the adult at risk is not able to understand the purpose of the document they are signing
- recent change of deeds or title of property
- carer only asks questions of the worker about the service user's financial affairs and does not appear to be concerned about the physical or emotional care of the person
- the person who manages the financial affairs is evasive or uncooperative
- a reluctance or refusal to take up care assessed as being needed
- a high level of expenditure without evidence of the person benefiting
- the purchase of items which the person does not require or use
- personal items going missing from the home
- unreasonable and /or inappropriate gifts

Neglect / Acts of Omission

Neglect can be both physical and emotional it is about the failure to keep adult at risk clean, warm and promote optimum health, or to provide adequate nutrition, medication, and preventing them from making choices.

Neglect of a duty of care or the breakdown of a care package may also give rise to safeguarding issues ie where a carer refuses access or if a care provider is unable, unwilling or neglects to meet assessed needs. If the circumstances mean that the adult is at risk of significant harm then Safeguarding Adults procedures should be invoked.

Possible Indicators of neglect:

- poor condition of accommodation
- inadequate heating and/or lighting
- physical condition of person poor, eg ulcers, pressure sores etc
- person's clothing in poor condition, eg unclean, wet, etc.
- malnutrition
- failure to give prescribed medication or appropriate medical care
- failure to ensure appropriate privacy and dignity
- inconsistent or reluctant contact with health and social agencies
- refusal of access to callers/visitors

A person with capacity may choose to self-neglect, and whilst it may be a symptom of a form of abuse it is not abuse in itself within the definition of these procedures.

Discriminatory Abuse

Is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's disability. It can take any of the other forms of abuse, harassment, slurs or similar treatment.

Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system.

Possible Indicators of discriminatory abuse:

- hate mail
- verbal or physical abuse in public places or residential settings
- criminal damage to property
- target of distraction burglary, bogus officials or unrequested building/household services

Institutional Abuse

Institutional abuse happens when the rituals and routines in use, force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be perpetrated by an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the institution or service.

Institutions may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to adults at risk.

Possible indicators of institutional abuse:

- enforced schedule of activities or a lack of stimulating activities
- limiting of personal freedom
- control of personal finances
- a lack of adequate clothing
- poor personal hygiene
- low quality diet
- anything which treats service users as not being entitled to a “normal” life

The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

Predisposing Factors

Abuse can happen in a range of settings, in a variety of relationships and can take a number of forms. There are a number of indicators, which could, in some circumstances, in combination with other possibly unknown factors suggest the possibility of abuse. Abuse may be more likely to happen in the following situations:

Environmental Problems – overcrowding/poor housing conditions/lack of facilities.

Financial Problems – low income, a dependent adult at risk may add to financial difficulties, unable to work due to caring role, debt arrears, full benefits not claimed.

Psychological and Emotional Problems – family relationships over the years have been poor and there is a history of abuse in the family or where family violence is the norm.

Communication Problems – the adult at risk or their carer has difficulty communicating due to sensory impairments, loss or difficulty with speech and understanding, poor memory or other conditions resulting in diminished mental capacity; this may include people for whom English is a second language.

Dependency Problems – Increased dependency of the person, major changes in personality and behaviour, carers are not receiving practical and/or emotional support.

Organisational culture – services which are inward looking, where there is little staff training/knowledge of best practice and where contact with external professionals is resisted could increase the vulnerability of service users. High staff turnover or shortages may also increase the risk of abuse.

Patterns of abuse

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

Serial abuse in which the perpetrator seeks out and ‘grooms’ adults at risk. Sexual abuse may fall into this pattern, as do some forms of financial abuse.

Long term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations.

Opportunist abuse such as theft happening because money has been left around.

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, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems.

Stranger Abuse. Adults at risk can be targeted by strangers; this may be an individual, a gang, or people offering services (eg the conman who tells the older person he will repair their roof, taking a large amount of money but actually doing nothing). Different forms of abuse can be inflicted in these situations eg financial, physical, emotional. No Secrets states that:

“Stranger abuse will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the locally agreed inter-agency adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be use when there is the potential for harm to other vulnerable people.

What happens next if you think someone is being harmed?

Reporting adults abuse is a difficult decision for some people to make. Often, their concern or reluctance to contact a statutory organisation is due to their worries about what happens next?

If you are concerned please do make contact with either the Police if you think a crime has been committed or your local authority to report your concerns. Safeguarding Adults is everybody's business.

The Bournemouth & Poole Safeguarding Adults Board has approved a clear process as to what will happen when a safeguarding adult alert is reported.

The following Questions and Answers are designed to give more information to help understand **what happens next and why?**

Q: I do not want to give my name when I report adult abuse. Can I do that?

A: Anonymous reports are received and you do not need to give your name or any contact details when you report adult abuse. However, this can make it more difficult to follow up the report but your request to remain anonymous will be respected as far as is possible to protect you and the person you have concerns about.

Q: Does the person who is being abused have to give their consent for any further action?

A: In all cases, the consent of the adult will be sought and usually, their decision is respected. However, there are situations where this may not be possible to get or

a decision has to be taken to proceed with a safeguarding adults investigation even if the person has refused to give consent.

If the person lacks mental capacity, then a decision has to be made in the 'best interests' of the person. This will involve talking to relatives or friends or even involving an independent mental capacity advocate.

If an adult with mental capacity refuses to give their consent for further action to be taken, then this is respected in most situations BUT there are some abuse situations where a decision will be taken to proceed with further action without the person's consent. Such situations will be where a serious crime, such as rape, or significant physical injury or neglect has occurred or there is risk to other people.

If the person committing the abuse is an employee of any organisation, further action will be taken even if consent has been refused.

Q: Who decides if further action is taken?

A: All Alerts go to a Safeguarding Adults Manager who will make a decision as to what action needs to be taken. Sometimes this is to offer advice; sometimes this is to refer the alert to the police; sometimes this is to start a formal safeguarding adults investigation.

In reaching a decision, the Safeguarding Adults Manager or allocated investigator (this is usually a specially trained social worker) may need to talk to the person who made the alert or to other professionals who know the person who may be being abused.

Q: What is a safeguarding investigation?

A: The investigation happens in 4 stages:

Stage 1

The first stage is called a Safeguarding Adults Strategy meeting and this is where all the professionals involved and sometimes with the person concerned come together and decide what actions need to be taken to establish what happened, what are the risks to the person and others, and what further information is needed before a plan can be agreed to reduce any further risk to the person who may have been abused and/or other adults at risk. One of the decisions a strategy meeting can make is to have a formal safeguarding adults investigation.

Stage 2

The second stage of the Safeguarding Investigation is where a trained social worker carries out a detailed assessment of what has happened. This may involve talking to a number of different people, including the person who may be being abused and,

sometimes, if appropriate, the person who has been named as the abuser. A detailed report is prepared.

Stage 3

The third stage is where the investigation report is presented at a Safeguarding Adults Case Conference. This is a multi-agency meeting and can involve care providers; the police; health professionals; other people involved with the person and the person who may be being abused.

The Case Conference has to consider all the facts and reach agreement about what needs to be done to stop or reduce the possibility of future abuse to the person and/or others.

At the end of the Case Conference, if there is more work to be done to keep the person safe and/or reduce the risk of abuse to others, the Case Conference will agree what is called a Protection Plan.

Stage 4

The final stage is the Protection Plan and regular reviews until it are agreed that the person or others are no longer at risk.

Not all safeguarding concerns go through all 4 stages and the process can be stopped at any stage depending on what the person who may have been abused wants to see happen. At all times consideration is given to the risks to the person and any other adults or children who may be at risk.

Q: If I report my concerns, am I told what has happened?

A: Wherever it is appropriate, you would be given some information about what has happened BUT this will not go into details or provide any confidential or personal information.

We hope these Questions and Answers have given you some useful information but if you think we can improve this article, please contact the local safeguarding team.

For People living in Bournemouth please contact:

BOURNEMOUTH CARE DIRECT tel: 01202 454979

For people living in Poole please contact:

POOLE HELPDESK tel: 01202 633902

For people living in Dorset please contact: 01305 221016