

## Adult Safeguarding Board

# Adult Safeguarding Policy And Operational Guidance

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January 2010

## PART ONE



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The contents of this document are in two parts.

Part 1 forms the basis of operational guidance with part 2 containing supporting legislative and further in-depth information to assist staff who are actively involved in an Adult Abuse Investigation.

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For part two of this document; please refer to the publication section on our website [www.suffolkas.org](http://www.suffolkas.org).

Part 2 of this document contains supporting legislative and further in-depth information to assist staff who are actively involved in an Adult Abuse Investigation

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# Suffolk Adult Safeguarding Board

## Adult Safeguarding Policy

The Suffolk Adult Safeguarding Board (ASB) is a multi-agency partnership that promotes the development of adult safeguarding work throughout the county. The member organisations have committed themselves to implementing this policy, the good practice principles, and the adult safeguarding procedures. The ASB is tasked with providing strategic leadership, overseeing effective inter agency collaboration and ensuring that adult safeguarding receives appropriate levels of resource.

In March 2000, the Department of Health issued No Secrets which provided a framework for the inter agency collaboration on the development and implementation of procedures for the protection of adults vulnerable from abuse. In October 2005, the Association of Directors of Social Services supplemented this with Safeguarding Adults, a national framework of standards for good practice and outcomes in adult safeguarding work.

Suffolk County Council responded to No Secrets in 2001 with the production of a multi agency policy and procedures. This was fully revised in 2004 and partially revised in June 2006. This revision has been made necessary due to changes within national legislation and local practice.

## STATEMENTS & KEY PRINCIPLES

### ADULTS AT RISK OF ABUSE

This policy and operational guidance are for all agencies, staff and volunteers who have a responsibility for the care, support and protection of vulnerable adults.

Every person has the right to live a life free from abuse, exploitation and neglect.

Abuse occurs in all sections of society and there should be no discrimination because of assumptions about class, gender, age, disability, sexual orientation, race, religion, culture or eligibility for service.

Some people are more vulnerable to abuse than others because they are disempowered within society. People may be additionally vulnerable because of disability, age, impairment or illness.

Adults at risk of abuse must be made aware of their rights and given information, advice and support. They should be encouraged and enabled to access protection from the law and legal processes.

Every effort must be made to promote the well-being, security and safety of adults at risk of abuse consistent with their rights, mental capacity and personal choices.

In most cases, the adult at risk of abuse should be the person who decides on the chosen course of action, whilst being given all possible support. In a proportion of cases, an adult with mental capacity may choose to remain in an abusive environment or situation. In these cases it is still extremely important to consider what advice and support can be offered to reduce their risk from harm.

## **PEOPLE RAISING AN ALERT OF POSSIBLE ABUSE**

Any persons making reports of allegations of abuse should be listened to and their information acted upon. Wherever possible the “Alerter” should be given information about the outcome of the investigation although due regard should always be paid to the extent of the information that can be shared. Staff should be encouraged to disclose any concern or worry that they may have in relation to the treatment and care of a vulnerable adult.

Abuse thrives on secrecy. The role of the Alerter is therefore of paramount importance in detecting abusive behaviour and practice.

## **ORGANISATIONS WORKING WITH VULNERABLE ADULTS**

Every organisation which has a duty for the care and protection of vulnerable people should have a clear, well publicised policy of zero tolerance of abuse.

All agencies are expected to be aware of the ASB policy. All safeguarding procedures should be known and understood by customers, relatives and friends as well as staff.

All organisations must have safe recruitment practices to help reduce the risk of abusive behaviour and practice.

All staff working with vulnerable people are afforded a position of status and authority in relation to service users. Services should be provided in an environment which lessens the imbalance of power and encourages independence and self-advocacy for service users.

All working practices should minimise the risk of abuse by being sensitive to individual, gender and cultural needs.

This multi-agency policy is the foundation of the agreement made between organisations. Effective inter-agency working is critical if vulnerable people are to be protected from harm. Consistent information sharing, collaboration and communication between agencies and professionals are all key elements in abuse prevention and detection.

No single agency can act in isolation to ensure the welfare and protection of vulnerable adults.

The policy is about stopping abuse where it is happening and preventing abuse where there is a risk that it may occur.

There can be no excuses for not taking all reasonable action to protect vulnerable adults from abuse, exploitation and mistreatment.

All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. People who are eligible to receive health and community care services may be additionally vulnerable to the violation of these rights by reason of disability, impairment, age or illness.

Abuse, and the fear of abuse, has a significant impact upon an individual's ability to maintain and maximise their health and general well being.

All individuals and agencies that have a responsibility for the care and protection of vulnerable people will have an important role to play in abuse detection, reporting and prevention.

The accompanying guidance contains the Suffolk Multi-Agency Codes of Practice for the Safeguarding of Vulnerable Adults from Abuse. These codes set out how all agencies and individuals should collaborate to promote best practice and provide a high standard of response in adult safeguarding practice. It is addressed primarily to those who work in health and social care services, the police, voluntary and independent sector care agencies, and others whose day-to-day work brings them into contact with vulnerable people (e.g. education, leisure and the business community).

We recognise that abuse is a symptom of social, institutional and individual discrimination. Disabling attitudes and practices allow for the belief that it is somehow acceptable to treat vulnerable people with little respect and for people not to be informed, consulted, included or empowered in order to exercise choice and take decisions which affect their lives.

Preventing discrimination is essential to abuse prevention. We are committed to work within our organisations, the services we provide, and in partnership to promote the rights of service users.

## **STATEMENT OF COMMITMENT**

The agencies involved in drawing up these procedures recognise that, within the present legal framework there will be some occasions on which adults at risk will remain in dangerous situations. It may be that even after careful scrutiny of the legal framework, staff will conclude that they have no power to gain access to a particular vulnerable adult. Staff may find that they have no power to remove the adult from a situation of risk, investigate the adult's financial affairs, or intervene positively because the adult refuses all help or wants to terminate contact with the authorities.

In these extremely difficult circumstances, staff will be expected to continue to exercise as much vigilance as possible. However, the employer will give full support to staff over problems when handling cases of adults remaining in high-risk situations, provided that:

It is evident from case records that Adult Safeguarding Procedures have been properly followed;

Every effort has been made, on a multi-agency basis, to intervene positively to protect the vulnerable adult;

Legal advice has been obtained.

The abuse of vulnerable people is a sad reality. It can be difficult to understand why anyone would want to abuse an older person, someone with a physical or learning disability, or someone who is unwell. In some instances the abuse may not have been deliberate, malicious or premeditated. It can happen when people are trying to do their best but are unaware of what is the right thing to do.

The Suffolk Codes of Practice for the Safeguarding of Vulnerable Adults are not just about identifying abusers and punishing them, although this will happen if necessary.

Their most important aim is to:

Promote the well-being, security and safety of vulnerable people consistent with their rights, capacity and personal choices, and prevent abuse occurring wherever possible.

In most cases this can only happen by making sure people get the care and support that they need. It is also important that the people who care for them also get this support and recognition. Most importantly it is about listening and providing the options that permit individuals to help themselves.

It may not always be possible to provide satisfactory solutions. In a proportion of cases a vulnerable adult may choose to remain in an abusive environment or situation. At the age of 18, people are legally entitled to adult status regardless of any disability or impairment they may have. It is, therefore, essential that wherever possible it is the vulnerable adult who will decide on the chosen course of action. However, the people and organisations caring for, or assisting them, must do everything they can to identify and prevent abuse happening wherever possible.

Each organisation will take a role in providing safety through the development of good practice in preventing and responding to abuse.

Each organisation will designate a Lead Manager at a senior level to promote the development of this work.

Each organisation will work actively in partnership to develop adult safeguarding work at a County level and will use these multi-agency procedures to protect individuals who may be at risk

It is the responsibility of all individuals and agencies to be alert to the possibility of adult abuse and have understanding of the possible signs and indicators of abusive acts or practices.

Suspensions, allegations or concerns will arise from a wide variety of sources and for a wide variety of reasons. The responsibility to report any such concern rests with all individuals regardless of their place within the organisation, service, or agency.

This policy is intended to assist all staff members in achieving this.

## THE DOMESTIC VIOLENCE POLICY & SAFEGUARDING VULNERABLE ADULTS

Domestic Violence, Honour Based Violence and Forced Marriage can also involve the abuse of a vulnerable adult. The definition of Domestic Violence is “any incident of threatening behaviour, violence or abuse between adults who are, or have been intimate partners or between family members regardless of gender, disability or sexuality.

The Association of Chief Police Officers (ACPO) definition of Honour Based Violence is:

- a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community

Forced marriage is one in which one or both spouses do not consent to the marriage and some element of duress is involved, including the use of physical and emotional pressure. Forced marriage is not sanctioned within any culture, faith or religion.

Some incidences of abuse under the Safeguarding Adults Policy could, therefore, also be categorised as Domestic Violence. In cases where there has been domestic violence a Safeguarding Adults Strategy meeting should take place. A referral to the Multi Agency Risk Assessment Conference (MARAC) should also be considered. This could lead to important information being shared and decisions being taken to safeguard the vulnerable adult from future harm.

## CULTURAL AWARENESS AND ADULT SAFEGUARDING

When providing services to people from minority ethnic communities, it is important to acknowledge that any failure to recognise their cultural, religious and ethnic diversity should be interpreted as abuse, since it denies the individual their own personal history and identity. It is also important to be aware of the institutional racism and discrimination that people from minority ethnic communities may have experienced and to try and work proactively to meet the individual's needs. People who are marginalised from society are discriminated against.

There is now arguably a greater acceptance that abuse exists within minority ethnic groups and that it can be categorised in the same way as for the indigenous population. However, racism and discrimination at the institutional, personal or societal level can make identification and disclosure, referral and response difficult for the abused person, their family carers and social networks.

Relevant issues are:

- Previous experience of racism or discrimination
- Reluctance to approach public authorities about any issue, due to refugee status or self-identification as an “exile”

- Anxiety about having to deal with officials in English, which may not be a preferred language

Language difficulties and lack of familiarity with local customs can lead to a heavy reliance on family members to act as intermediaries in everyday life. Disclosure about a family member may therefore be all the more difficult for that individual. Good practice would promote the use of an independent interpreter or translator. Care should be taken to ensure that the interpreter used is aware of the importance of confidentiality both within the client relationship and between the client and their community.

The intricate and complex nature of extended family relationships can exacerbate the need for the vulnerable adult to have an opportunity to talk openly in private.

## **DIGNITY IN CARE**

In 2007, the Department of Health initiated a campaign “to put dignity at the heart of care services”, whether care is given in a person’s own home or another care setting. Suffolk’s ASB, social care and health agencies are responding actively to ensure that they meet the Dignity & Respect challenge, the principles of which underpin this adult safeguarding policy.

The “Dignity Challenge” states that high quality services that respect people’s dignity should:

- Have a zero tolerance to abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum possible level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people’s right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people’s loneliness and isolation



## Some Multi-Agency Issues in Safeguarding Adults

### The difference between confidentiality and secrecy

Confidentiality must not be confused with secrecy. An example of secrecy would be to promise an adult at risk of abuse not to tell anyone about his or her disclosure. Another example would be for one agency to keep information about abuse within the organisation rather than referring to Adult Community Services through Customer First or to the Police.

Confidentiality, on the other hand, means that information is shared in the best interests of the person concerned, to protect them from harm. Information is shared on a strictly “need to know” basis and wherever possible informed consent to share the information is obtained from the adult at risk of abuse. Assurances about absolute confidentiality can never be given.

### Sharing of Information

Sharing information is essential in protecting vulnerable adults. Suffolk ASB has a Sharing of Information Protocol to ensure that effective communication is made across all organisations. The Data Protection Act 1998 does not preclude the sharing of information to provide an effective service or protect a person from harm, danger and abuse.

### Recording

Good record keeping is essential for all agencies, at all stages of the safeguarding process. Staff at all levels, within all agencies must keep full and accurate records. All records are legal documents and are admissible in civil, criminal and coroner’s courts. They may also be requested by those about whom they are written. Within each agency, all recorded information should be available on the person’s case record or file.

It is essential to demonstrate how an assessment of risk, responsibility, rights, autonomy and protection was undertaken. Clear evidence of what decisions were taken and why should also be available. Records should be signed and dated and include the following:

- Factual information, for instance, dates and names of people attending meetings or taking part in discussions in relation to the allegation or disclosure
- All contact, whether face to face, by telephone, e-mail or letter, with the adult concerned, family carers, other staff members and alleged abuser
- All contact with other agencies
- All decisions made, actions taken and the responsibility for undertaking set tasks
- Any differences in opinion in relation to risk or possible harm from abuse
- A chronology of actions taken

## Roles and Responsibilities of Key Agencies and Organisations

Suffolk County Council Adult Community Services has the lead responsibility to co-ordinate multi-agency work to protect vulnerable people from abuse and exploitation.

The Suffolk Constabulary have the lead responsibility for carrying out an investigation of a crime. Many alleged instances of abuse may be criminal acts. The Police must always be consulted about any incident whereby a crime has been thought to have been committed.

The Care Quality Commission (CQC) must be informed of any issues of abuse which take place in organisations or settings for which they have regulatory responsibility. The basis for the boundaries of the CQC role is set out in the CSCI Safeguarding Adults Protocol (2007).

All agencies with a responsibility for the care, welfare and protection of vulnerable adults must:

- Have a policy of zero tolerance of abuse
- Be conversant with ASB guidance, policy and procedures
- Have their own internal safeguarding policy consistent with the ASB document
- Have safe recruitment practices
- Ensure that they have sufficient staff training programmes to ensure that all staff know what to do if they have any concerns or receive a disclosure from whatever source.

## Roles and Responsibilities of Individuals

The Suffolk ASB expects that all individuals who work on a paid or unpaid basis in all organisations will work together to prevent adults from being abused and to act appropriately when abuse is reported or suspected. It is only by being clear about their roles and responsibilities that this can be achieved.

### Front line workers and operational staff should:

- Be alert to the possibility of abuse
- Respond to all concerns, worries, suspicions, disclosures and allegations
- Use the ASB and internal safeguarding procedures to help them understand the process for alerting others to abusive behaviour and practice
- Take advantage of opportunities for staff training in relation to this policy and other related issues

**Commissioners, regulators or inspectors of services should:**

- Ensure that all contracts are compliant with this ASB policy
- Make the links between the different public safety policy initiatives and legislation to protect adults at risk of abuse
- Note that every service seeks to protect all service users from abuse and harm

**Supervisors and Managers should:**

- Take responsibility for ensuring that any allegations or concerns of abuse are responded to within ASB guidelines
- Ensure that all appropriate agencies are involved in any investigation
- Ensure that staff are well supported in using the ASB guidelines
- Provide an working environment where staff feel able to communicate all concerns and report bad practice
- Establish and maintain clear lines of communication between themselves and other managers to ensure a quick, consistent and effective response

**Senior Managers should:**

- Identify what needs to be done to fully implement and promote this ASB safeguarding procedure in their organisation, department or section
- Monitor progress and evaluate the efficacy of the safeguarding process
- Contribute to ASB Locality Committee or Board and provide information for the Annual Adult Safeguarding Report
- Support the work of staff and colleagues to undertake safeguarding responsibilities

**Chief Officers and Chief Executives should:**

- Commit to raising the profile of safeguarding work
- Fully support the ASB safeguarding policy
- Ensure contribution to the ASB
- Respond to national safeguarding policy proposals

**Local Authority Members should:**

- Be aware of the strategic issues in relation to safeguarding work and resources
- Receive annual reports which detail safeguarding planning and achievements

Staff in Children's Services who are monitoring a child at risk of abuse who is in the transitional period between childhood and adulthood (17-18) should make a referral to Adult Community Services Customer First for a community care assessment, with an alert raised about the need to initiate the safeguarding process. The age of the transition period is different for "looked after" children (21) but the principle remains the same.

### **Serious Case Reviews**

The Suffolk ASB will hold a Serious Case Review in the following circumstances:

- A vulnerable adult dies and abuse or neglect is considered to be a factor
- A vulnerable adult sustains a life-threatening injury through abuse or neglect, or sustains permanent impairment of health and development through abuse or neglect
- Serious abuse takes place within an institution or care setting and multiple abusers are involved
- Serious systemic financial abuse

The purpose of a Serious Case Review is:

- To establish whether there are lessons to be learned about the way in which professionals and agencies worked together to safeguard vulnerable people
- To review the effectiveness of multi-agency procedures and those of individual organisations
- To inform and improve local inter-agency practice
- Implementing change from lessons learned.

See Appendix 10 for ASB Serious Case Review Protocol



## APPENDIX ONE

# OPERATIONAL GUIDANCE & DEFINITIONS

## WHO IS RESPONSIBLE FOR PROTECTING VULNERABLE ADULTS FROM ABUSE?

As citizens we have a moral obligation to protect those who are most vulnerable from abusive behaviours and practices.

As staff, volunteers, care providers, or representatives of our agencies, we have an absolute and unequivocal duty of care to protect our service users from harm.

All people working with, or coming into direct contact with, vulnerable adults share a responsibility to be aware of issues of abuse and neglect, and to report any concerns or information that they have which indicates that an adult is, or may be, experiencing abuse.

Adult safeguarding referrals will be made in many different ways and from a wide variety of organisations.

## THE REFERRER

The referrer can be anyone e.g. a neighbour, family carer, vulnerable adult, member of the public, colleague. They may wish to refer for a variety of reasons:

- They have received a disclosure from the person experiencing abuse
- They have been contacted by a third party e.g. relative, friend or family carer, a member of the public, or an employee of another organisation
- They have observed abuse occurring
- They are worried that abuse has occurred

Once information is received from a referral source then action must be taken.

The ALERTER, cannot keep information about abuse confidential to himself or herself. They have a formal duty of care to report abuse and therefore cannot keep secrets. They must make it clear to anyone who shares such information with them that they will have to pass it on, in accordance with their organisation's adult protection procedures.

### The Alerter will:

- Take any immediate action needed to safeguard the health or safety of the person for whom there is concern or anyone else who may be at risk.

(If an adult is in immediate danger the police or other emergency service should be contacted)

- Contact the police immediately when a crime is suspected, taking place, or has taken place.
- Start the adult safeguarding procedures within their organisation by informing their line manager at the earliest opportunity. Where there is evidence of immediate risk or threat then the line manager must be informed straight away.

If the line manager is not available then another manager or supervisor must be informed.

Details of the alert should be recorded on an adult protection referral form.

All appropriate information must be recorded clearly including dates and times when events took place. Facts and opinion should be clearly differentiated.

## WHO ARE VULNERABLE ADULTS?

The adults covered by this policy and procedures are all those within Suffolk who are over 18 years of age, and who are, or may be, in need of community care services. For example:

- People with a mental health problem or mental illness (including dementia)
- People with a physical disability
- People with drug and alcohol related problems
- People who have a sensory impairment
- People who have a learning difficulty
- People who have a physical illness
- People with an acquired brain injury
- People who are frail
- Family carers providing assistance for a vulnerable person

(This is not an exhaustive list)

### GUIDANCE BOX ONE

Anyone who has been abused merits our assistance, advice and support. Safeguarding Adults (ADSS 2005) identifies a duty of care to all adults “whose independence and well-being is at risk due to abuse or neglect”.

Where a person is not vulnerable under the definition above, redirection to other services may be more appropriate, for example the criminal justice system, domestic violence services, trading standards, hate crime services etc.

Safeguarding Adults (ADSS 2005) also identifies a duty of care to informal family carers who have been assessed for support services in their own right.

## WHAT IS ABUSE?

Abuse will include all forms of harm and mistreatment. It is a violation of an individual's human or civil rights by any other person or persons.

It is a single or repeated act or omission, occurring within a personal or other close relationship where there is an expectation of trust, which causes harm to a vulnerable adult.

Abuse concerns the misuse of power, control and/or authority and can be perpetrated by an individual, a group or an organisation. It may be intentional or unintentional.

## PERPETRATORS OF ABUSE

Abuse can take place in any setting. Perpetrators might be informal carers, partners or family members, people in a position of trust, people paid to offer care services or strangers.

Organisations can abuse or cause harm by the way they conduct their day to day practice.

## ABUSE OF STAFF

Although abuse of staff by service users or other staff is a very serious matter which requires immediate action, the Adult Safeguarding Policy is not appropriate to address this situation. In these circumstances, the staff member should be assisted via the organisation's internal HR (Human Resources) procedures.

## ILL TREATMENT and NEGLECT

Section 44 of the Mental Capacity Act 2005 makes it a criminal offence to ill-treat or neglect a person who lacks the capacity to care for themselves, or where the 'abuser' believes the individual lacks capacity.

The abuser is committing an offence when they are responsible for the care of the vulnerable person including any donee of a lasting power of attorney, or an enduring power of attorney, including any court appointed deputy.

## SELF NEGLECT

Some adults may be at risk from their own self-neglect. Although this is a serious issue which must be addressed, the Safeguarding Adults procedure is not appropriate to address this matter. In this situation, a referral should be made to Adult Community Services to initiate an assessment under the Community Care Act.

## DEFINITION OF SIGNIFICANT HARM

Safeguarding Adult procedures must be instigated when the concern raised indicates significant harm or exploitation to the vulnerable adult:

“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 avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development” (Law Commission 1995)

The following factors should be considered when assessing significant harm:

- the impact on the individual – this is best determined by the vulnerable adult and the workers involved
- the individual’s wishes and feelings
- the impact (actual or potential) on other vulnerable adults or family carers
- evidence of physical or emotional harm
- records of previous concerns or incidents
- independent corroborative information
- the views of other professionals involved

It is important to remember that in some cases an accumulation of events as opposed to a single act may increase the severity of the concern and the impact upon the vulnerable person.





## APPENDIX TWO

# ABUSE TYPES AND INDICATORS

## ABUSE INDICATORS AND SIGNS OF ABUSE

The lists below are purely for guidance. The presence of one or more does not automatically confirm abuse. The existence of a number of the indicators may, however, suggest a potential for abuse and should therefore necessitate further assessment or scrutiny. If there is any concern at all about the possibility of abuse then advice should be sought.

Abuse can generally be viewed in terms of 7 main categories; Physical, Sexual, Financial, Neglect, Psychological, Discriminatory and Institutional.

**PHYSICAL ABUSE**, including physical assault ranging from rough, inappropriate or careless handling to direct physical violence – hitting, slapping, pushing, kicking. It can include medical mistreatment such as the misuse of medication, withholding or inappropriately altering medication or treatment regimes. It is also the misuse of restraint, forced isolation and confinement, inappropriate methods of restraint and/or inappropriate sanctions.

## INDICATORS OF PHYSICAL ABUSE

Unexplained bruising: some types of bruising are particularly characteristic of non-accidental injury;

- Hand slap marks
- Marks made by an implement
- Pinch or grab marks
- Grip marks – this could indicate that the person has been shaken, inappropriately restrained, or forcibly moved
- Black eyes
- Bruising to buttocks, lower abdomen, thighs and genital or rectal area could be an indicator of sexual abuse. Bruising may be faint or severe. There may be a pattern to the bruising e.g. when the bruising occurs, where the bruising occurs
- Person flinches at physical contact
- Reluctance to undress or uncover part of the body

- A history of unexplained falls or minor injuries
- Prolonged interval between the onset of the injury or illness and subsequent presentation for medical care and attention
- Evidence of improper use of medication e.g. excessive or repeat prescriptions, under-use of medication
- The general level of care is insufficient or deteriorating e.g. spectacles, dentures, hearing aid not in evidence; person is unwashed, unkempt or inappropriately dressed, clothing is dirty or soiled
- Unexplained ulcers or pressure sores
- Evidence of malnutrition
- Enforced social isolation

## OTHER TYPES OF INJURY

- Burns inside the mouth, inside arms or on genitals
- Bite marks
- Cigarette burns
- Any injury, bleeding or soreness in the genital or rectal area which could also be an indicator of sexual abuse
- A bizarre or vague explanation is offered to explain an injury to a vulnerable adult

**SEXUAL ABUSE**, including rape and sexual assault, or sexual acts to which the vulnerable adult has not consented, or could not consent, or was pressured into consenting. Acts of a sexual nature where one of the participants is in a position of trust, power or authority. Sexual abuse occurs when someone is forced, or coerced into taking part in sexual activity to which they have not consented or do not fully understand.

It includes rape, buggery, incest, inappropriate touch, coercing a person into taking part in any sexual activity.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other, for example, a member of staff, will be regarded as abusive.

There is an increasing understanding and respect for disabled people's human right to a sexually active life. It is important that sexual activity per se is not assumed to be abusive. It is also important to recognise that people who have neither received information about, nor exercised their sexual rights, can be more easily exploited.

## INDICATORS OF SEXUAL ABUSE

- Disclosure by means of hints and veiled comments
- Uncharacteristic sexually explicit/seductive behaviour which may include promiscuity or use of sexually explicit language
- Urinary tract infections, vaginal infections or sexually transmitted diseases (STDs) that are not otherwise explained
- Continual and open masturbation or aggressive sexual activity with peers.
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant
- Fear of pregnancy that may be exaggerated
- Self-mutilation
- Difficulty in walking/sitting with no apparent explanation
- Torn, stained or bloody underclothes
- Bleeding, bruising, torn tissue or injury to the rectal and vaginal area

(This list is not exhaustive)

**PSYCHOLOGICAL ABUSE**, including verbal abuse, emotional abuse, threats, bullying, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks, hostility, rejection, threats, oppressive language etc.

## INDICATORS OF PSYCHOLOGICAL/ EMOTIONAL ABUSE

The person who is neglected or abused may display uncharacteristic behaviour that may signal distress. The behavioural signs and symptoms may range from slight to severe. Onset may be sudden or gradual. One or several signs and symptoms may be displayed.

- Referred to in a disrespectful manner
- Humiliated in front of others
- Denied access to social activities
- Denied access to services
- Denied time alone with other people
- The vulnerable adult is depressed, withdrawn, overly compliant or anxious to please.
- Appears scared, anxious or withdrawn

- The vulnerable adult appears to be frightened, fearful or has both low self esteem and feelings of self worth
- The vulnerable adult may be subdued in the presence of particular individuals
- The vulnerable adult displays acting out, aggressive, destructive, irritable behaviour at less powerful people, animals or objects
- Attempt to achieve a sense of control over their feelings through self-harm, refusing to eat, deliberate soiling, behaving in a way that elicits a predictable response
- Sleep disturbances that cannot be explained
- Eating problems (changes in appetite, unusual weight gain/loss)
- Sudden withdrawal or absenteeism from activities or services
- A reluctance to accept medical attention

Every category of abuse will almost certainly involve elements of psychological abuse. Indicators of psychological abuse therefore could indicate that other forms of abuse are taking place.

**FINANCIAL or MATERIAL ABUSE**, including theft, fraud, exploitation, pressure, in connection with Wills, property, pension, benefits or inheritance.

## **INDICATORS OF FINANCIAL ABUSE**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts with no known subsequent benefits
- Apparent lack of knowledge of income, financial resources and assets
- Disparity between income/assets and satisfactory living conditions
- Extraordinary interest by others in the person's finances
- Under pressure to make or alter a Will
- Unauthorised disposal of property, possessions
- Lack of receptivity by a person to any necessary assistance that requires expenditure, when finances are not a problem
- Extortionate demands for payments for services, e.g. building or repair work

In addition there are certain factors that may increase the risk of a person being financially abused:

- Person has a guaranteed high benefit income

- Person is unable to administer their own money due to a lack of capacity or numeric skills
- Person is dependent on other people to administer money
- Others become financially dependent on a person/service user
- Person is isolated within their community
- Person has no independent advocate

**NEGLECT or ACTS of OMISSION**, including ignoring medical, physical or social care needs, failure to provide access to appropriate health, social care or educational services, the withholding of daily living needs, such as medication, shelter, heating, clothing, hygiene, personal care, food and drink, or heating.

## INDICATORS OF NEGLECT

- Person has inadequate heating and or lighting
- Person's physical condition/appearance is poor, for example, ulcers, pressure sores, soiled or wet clothing
- Person is malnourished, has a sudden or continuous weight loss, and is dehydrated
- Person cannot access appropriate medication or medical care
- Person is not afforded privacy or dignity
- Person is isolated or has intermittent contact with care services
- Callers, friends, visitors are not allowed access to the person
- Person is exposed to unacceptable risk
- Neglect of accommodation

(This list is not exhaustive)

**DISCRIMINATORY ABUSE**, including racist or sexist remarks or comments based upon a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender, and other forms of harassment, oppressive treatment, slurs or similar behaviours.

Discriminatory abuse can manifest itself as physical abuse/assault, sexual abuse/assault, financial abuse/theft, neglect, psychological abuse/harassment.

Abuse of this nature could also be identified as a hate crime.

**INSTITUTIONAL ABUSE** involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through prejudice, ignorance, thoughtlessness, stereotyping, or malicious intent. It includes failure to ensure necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other care providers. It includes any word, action or care regime which negatively affects the dignity and respect to which every person is entitled.

Examples include:

- Service users awakened too early in the morning
- Lack of flexibility and choice in times of going to bed
- Lack of opportunity for independently accessing drinks and snacks
- Lack of choice about meals or mealtimes
- Poor handling of complaints
- Staff who expect routine compliance from service users
- Punitive methods adopted toward service users
- Poor standards of cleanliness within the care setting
- Lack of knowledge from staff about care plans, policies and guidance
- Lack of positive communication with service users

(This list is not exhaustive)

## **INDICATORS OF INSTITUTIONAL ABUSE**

- Is unacceptable practice encouraged, tolerated or left unchallenged?
- Are people working in accordance with anti-racist, anti-sexist, anti-ageist, anti-homophobic practice, and do they promote the rights of individual service users?
- Are service users respected and treated with dignity?
- Does the organisation promote choice and an individual focus?
- Are staff well treated and do they enjoy their work?
- Do staff receive training?
- Is there a high staff turnover?
- Do staff, service users and family carers know how to make a complaint or voice a concern?

- Are visitors encouraged and made to feel relaxed and welcome?
- Does the organisation have an adult protection and whistle blowing policy?
- Does the organisation meet the quality standards laid down by regulatory bodies and contracting authorities?
- Is there a culture of continuous improvement?

## SITUATIONS OF INCREASED RISK

Most recent research indicates that the profile and circumstances of the alleged abuser are more significant than the profile or degree of dependence of the adult at risk of abuse. This is likely to be the same in both formal care and domestic settings. The following factors can make abuse more likely to occur

If carers:

- Abuse alcohol or drugs
- Have stopped work (or have moved in with the vulnerable adult) specifically to provide care
- Have a history of mental illness or distress
- Have a history of abuse as a perpetrator or a victim
- Are under additional stresses such as illness, financial or marital problems
- Feel very lonely or isolated
- Habitually lose their temper, or have previously admitted to roughly handling the vulnerable adult
- Are dependent on accommodation on the person for whom they are caring
- Have expressed that they cannot cope or continue to provide care for the vulnerable person
- Perceive the vulnerable adult as being deliberately awkward
- Feel that the person they are caring for has failed to fulfil the carer's own needs in former years

(This list is not exhaustive)

The following factors in the vulnerable adult may lead to an increased risk from abuse:

- Has a recently increased level of dependency because of behavioural difficulties such as restless wandering, confusion and incontinence, especially faecal
- Disturbs the carer at night

- Lacks purposeful activity
- Exhibits odd or embarrassing behaviours
- Is not helpful or cooperative, is rejecting or ungrateful and will accept care only from a particular person
- Has a difficulty in communication; for example through visual or hearing impairment, loss of or difficulty with speech, or a difficulty with memory and concentration

## REMEMBER

- Anyone can experience abuse
- Anyone may be a perpetrator of abuse
- Abuse may be a single or repeated act
- Abuse may be behaviour that deliberately or unknowingly causes harm, or endangers life or rights
- An individual, a group or an organisation may perpetrate abuse. Most often the perpetrator is someone who is known to the vulnerable person, such as a partner, a relative, a neighbour, care provider or another service user.
- Abuse can take place in any setting and at any time.
- An abused person may feel frightened, intimidated, embarrassed, isolated and have low self-esteem. To disclose abuse may therefore be traumatic and difficult. Your initial response is critical and will determine if the disclosure is made in full.

## PRACTICEPOINT

**DISCLOSURE:** Disclosure occurs when the vulnerable adult says or implies that they are being, have been, or are at risk of being, abused or neglected. Disclosure may be direct, or may take the form of hints or veiled comments.

A person not being treated in a dignified or respectful manner

Non-explained injuries

Not being permitted to see the person on their own

(Practice point: Always try and see the vulnerable person on their own for at least some of the time. It is important that they too have a right to confidentiality and be free to share information without interference or duress).



## WHAT MIGHT CAUSE CONCERN?

- You might see or hear something happen that worries you
- Someone being bullied or intimidated
- Someone being made to feel frightened or sad

**ALLEGATION:** An allegation is an assertion as fact by the vulnerable adult, or others, that the vulnerable adult is or has been a victim of abuse, and usually includes a statement regarding an alleged perpetrator

**CONCERN, WORRY, or SUSPICION:** This is likely to be a feeling or worry that a vulnerable adult may have been, is, or might be the victim of abuse. A concern may arise as a result of a disclosure, an incident, an instinctive feeling, or other signs or indicators

**INDICATORS:** An indicator is a sign, symptom, or behaviour that should lead the alerter to the conclusion that a vulnerable adult may be the victim of abuse



## GUIDANCE BOX TWO

### ISSUES THAT MAY CAUSE CONCERN

- A person not getting the help or care they need
- A person being hurt, bullied, frightened or intimidated
- A person being taken advantage of, or exploited because of their age, disability or illness
- People not being permitted to make their own choices or decisions
- A person being made to do something against their will
- Someone in a situation of unnecessary risk
- Someone being exposed to bad practice
- Someone being addressed in a derogatory fashion
- The vulnerable adult might make a disclosure (see Guidance Box 3)
- Someone may tell you something or say something that makes you concerned
- There might be physical signs or unexplained, unusual or recurring injuries
  - Bruises
  - Slap marks
  - Bleeding
  - Burns
  - Torn, stained or bloodstained clothing
- The person might say things or behave in a way that causes you concern or worry
- The person may seem unhappy or distressed
- The person may appear frightened, anxious or agitated without immediate cause, or in relation to a certain person
- Sleeping problems
- Feelings of low self worth and sadness
- Apathy
- Person chooses to withdraw from company of others

## APPENDIX THREE

# REPORTING ABUSE

### PRACTICE POINT

You may not understand why nor be able to give a reason for their behaviour or for your concern. It is enough that you are worried. Trust your instincts. Discuss your concerns with your supervisor/manager immediately. As an Alerter you must take the possibility of abuse very seriously, log your concerns and discuss with your manager at the first opportunity. You do not have to verify or prove that the information is true or substantiated.

### GUIDANCE BOX THREE

#### WHAT SHOULD I DO IF I SEE SOMEONE WITH AN INJURY BUT I DON'T KNOW WHAT CAUSED IT?

- Don't jump to conclusions
- It is good practice to ask the person, (or if the person is unable to tell you, their carer), for an explanation of how the injury was sustained e.g. "Can you tell me how you got the bruise?"
- Follow the guidance for disclosures and allegations but remain open minded, you may not always be told the truth
- Record a description of any physical signs or injuries and what you have been told
- Where the vulnerable adult has physical symptoms or injuries try and ensure that they are seen by a qualified medical practitioner (doctor or nurse)
- Discuss your findings with your supervisor or manager
- It is important to find out what the explanation is, even when it is not the result of an abusive act

## GUIDANCE BOX FOUR

# WHAT SHOULD I DO IF SOMEONE DISCLOSES TO ME OR MAKES AN ALLEGATION?

### How to raise an Alert

The way you respond to the vulnerable adult is crucial:

- Give priority to ensuring their immediate safety
- Don't panic
- Try and remain calm
- Take time to listen carefully to what is being said
- Questions which begin with WHO, WHAT, WHY, WHEN and HOW will encourage the person to tell their story freely and will ensure that your questions are non-leading
- Do not interrupt. Allow them to share whatever is important to them
- Do not ask too many questions or press the person for more details (this may be done during any subsequent investigation, so it is important to avoid unnecessary stress and repetition for the person concerned)
- Accept what is being said without comment or judgement
- Treat the allegation seriously
- Reassure the person by telling them that you are treating the information seriously, that it was not their fault and they have done the right thing by sharing the information
- Keep an open-mind
- Ask the person what they would like to do about what has happened
- Do not promise to keep the information a secret. Make explicit the fact that you will need to share what you are told, but only to people who need to know.
- Explain that you are required to share the information with your line manager, but not with other staff or customers.
- Do not break the confidentiality agreed between the person disclosing the information, you and your line manager. Do not talk to other staff members or customers about the information
- Reassure the person that their wishes will be taken into account at all times
- Make a note of what was said, where it was said and who was there, including any questions that you have asked
- Report to a supervisor/ line manager

## **Complete an Adult Safeguarding Referral Form or Call Customer First on 0808 800 4005**

Always be alert to signals, signs, hints or non-verbal communication that could indicate abuse that is being denied or deliberately hidden. Respond to your hunches and concerns and create opportunities for the person to tell you what is happening to them.

If you have access to the person on his or her own do not be afraid to ask a direct question such as “are you being hurt by anyone” or “do you feel frightened of anyone”

### **Remember:**

The role of Alerter is of crucial importance and your response to the vulnerable adult at this point of the investigation process is critical.

## **RECORDING AND PRESERVING EVIDENCE**

It is the responsibility of all individuals and agencies to ensure that any concerns about the welfare or safety of a vulnerable adult are properly recorded and that any evidence is retained or preserved.

Ensure that all written records are preserved, dated, signed and kept in a safe place.

In cases of physical or sexual assault, try and dissuade the person from washing, bathing or showering until the police have seen them.

When abuse has involved oral sex, encourage the person not to drink until the police or a doctor has seen them.

Leave things as you find them – do not wash clothes or bedding or tidy up.

## PRACTICE POINT

For many reasons people may not be able to tell you directly about the abuse they are experiencing:

- Perpetrators may make threats about what may happen if the victim tells other people.
- Perpetrators often blame victims for the abuse e.g. “You make me do it” “You deserve it.”
- The person may have disclosed in the past and found that they were ignored or not taken seriously.
- They may be frightened that any intervention will only make matters worse and place them at greater risk.
- They may be embarrassed or ashamed
- They may feel that they are to blame because they have been unable to protect themselves.
- They may not trust people who are “official”, from a different culture or gender.
- They may not be aware that what is happening to them is abusive and wrong.

## GUIDANCE BOX FIVE

### HOW DO I PRESERVE EVIDENCE?

In most circumstances you may not be required to do anything other than record the events that have given cause for concern on an Adult Protection Referral Form

However, it is important to follow certain rules:

- Ensure any written records (notepads, letters, log books, e-mails etc.) are kept in a safe place
- All records should be dated and signed
- In cases of physical or sexual assault gently encourage the person not to wash, bathe, or shower if a future medical examination is likely to be needed. Medical staff and police will respond quickly in these circumstances.
- Where abuse has involved oral sex encourage the person not to drink until the police or doctor has seen them
- Don't tidy up, wash clothes, bedding or other items

## GUIDANCE BOX SIX

### WHAT SHOULD I RECORD AND HOW?

It is vital that all staff write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after the event. In some cases this will mean writing in a person's records, file or notes. In most circumstances you will need to complete an Adult Safeguarding Referral Form. Whichever course of action is deemed to be the most appropriate all notes must be retained. It is crucial that you record all relevant information including what you saw, what you heard, what you were told, what you have done so far.

Try and ensure that you are recording what the person said using their own words, phrases and expressions and language. Record details of everyone else who knows that the allegation has been made. Write down what has been said to you and who said it including their relationship or role. Include any questions you may have asked.

Sign and date

Include details about what the vulnerable adult wants to be done

### PRACTICE POINT

People have the right to expect that information shared with a member of staff should be treated as confidential. However, it should be made clear from the outset that where the staff member has a reason to be concerned for the welfare, or safety of a vulnerable person (or other vulnerable adults) then they have a duty to share the information disclosed with someone who is in a position to take action or responsibility. The vulnerable adult should be told with whom the information is to be shared, and reassured that their views and wishes will be taken into account. These views should be recorded and reported.

## GUIDANCE BOX SEVEN

### REPORTING

You have a duty to report if you see, hear about or suspect abuse:

- Take urgent action as appropriate to protect the vulnerable adult from any immediate risk or danger
- Pass on the information to a relevant manager at the earliest opportunity
- Act in accordance with the vulnerable adult's wishes where possible
- Support and reassure the vulnerable adult throughout

### RECORDING

Accurate and detailed recording is essential:

- Make a note of the date, time and setting in which the allegation or disclosure was made
- Complete an Adult Safeguarding Referral Form
- Forward the form to Customer First
- Remember that your referral form and notes may be required as part of any subsequent legal action or disciplinary procedures
- Record what was said using the vulnerable adult's own words
- Record all information as soon as possible but no later than 24 hours
- Keep a copy for future reference
- Request confirmation that the referral has been received and actioned

If the alleged perpetrator is a service user then any information concerning the abuse strategy or investigation should be included in their file or records



## PRACTICEPOINT

In many cases, indisputable evidence of abuse may not be available. More likely is a scenario where there are a number of factors causing suspicion that abuse may be occurring.

It is unlikely that there will be one single event or sign that is diagnostic. In assessing these situations, workers should be looking for a collection of factors that individually may seem insignificant, but taken together may be legitimate grounds for concern.

All concerns or suspicions should be recorded and discussed with a line manager.

## GUIDANCE BOX EIGHT

### WHO SHOULD I TELL?

Who you will tell will depend upon your role and status within your organisation or department. In most cases you should inform your immediate supervisor / line manager, or a designated person for adult safeguarding. However, in some instances this may neither be appropriate or possible. In such an instance you should contact one of the following:

- Your manager's manager
- Adult Community Services Customer First
- Care Quality Commission
- Police
- Make a record of who you told, what you told them and when.
- Record their response to your concern and any agreed action.

## GUIDANCE BOX NINE

### WHISTLE-BLOWING

Where concerns are raised about a vulnerable adult due to malpractice or misconduct in the workplace or due to the direct actions of an employee, those concerns should in most circumstances be raised with the organisation concerned. This provides staff with the greatest degree of protection and the employer with a chance to address the concerns. However, there may be circumstances where the alerter feels at risk of being victimised, dismissed or perceived as a troublemaker by their employer. They may believe that their employer will not be interested or prepared to take the appropriate action, i.e. having previously raised concerns with the employer which were disregarded or ignored. The provisions of the Public Interest Act 1998 may protect the alerter in raising concerns outside the workplace providing:

- The disclosure is made in good faith
- The disclosure is substantially true
- The disclosure is not made for personal gain
- There is good reason to believe that they would be victimised, that a cover-up would occur, or that, although others are aware of the matter, no action has been taken

### TIMESCALES

All records should be made as soon as possible after an event and stored in a safe place.

All concerns relating to a criminal offence must be reported immediately.

All cases in which there is reason to believe that a vulnerable adult is at immediate risk, or in danger of abuse, or is a victim of criminal activity must be reported immediately.

All actions taken due to concerns arising as a result of a suspicion, worry, allegation, or disclosure of abuse should be made at the earliest opportunity.

## APPENDIX FOUR

# THE ADULT SAFEGUARDING PROCESS

The following sections describe each part of the process which must be followed in Suffolk.

Any person, regardless of whether they are a staff member, customer, family carer, volunteer or member of the public, may raise an alert about the abuse, or risk of abuse to a vulnerable adult.

A member of staff who becomes concerned about the abuse of a vulnerable adult should discuss the situation with their line manager.

All concerns about possible or actual abuse should be passed on to Customer First, the centralised referral centre for Suffolk Adult Community Services. Any person may contact Customer First, this can be done by phoning 0808 800 4005 or by completing and forwarding an adult safeguarding online referral form at [www.suffolkas.org](http://www.suffolkas.org).

Out of hours contact should be made to the Emergency Duty Service on 01473 299669.

Where a criminal act has been suspected then this should be reported to Suffolk Police, 01473 613500. If the person is at immediate risk, or in danger, then the emergency services should be called - 999

Following the receipt of the referral, Customer First will then initiate a strategy discussion.



## STRATEGY MEETINGS –DISCUSSIONS

These can take place over the telephone or face-to-face.

Their purpose is to agree a plan for how to proceed with the Alert/Referral and to identify the roles that individuals and organisations will fulfil.

### WHEN SHOULD A STRATEGY MEETING/DISCUSSION TAKE PLACE?

A strategy meeting should be convened if one of the following circumstances occurs:

- Good practice would necessitate the need for a Strategy Meeting or Discussion whenever an
- Adult Safeguarding referral is received or concern raised. Individuals and organisations must not act in isolation and the strategy meeting, by its very nature, acts to facilitate communication and joint-working.
- Where the public interest issues appear to outweigh the vulnerable adult's wishes (e.g. where other adults are at risk or where evidence is likely to be destroyed)
- When the situation is complex and/or serious
- Where the investigation may necessitate a joint approach
- Where an investigation will involve the police because an alleged crime has been committed
- When other agencies are involved with the vulnerable adult or alleged perpetrator

### WHAT IS THE PURPOSE OF A STRATEGY MEETING?

Clarity about the purpose and desired outcome of the meeting is important:

- To ensure that steps have been taken to safeguard the vulnerable adult
- To ensure effective multi-agency work by involving people from key agencies
- To reach a consensus view about the nature and degree of the alleged incident
- To establish a common understanding about the overall plan for the Investigation
- To outline and agree tasks and timings for each stage of the investigation
- To plan how to carry out the investigation

## PRACTICEPOINT

A strategy meeting will aid the promotion of best practice and effective communication. No single individual or organisation should act in isolation. A multi-agency model is most appropriate in protecting vulnerable adults from abuse. All referrals, whatever their circumstances, will merit some form of strategy discussion

## CONTENT OF THE STRATEGY MEETING

The following issues will need to be considered at a Strategy Meeting

- What are the wishes, if known, of the vulnerable adult?
- Has the vulnerable adult given permission to involve other agencies?
- Is there a need to break confidentiality?
- Is there a need for immediate protective action?
- How can appropriate family carers, staff members or relatives become involved?
- Who should be interviewed, where and by whom?
- How can information best be gathered?
- When and how should the vulnerable adult and/or their family carers, or relatives be involved in the decision making process?
- Should they be present at meetings or are there other ways in which they can be consulted?
- What practical assistance would facilitate the vulnerable adult's involvement and co-operation e.g. transport needs, assistance with domestic care arrangements
- What personal support does the vulnerable adult need e.g. family carers, family members, support groups, independent advocacy groups, and carers groups?
- Has a key-worker for the vulnerable adult been identified to assist throughout the investigation process?
- What arrangements have been made to facilitate the involvement and full contribution of vulnerable adults with disabilities; e.g. access to buildings, interpreters, facilitators and specialist staff?
- Are there issues of race, culture, language, gender, physical disability or sensory impairment that require additional special arrangements to be made?
- Who is the best person, or persons, to undertake the work of the investigation?
- Is it possible that there are other victims?

## PRACTICE POINT

A full record of the details of contributors to the Strategy Meeting/Discussion, and any agreed outcomes, should always be clearly recorded

# Adult Safeguarding Investigations

## WHY AND HOW THEY ARE CARRIED OUT

The purpose of any investigation is to:

- Protect the vulnerable adult from serious harm and offer them support
- Establish and record the facts about the circumstances giving rise to the alert
- Establish evidence for formal proceedings (e.g. criminal, registration or disciplinary)
- Establish with the vulnerable adult whether they feel that their personal safety is at risk, whether they want professional intervention to occur and what their views are on sharing information about the incident with other staff that need to know
- Decide if protective or other action is needed for the vulnerable adult or others
- Identify the sources and levels of risk
- Decide whether actual or suspected abuse has taken place and record the reasons for these conclusions
- Ensure that appropriate action is taken in respect of any perpetrator
- Identify any lessons to be learnt for the future, including recommending changes to existing practices or service delivery

### The tasks that need to be undertaken will include the following:

- Carry out a comprehensive assessment
- Assess the mental capacity of the adult
- Determine the need for medical intervention relating to the physical, or mental, state of the vulnerable adult
- Decide whether legal advice needs to be sought
- Ascertain the need for a Case Conference
- Consider the different methods of gathering and presenting evidence

- Consider the communication needs of the vulnerable adult and ensure that an appropriate service is offered (this includes people with dementia, those whose first language is not English, people with sensory impairment, or people who have learning difficulties)

It is important that information is shared throughout the investigation process. This will include keeping the alerter, or referring agency, appropriately informed of progress and likely timescales for decisions and outcomes.

## PLANNING THE INVESTIGATION

Consideration of the following points is important to inform the decision-making process and the way in which the investigation should be planned.

- Who should be interviewed?
- Where will the interviews take place?
- The sequence of interviews
- Who will conduct the interviews?
- The purpose of the interviews
- The need for medical examinations
- The degree of risk to the vulnerable adult, including:
  - The risk of repeated or escalating acts
  - The extent of the abuse
  - The length of time that the abuse has been occurring
  - The impact upon the individual
  - The urgency of the situation and whether immediate action is needed
  - The rights and wishes of the people involved
  - The legal framework under which the investigation will be pursued

Consideration should be given to whether alerting the person alleged to have carried out the abuse might further jeopardise the safety of the vulnerable adult, or the collection of evidence.

Collation and consideration of other sources of evidence, including written records, statements from witnesses, forensic and medical evidence

Decisions about who should be informed about the alleged abuse need to be made; in particular any agencies involved with the vulnerable adult. It will be appropriate, usually, to inform a family member should the vulnerable adult consent.

The reasons for decisions being taken, or not taken, must be recorded

If the person allegedly responsible for the abuse is also a vulnerable adult, then the investigation should ensure an assessment of their needs is also undertaken. In this instance a separate Case Conference may need to be convened.

## INVESTIGATOR'S INTERVIEWS

The vulnerable adult should not be interviewed alone or in the presence of the person allegedly to be responsible for the abuse, after the first disclosure or alert, if there is any possibility that an offence may have been committed. In such cases a joint interview is preferable at which the vulnerable adult may be accompanied by any, or several of the following:

- An independent advocate
- A family carer, member of their family, close friend, or supporter if this is deemed appropriate

Care should be taken to ensure that a premature determination of abuse does not occur. No plan of action, except in emergency circumstances, should be initiated until the facts surrounding the alleged abuse have been established.

## CARRYING OUT AN INTERVIEW

During the interview the Investigating Officer should ensure that:

- Information about their designation and the agency represented is stated clearly
- The purpose of the interview is made clear
- The nature of the allegation is identified
- How the interview is carried out is explained
- A relaxed and caring manner is adopted
- An attempt is made to establish how the alleged abuse occurred
- Suitable breaks are agreed and adhered to

## INVESTIGATORS REPORT

The report will need to cover the following areas:

- Details of the initial alert
- Outline of the current and any previous allegations
- An assessment of the seriousness of the abuse
- Possible causal factors
- Background information about the vulnerable adult



- Issues and opinions relating to consent and capacity
- Information about the alleged perpetrator
- A description of the Investigation process (what was involved) and the level of co-operation received from those consulted
- Presentation and evaluation of evidence
- A view about future risks
- Recommendations about future action (protection planning)

## ADULT SAFEGUARDING PLAN

The Adult Safeguarding Plan should include information about the following:

- Outcome of the case conference
- Action to be taken to ensure the future safety of the vulnerable adult, including information about who is responsible and what is entailed
- If it is not possible to increase the safety of the vulnerable adult, then the reasons for this should be clearly stated
- Details of any support services, treatment, or therapy available to the vulnerable adult
- Any changes to service provision
- How ongoing or future risks can be managed
- Monitoring and review arrangements, irrespective of whether services are being provided; these should include timescales for reviewing the Adult Safeguarding Plan

ATTENTION SHOULD BE GIVEN TO ENSURE THAT THE ADULT SAFEGUARDING PLAN IS INTEGRATED WITH THE CARE PLAN

THE ADULT PROTECTION PLAN SHOULD BE SENT TO ALL THOSE INDIVIDUALS PARTICIPATING IN THE CASE CONFERENCE

## PRESERVING EVIDENCE

The term 'victim' is used in place of vulnerable adult as the following section has been written from the perspective of the Police

Whilst your concern will be the immediate wellbeing of the victim, your efforts to preserve evidence may be vital.

When Police involvement is required following suspected physical or sexual abuse, they are likely to be in attendance quickly. To enable the Police to investigate effectively, it is imperative that vital evidence is preserved.

For that short period of time, before the Police arrive, what you do or not do can make a crucial difference.

What follows is a checklist that may help you to ensure that evidence is not destroyed. In all cases, the following apply:

- Obtain consent before examining the victim
- Where possible, leave things as and where they are. If anything has to be handled, keep this to a minimum.
- Do not clean up. Do not touch what you do not have to.
- Leave weapons where they are unless they are handed to you. If you have to receive them, take care not to destroy fingerprints.
- Do not wash anything or remove fibres, blood etc
- Keep any items in a safe, dry place until the Police are able to collect
- Preserve the clothing and footwear of the victim. Handle these as little as possible
- Preserve anything used to comfort or warm the victim- e.g. a blanket
- Note in writing the state of the alleged victim's clothing
- Note injuries, and record the conditions and attitudes of those involved in the incident
- Secure the room and do not allow anyone to enter until the Police arrive

In addition, in cases of sexual abuse, the following apply:

- It is crucial for both the victim and alleged perpetrator to be medically examined for forensic evidence at the earliest possible opportunity. This examination will always be carried out by an appropriately trained Forensic Surgeon
- Physical contact with the victim or alleged perpetrator should be avoided as cross-contamination can destroy evidence
- Preserve bedding where appropriate
- Note and preserve any bloody items
- Preserve any used condoms
- Items can be preserved in clean paper or plastic bags. Do not handle items unless it is necessary to move them and make them safe.

These are obviously ideal solutions and may not be possible at a time of trauma. Do the best that is possible in the circumstances.

## CLOSING THE INVESTIGATION

Prior to closing an investigation the Investigating Officer should ensure that:

- All verbal and written records have been completed
- The case file contains all the necessary information and forms
- Agencies who are involved in the Adult Protection Plan are aware of their responsibility to re-refer the vulnerable adult should circumstances change or risks increase
- Adult Safeguarding Plan has been implemented
- All decisions have been recorded in writing with evidence to support the decisions clearly documented
- The reasons for closing the Investigation are fully recorded



## APPENDIX FIVE

### INTERVIEWING

The interview is a key stage in the Adult Safeguarding Investigation process.

Where a criminal offence is identified or suspected, then the case details must be reviewed and discussed with the police prior to any investigative interview.

Investigative interviews will be led by the Police, or in certain circumstances a representative from Adult Community Services.

Effective interviewing requires careful planning based upon good knowledge of the vulnerable person, their means of communication, physical needs etc. There will also inevitably be circumstances in which it will not be appropriate to interview a person because of the extent of their mental impairment or, because the person does not wish to be interviewed.

It should also be noted that the Police are the only organisation that have the authority to detain an alleged suspect or perpetrator for an interview.

### THERE ARE IN GENERAL TWO FORMS OF INTERVIEW

#### THE ASSESSMENT INTERVIEW

- To establish, following an initial concern or alert, whether or not the vulnerable adult has something to disclose and, if they have, whether or not it amounts to a criminal offence
- To make the vulnerable adult aware of any concerns held about them
- To establish the vulnerable adult's wishes, willingness and ability to pursue the complaint
- To make decisions about the format to be used for the detailed account to be given by the person, i.e. video, written police statement or questions and answers, and about when, where and by whom the interview is to be conducted
- To inform decisions about the immediate and future needs of the vulnerable adult and promote their safety and welfare.

When the vulnerable adult has already made a disclosure and indicated what they would like to happen, there would not be a need to cover this again during an assessment interview. However, the interview may still need to be conducted to establish communication needs, best form of recording etc.