

Safeguarding Adults at Risk Policy & Procedure

Policy Statement / Background

PRHA recognises the importance of safeguarding its service users. It is the policy of anyone involved with PRHA's services to ensure that individuals are protected from all forms of abuse and provide appropriate services and support for those who are vulnerable and experiencing abuse. All allegations, suspicions or reporting of abuse must be reported. PRHA will treat such allegations seriously.

Training and Briefing

PRHA is committed to providing all staff where appropriate with awareness training and induction programmes on Adult Protection and the Prevention of Abuse. PRHA will also, where appropriate, commission training from the Local Authority social services department.

Overview

PRHA has a duty to protect adults at risk from abuse, to ensure that abuse is recognized and to take appropriate action.

The purpose of this policy is to prevent, identify, report, and minimize any risk to service users and staff arising from abuse wherever this may arise.

This policy has been reviewed in consultation with the Local Authority. (With regards to the relevant legislation, acknowledging issues of consent and the clarification of staff and volunteers duty to report abuse). Through the implementation of this policy PRHA aims to protect all our service users from abuse. PRHA will also ensure appropriate support to the abused person and, where necessary, the alleged perpetrator.

The policy refers to all types of abuse (please see page 5/6) but further acknowledges that our list of indicators is not definitive.

Statutory Requirements

PRHA has a duty to increase awareness of all its staff of the incidence of abuse against vulnerable persons.

There should be in place robust procedures for responding to suspicion or evidence of abuse and to ensure the safety and protection of all service users in accordance with the Care Act 2014, the Safeguarding Vulnerable Groups Act 2006, Pan London Policy and Procedures 2011 and Department of Health guidance (*'No Secrets 2000'* and all relevant legislation).

The Care Act 2014 outlines six principles of adult safeguarding:

1. Empowerment – People being supported and encouraged to make their own decisions and informed consent.
2. Prevention – It is better to take action before harm occurs.

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3. Proportionality – The least intrusive response appropriate to the risk presented.
4. Protection – Support and representation for those in greatest need.
5. Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability – Accountability and transparency in delivering safeguarding.

Commissioning acknowledges the requirement for PRHA to meet all of its legal duties (including the Mental Capacity Act 2005, the Human Rights Act 1998, the Care Standards Act 2000, and the Data Protection Act 1998).

Good practice

This policy includes

- What constitutes abuse
- Service User Choice.
- Reporting.
- Confidentiality.
- Advocates.

All staff and volunteers have a duty to report concerns, at the witnessing, disclosure or suspicion of abuse. **PRHA have 'signed up' to LB of Tower Hamlets (LBTH) Policy and Procedures and has accepted its duty to report abuse.**

LBTH Policy and Procedures includes:

- Reporting.
- Factual Evidence (using the service user actual words).
- Suspicions should be reported.
- Opinion and fact must be clearly indicated in any report.

All allegations or suspicions of abuse should be reported. All such allegations, including anonymous reports, must be treated seriously. All allegations must be taken seriously and reported.

Potential Abusers

- Everyone: including service users, staff, friends, family, and volunteers

There are occasions when it may be difficult to identify who is the abuser and who is being abused. There may be circumstances when a service user is abused by another service user.

- All instances of alleged abuse or suspicions must be reported – the service user must be aware of opportunities to report and what process and actions will be followed.

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Where a crime has been committed or witnessed the police must be informed, ensuring your own safety.

Medical Treatment or Examination

- Issues concerning consent to medical treatment or examination will be undertaken by the medical professionals.

PRHA has an overriding duty of care and will contact the appropriate medical services where necessary. The involvement of the police will need to take account of advice on consent.

Risk – investigation

All service users must be made aware that PRHA representatives and staff have a duty to report any:

- Suspicions
- Allegations
- Witnessing of abuse.

No investigation should take place without written confirmation from a line manager.

It is important to take into account the service users wishes when deciding how to conduct the investigation. In a number of cases, such wishes may be a decisive factor, but PRHA and Social Services Safeguarding Adults & Mental Capacity Liaison Service will also have to make a judgment about pressures on the individual and potential risks to others in the light of the accusations.

Staff Responsibility

Staff will take responsibility for:

- Gaining knowledge of the signs and symptoms of abuse;
- Familiarise themselves with procedures and lines of communication;
- Support colleagues in reporting suspected/alleged abuse;
- Monitoring service users considered to be at risk of abuse;
- Understanding information sharing policies.

Prevention of Abuse

PRHA Staff will work to minimise any potentially abusive action or situation.

This will be done by -

- Monitoring and ongoing assessment of needs.
- Actions.
- Acknowledgement.
- Training.
- Involvement in any investigation.

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Mental Capacity and consent

The decision around mental capacity normally rests with care management in conjunction with an approved psychiatrist or medical practitioner– PRHA will consult where appropriate with the relevant statutory bodies.

It is recognized that there are circumstances where a service user may temporarily lack capacity, e.g. through being severely under the influence of drugs or alcohol along with any existing condition which affects their cognitive ability. This may require staff to undertake best interest decisions in accordance with the Mental Capacity Act. Staff will follow the set procedure in such circumstances.

Advocates

PRHA staff often take on the role of advocate on behalf of our service users. It is recognized that some staff may find supporting a service user through allegations of abuse traumatic. Consideration should be given to the use of external independent advocates. PRHA is currently in the process of discussing the availability of advocates via LBTH.

Confidentiality

Please refer to PRHA Confidentiality Procedure **CS26**. PRHA has a duty of care to report any alleged, witnessed or suspected incidents of abuse. It is important that PRHA staff inform the services user of this obligation- whilst offering reassurance that information will be disclosed on a need to know basis. PRHA's obligation will be to report the alleged, witnessed incident or suspicion of abuse to the Safeguarding Adults & Mental Capacity Liaison Service. (If the service users in immediate danger to contact emergency services).

Commitment and Reporting

All staff must follow the reporting procedure developed by PRHA.

- Incidents of abuse/ suspected abuse must be reported to the Scheme/ Service Manager and the relevant Assistant Director/ Supported Housing Manager.
- Reports should reflect why the abuse is suspected (give reasons, service users own words or reporting person)
- Any suspicions/ allegations of abuse must be reported to the local authority (Tower Hamlets **0300 303 6070**, Southwark **020 7525 3324**, City of London **020 7332 1224** and Hackney **020 8356 5782**).
- In an emergency call the police / ambulance service.
- If not an emergency do not investigate, your duty is to report the facts/opinion to the appropriate service manager. In the report to include time of incident, time of discussion, time of reporting incident,

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persons present and type of abuse ensuring that you do not question the service user but you must clarify the information.

Appendix One: Definition of Adult at Risk.

- The term vulnerable adult can apply to people with a wide range of problems and situations. The term 'adult at risk' refers to any person aged 18 years and over who:

"Is or may be in need of community care services by reason of mental or other disability age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation" (Law Commission (1995) p207).

- The term 'significant harm' refers to:

"Ill treatment (including sexual abuse and forms of all 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) p207)

The Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care Act 2014)

Appendix Two: Definition of Abuse

What Constitutes As Abuse

Abuse is the mistreatment of an adult at risk, usually by someone who is known to him or her. It can take any of the following forms and in many situations will involve a combination of these abusive acts.

Categories of Abuse

Physical Abuse

This includes violence resulting in bodily harm or mental distress. It includes assault, restrictions of the freedom of movement, including restraint or inappropriate physical sanctions and in its most extreme form murder.

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Pushing, shaking, pinching, slapping, and punching. Force feeding and the forced use of alcohol or drugs may also come into this category.

Sexual Abuse & Exploitation

This involves the individual being subjected to any sexual activity which is not of his/her own volition, or which they do not understand or was pressured into consenting

Sexual exploitation is a form of sexual abuse where people at risk are coerced or manipulated into taking part in sexual activities. It can involve an exchange of some form of payment, including money, mobile phones, other items, drugs, alcohol, accommodation, protection or perceived affection. The vulnerability of the person and grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent. (See also PRHA's Safeguarding Children & Young People Policy and Procedure.)

Psychological Abuse

This includes the provoking of fear, of violence or isolation, active inducement to use alcohol and or drugs or abuse of prescribed medication, name calling and the over-riding of the consent, wishes or choice of the individual.

Financial Abuse

This involves a theft or inappropriate use of money or objects belonging to an individual. It includes the withholding of money or inappropriate or unsanctioned use of a person's money or property, including theft, fraud, internet scamming or coercion in relation to an adult's financial affairs or arrangements, usually to the disadvantage of the adult to whom it belongs.

Domestic Abuse – including psychological, physical, sexual financial, emotional abuse; so called 'honour' based violence.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse – including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse – including neglect and poor care practice within an institution or specific care setting a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor

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professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Appendix three: Indicators of Abuse

There are a range of indicators which if present, could suggest the possibility of some kind of abuse. If a few of the following indicators are present it should not be assumed that abuse has taken place, however, this should raise suspicion:

General Signs

- Difficulties getting access to the person, or interviewing them alone.
- Isolation of the person in their own bedroom
- Requests for help to many different agencies or frequent transfers of agency.
- Repeated contacts with GP or A+E, especially with no obvious medical reason.
- Refusal of support services.
- A history of unexplained or repeated falls or injuries.

Physical Signs

- Multiple bruising, including in well protected areas e.g. the inside of the thighs or upper arms or bruising at different stages of healing.
- Finger marks.
- Burns, especially in unusual places
- An injury similar in shape to an object.
- Unexplained fractures.
- Under or over use of medication.
- Other people's medication being administered to a person.
- Unexplained weight loss.
- Unkempt appearance e.g. unshaven, inadequate or dirty clothing.

Sexual Signs

- Complaints of pain, itching or injury in the anal, genital or abdominal area.
- Difficulty in walking or sitting due to discomfort in the genital area.

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- Recurrent bouts of cystitis.
- STI's / Pregnancies
- Substance use
- New clothing, expensive items and unexplained money

Psychological Signs

- The person appears depressed, frightened, withdrawn, agitated, anxious or aggressive.
- The person feels isolated.
- There is an unexpected or unexplained change in behavior.

In relation to PRHA service user groups other factors will have to be seriously considered as some of the above psychological signs may also relate to people with mental health problems and are commonly experienced by people coming to terms with drug and alcohol problems especially in the early stages of recovery.

Financial Signs

- Unexplained withdrawals from a person's bank account.
- An unexplained shortage of money, despite adequate income.
- The disappearance of bank statements, documents and valuables, including jewellery.
- A person's inability to explain what is happening to their income.
- Reluctance on the part of family and friends, or the person controlling the funds to pay for necessary food, clothing or other items.

Related Policies and Procedures:

- PRHA Disciplinary Procedure **ES05**
- PRHA Confidentiality Procedure **CS26**
- PRHA Harassment & Bullying Policy & Procedure **CS32**
- Safeguarding Children & Young People at Risk Policy & Procedure **CS24**

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