

Safeguarding adults at risk of harm



www.ersab.org.uk

What is 'Adult Safeguarding'?

Safeguarding means protecting an adult's right to live in safety, free from abuse. It is about people and organisations working together to prevent and stop both the risks and experience of abuse, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

People have complex lives and professionals should work with the adult to establish what being safe means to the adult and how that can be best achieved.

The aims of Adult Safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports the adult in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned.

Who are 'Adults at Risk of harm'?

The safeguarding duties apply to an adult who:

- is 18 and over;
- has needs for care and support (whether or not the local authority is meeting any of those needs);
- is experiencing, or at risk of harm of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of harm of, or the experience of abuse or neglect.

Who may have Care and Support Needs?

This may be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long term illness/condition
- misuses substances or alcohol.

What are 'Abuse and Neglect'?

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

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

Sexual abuse – including rape, sexual assault, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts or sexual acts to which the adult has not truly consented.

Psychological abuse – including emotional abuse, threats of harm, deprivation of contact, humiliation, blaming, controlling, intimidation, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services.

Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs, including in connection with wills, property, or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery – encompasses slavery, human trafficking, forced labour and domestic servitude.

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 such as a hospital or care home, or in relation to care provided in one's own home. It can be through neglect or poor professional practice as a result of the structure, policies, or 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, the withholding of the necessities of life, such as adequate nutrition and heating.

Self-neglect – including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse.

In order to see these patterns it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls 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 or persistent psychological abuse; or
- opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

Staff should not limit their view of what constitutes abuse or neglect, as it can take many forms.

How should I respond if I become aware of abuse and neglect?

Anyone can witness or become aware of information suggesting that abuse is occurring. It is important that everyone understands what to do, and where to go to get help and advice. It is vital that everyone remains vigilant on behalf of those unable to protect themselves. This will include:

- knowing about different types of abuse and neglect and their signs;
- supporting adults to keep safe;
- knowing who to tell about suspected abuse or neglect; and
- supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

What should I do if I become aware of Abuse and Neglect?

STEP ONE: Initial Action

These actions can normally be undertaken by anyone who becomes aware of abuse and neglect.

- Remain calm and non-judgemental.
- Take whatever action is required to ensure the immediate safety or medical welfare of the adult.
- Do not discourage the adult from further disclosure.
- Use active listening skills, clarify the main facts and summarise what has been said to you.
- Remain sensitive, supportive and attentive.
- Give reassurance but do not press for more detail or make promises.
- Retain, record and report information.
- Ensure all potential evidence has been preserved.
- If you are a paid worker or formal volunteer you will need to inform your supervisor or senior person.

STEP TWO: Further Action

The actions in this section will normally be undertaken by a more senior person or someone with an operational understanding of safeguarding. It is important that this person ensures the initial actions have been completed or at least considered.

- Take all reasonable steps to ensure the adult is in no immediate danger of further harm.
- Explain that you cannot keep information about alleged or suspected abuse confidential.
- Explain that your line manager must be informed but seek the person's consent to share this information with others.
- Consider the importance of; Capacity, Consent, Best Interest, and Public Interest.
- Offer future support from yourselves or others (eg key worker or advocate).

STEP THREE: Follow Up Actions

These actions will normally be carried out by the person with overall responsibility for safeguarding in that area of work, for example the registered manager in a care home or the designated person for safeguarding in other settings

- Review the action taken to ensure the adult is in no immediate danger of further harm.
- Ensure all potential evidence has been preserved.
- Apply the Safeguarding Risk Management Framework.
- Review or develop a Protection Plan to protect the adult at risk of harm and consider the nature and timing of the most appropriate intervention.
- Review any records made and ensure they are factual/ accurate and correspond to the account given.
- Discuss any concerns you have with the council's safeguarding adults team.
- When necessary complete and forward the safeguarding adults 'Concern Form' to the safeguarding adults team.
- Inform a more senior manager if necessary.
- When required inform your statutory regulator.
- Remember your duty of care.

Mental Capacity Act 2005

People must be assumed to have capacity to make their own decisions and be given all practicable help before anyone considers the adult as not being able to make their own decisions. When an adult is found to lack capacity to make a specific decision at a specific time then any action taken, or any decision made for, or on their behalf, must be made in the adult's interest.

The Mental Capacity Act 2005 protects people who are unable to make decisions for themselves or lack the mental capacity to do so.

Decisions and actions carried out under the Mental Capacity Act 2005 should be tested against the five key principles.

The five key statutory principles are:

- Assume a person has capacity, unless proved otherwise.
- Do not treat people as incapable of making a decision unless all practical steps have been tried to help.
- A person is not to be treated as unable to make a decision merely because their decision seems unwise.
- Decisions for people without capacity should be made in the person's best interests.
- Before doing something to someone or making a decision on their behalf, consider whether you could achieve the outcome in a less restrictive way.

Assessing mental capacity

Anyone can assess capacity. For most day to day decisions, this will be the individual caring for the person, this could include a care worker or a district nurse assessing if the person consents to being bathed or having a dressing changed.

To determine incapacity, the person has to be judged to have an impairment or disturbance in the functioning of the mind or brain, either temporary or permanent, and an inability to make decisions at that time.

A person is unable to make a decision if they cannot:

- understand the information relevant to the decision;
- retain the information long enough to make the decision;
- use or weigh that information as part of the process of making the decision;
- communicate the decision, this includes using all methods of communication and communication aides and not just the spoken word.

CONTACTS

Who do I report safeguarding concerns to?

East Riding of Yorkshire Council Safeguarding Adults Team
County Hall, Beverley, East Riding of Yorkshire HU17 9BA

Tel: (01482) 396940 (Mon to Thur: 9am-5pm, Fri: 9am-4.30pm)

Fax: (01482) 396969

Secure email: safeguardingadultsteam@eastriding.gcsx.gov.uk

Who else may need to be informed?

Police - (emergency) 999

Police - (non emergency) 101

Care Quality Commission (CQC) 03000 616161

East Riding of Yorkshire Council (01377) 241273

Emergency Duty Team

East Riding of Yorkshire Council (01482) 393939

Customer Service Centre

Who do I contact to apply for more information on safeguarding adults training?

East Riding Safeguarding Adults Board
County Hall, Beverley, East Riding of Yorkshire HU17 9BA

Tel: (01482) 396940

Fax: (01482) 396969

Email: sab@eastriding.gcsx.gov.uk

Website: www.ersab.org.uk

Kaye Iveson, ERSAB training co-ordinator

Tel: (01482) 392092 or 07957 934717

Email: kaye.iveson@eastriding.gov.uk

For more information go to www.ersab.org.uk