

Assist Neighbourhood Care Group

Safeguarding Vulnerable Adults Adult Protection Policy

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Designated Safeguarding Lead: Amelia King

0161 434 9216

Designated Trustee: Gavin White

withingtonassist@gmail.com

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1. Policy Statement

Assist is committed to working to safeguard people from abuse and adheres to the legal framework that seeks to protect vulnerable adults as stated within: The Care Act 2014, the mental Capacity Act 2005, The Equality Act 2010, The Human Right's Act 1988, The Freedom of Information Act 2000, The Public Interest Disclosure Act 1998, The Data Protection Act 2018 and The Safeguarding Vulnerable Groups Act 2006.

Assist will report concerns relating to potential abuse carried out either by Assist employees or volunteers, or by any other party, in accordance with legislative requirements and good practice.

Assist will provide high-quality training for its employees, in order to create environments where the possibilities of abuse are minimised and indicators of abuse are recognised.

Assist will provide employees and volunteers with the support and guidance necessary to foster an environment where concerns about abuse will be dealt with in a timely and appropriate fashion. Assist will ensure that employees and volunteers are supported appropriately during and following the process of reporting abuse.

Assist will actively promote the empowerment and wellbeing of vulnerable adults, and will ensure that it meets its own standards for employees' conduct and incident reporting and the safeguarding of vulnerable adults. Specifically, Assist will have systems in place:

- for the appropriate recruitment and selection of employees and volunteers and make checks against and referrals to the Disclosure and Barring Service
- for the delivery of training on safeguarding vulnerable adults for employees and, where appropriate, volunteers, to ensure that employees and volunteers are aware of statutory requirements
- for the inclusion of safeguarding concerns in the supervision and monitoring arrangements for staff and volunteers
- for dealing with employees and/or volunteers who are suspected of abuse
- for working in accordance with local arrangements and systems for safeguarding vulnerable adults
- for the provision of clear information to service users on raising concerns about staff or volunteers
- that support employees and volunteers to raise concerns, and offers protection for 'whistleblowers'.

About this policy

- 1.1 All Assist employees and volunteers are expected to have read and be familiar with Assist's policy on safeguarding adults. Trustees, employees and volunteers will all be given a copy as part of their induction and will participate in an informal training

session to explore its implications.

1.2 Assist provides support services to older isolated people in the local area. This policy is informed by the current legislative framework and the Department of Health Report 'No Secrets', and represents Assist's commitment to working together with statutory agencies to safeguard vulnerable adults from abuse. This document aims to:

- outline Assist's policy on safeguarding vulnerable adults from abuse
- set out the procedures Assist employees and volunteers must follow if they have concerns that abuse may be occurring, or are concerned that a vulnerable person may be at risk of abuse
- provide guidance relating to recognising, recording and reporting concerns of abuse.

1.3 'No Secrets' establishes a single system, with clear lines of responsibility and accountability, to tackle the abuse of people made vulnerable by age, disability or mental illness. It identifies **the Local Safeguarding Adult Board** as the lead agencies in the investigation of abuse.

1.4 Each local authority with an adult social services department will have established local safeguarding procedures, and Assist employees must be aware of these and how to contact Manchester's safeguarding manager.

1.5 Assist employees and volunteers need to be aware of the possibility of abuse occurring. Employees must:

- undertake appropriate training
- ensure volunteers are familiar with Assist's policy and how to report concerns
- inform line management and make appropriate notes
- be aware of the local policies for reporting concerns within their area and follow local policy procedures.

2. Definitions

Assist is committed to its Equality & Diversity policy and actively seeks and provides services to members.

A vulnerable adult can be defined as:

'a person aged 18 or 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 him or herself against significant harm or exploitation.'

(No Secrets, Department of Health (2000), Section 2.3, pp8-9)

'**Abuse** may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.'

(No secrets, Department of Health (2000), Section 2.6, p9)

The abuse may be a single act or repeated over a period of time. It may take one form or a multitude of forms. The lack of appropriate action can also be a form of abuse.'

- 2.1 Incidents of abuse can be criminal offences and may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time.
- 2.2 Perpetrators of abuse can include relatives and family members, professional employees, paid care workers, volunteers, other service users, neighbours, friends and associates, and people who deliberately exploit vulnerable people and strangers. It is important to note that abuse may also be unintentional, notably where older vulnerable adults themselves carry out the abuse. The central concern is always whether a vulnerable person has been, or could be, harmed.
- 2.3 Assist employees and volunteers are legally required to report immediately any allegation of suspected abuse or mistreatment, and should be mindful that this may include abuse of the person (towards staff, volunteers or another member), and that abuse may be perpetrated by Assist employees or volunteers.

2.4 Stranger Abuse

It is important to keep an open mind about who might abuse a vulnerable person. An abuser may not be known to the person and may be a person who deliberately targets vulnerable people in order to exploit them.

2.5 Institutional abuse

Neglect and poor professional practice also need to be taken into account in this policy. This may take the form of isolated incidents of poor or unsatisfactory professional practice, through to long-term ill treatment or gross misconduct. Repeated instances of poor care may be an indication of more serious problems; this is sometimes referred to as 'institutional abuse' (DH, 2000, 2.9 p10).

3. Types of abuse of vulnerable adults

- **Physical abuse** – including hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, or poor moving or handling techniques resulting in injury
- **Sexual abuse** – including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or consented to under pressure
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- **Financial or material abuse** – including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **Neglect and acts of omission** – including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Discriminatory abuse** – including racist, sexist, that is based on a person’s disability, and other forms of harassment, slurs, or similar treatment, hate crime^{*} .

3.1 Details of the indicators of abuse can be found in Appendix A.

4. Multi-agency adult safeguarding policies and procedures

In accordance with the government documents No Secrets, all employees and volunteers must work within Manchester’s multi-agency safeguarding adults policy and procedures.

In addition, the Care Quality Commission (CQC), has set out guidance for registered services which must be followed, including statutory notification to these regulatory bodies when an alert has been raised.

* Hate crime is defined as: ‘Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate.’ DH (2000), 2.7, p9

5. Procedures: alerting

5.1 This policy outlines the procedures to follow for employees and volunteers. Employees and volunteers should be mindful that any formal investigation as a result of raising a concern (alerting) will be managed and co-ordinated by Manchester Adult Social Care in accordance with their safeguarding policies and procedures.

5.2 If the abuse involves an Assist employee or volunteer, or is regarding an incident at an Assist service, the incident could affect the reputation of the organisation. The Co-ordinator must alert the Trustees about the incident in advance and in confidence.

5.3 Roles and responsibilities of employees/volunteers

Employees and volunteers may have concerns as a result of:

- a direct disclosure by the vulnerable adult or perpetrator
- an observation by the employee or volunteer
- an expression of concern or complaint made by another person.

5.4 If the person is in immediate danger

If an employee or volunteer finds a member in **immediate danger** they must call the emergency services **immediately** (ambulance or police or fire) and then contact the Co-ordinator. Employees and volunteers must make written as soon as immediately practicable and complete the Record of Concern (Appendix B) within 24 hours.

5.5 If the person is not in immediate danger

Where abuse is disclosed and/or identified, employees and/or volunteers must contact the Co-ordinator as soon as possible, and certainly within two hours.

5.5.1 Employees and volunteers must make notes at the time of the incident or the time that the concern is raised about the person. Notes may be made on notepaper, case recording sheet or on Assist's Record of Concern (Appendix B) if available. Where a verbal alert to the Co-ordinator has been given, notes must be handed to her as soon as possible.

5.5.2 Notes must include all observations and an outline of discussion with the person, any actions taken, and at what time. It is important that all details are conveyed to the Co-ordinator immediately either by phone or in person so that they can pass their concern on to the adult safeguarding team.

These notes are confidential and must be handled in line with Assist's information handling procedures.

5.5.3 If employees or volunteers have concerns and are unable to contact the Co-ordinator they should contact Geraldine Yorke (designated Trustee) or another Trustee.

5.6 Concerns regarding a member of Assist staff or volunteer (as a possible

perpetrator of abuse)

If employees or volunteers have concerns involving another employee or a volunteer they must not discuss their concerns directly with anyone other than the Co-ordinator or Designated Trustee. Employees may also wish to refer to the Assist 'whistleblowing' policy for further information. Employees or volunteers must not try to discuss the issue with the individual concerned.

6. Concerns for someone over self-harm and statements of suicidal intent / assisted suicide

6.1 If employees or volunteers have concerns about suspected or actual self-harm, an internal record of concern must be completed with the support of the Co-ordinator. If employees or volunteers feel that the person is in immediate danger (due to severe wounds) or are in the process of self-harming, they must call 999 straight away (see 6.4).

For concerns where there is judged to be no immediate danger, an alert should be raised and sent, as with any other concern (see 6.5).

6.2.1 If employees or volunteers receive written or verbal indications of intentions around suicide, the same principles apply if the person is in immediate danger: call the police otherwise raise an urgent alert. It is important to note that, unlike with other concerns of abuse, employees do not have to advise the person that they are informing a third party, as this may bring forward the intention.

6.3 Concerns over expressed intent in assisted suicide

An assisted suicide is when:

'a person commits an offence under section 2 of the Suicide Act 1961 if he or she does an act capable of encouraging or assisting the suicide or attempted suicide of another person, and that act was intended to encourage or assist suicide or an attempt at suicide'.

(CPS, 2010)

6.3.1 If employees and volunteers are informed of an intention to assist with the death of a vulnerable adult, they cannot ignore such a disclosure and must raise an urgent safeguarding alert.

Section 1 of the Suicide Act 1961 revokes the rule that suicide is punishable as a criminal act. The law does not prohibit or penalise the decision of a competent person to take his or her own life. As such, the Court has no basis in law for exercising its jurisdiction so as to prevent a competent person from

taking his or her own life. It is, however, a criminal offence to **assist** an individual to commit suicide under Section 2 of the Suicide Act 1961.

(As amended by Section 59 of the Coroners and Justice Act 2009.)

7. Roles and responsibilities of the Assist Co-ordinator (managing employees and volunteers)

7.1 The Co-ordinator must follow the agreed local multi-agency adult safeguarding policy and procedures. The procedures will give guidance on where to make the referral – i.e. to a central referral office or to an area team. This will depend on issues such as where the person is currently living (at home, in a care home, in hospital etc.). The Co-ordinator should ensure access to local authority safeguarding training for themselves and staff at appropriate levels.

The Co-ordinator must complete the appropriate documentation as determined by Manchester City Council. Copies of this must be retained together with notes and/or the record of concern, taken by the employee or volunteer and appended with any further action taken at the point of feedback.

The Co-ordinator must also report any incident to the Assist Trustees and this will prompt a review of the organisations Safeguarding policy and procedure, and also of its staff and volunteer training.

Arrangements for feedback on the outcomes of the referral will be in line with local safeguarding procedures. However, where no feedback is given, the Co-ordinator must follow up.

Internal monitoring and reporting

7.1.1 General documentation will be kept securely for a period of no less than six years after a service user has stopped using the service, after which time it will be securely disposed of in line with Assist's retention and disposal of personal data procedures. Records with direct relevance to Safeguarding Children and/or Vulnerable Adults will be kept for at least 25 years.

A flowchart of actions to follow is shown in Appendix C.

7.2 Dealing with concerns if there are allegations relating to an employee or volunteer as a perpetrator of abuse

7.2.1 Any internal investigation involving concerns around employees or volunteers under this procedure should not be confused with the separate statutory investigations by local safeguarding boards or the police. Local statutory safeguarding employees will be responsible for investigating the concerns once an alert had been raised, and will follow local safeguarding procedures. They will retain an overall co-ordinating role throughout the investigation. In some instances, Manchester City Council may feel it is necessary and appropriate to request that Assist undertakes certain aspects of the investigation, notably relating directly with the employees or volunteer. Assist may also be invited to attend any safeguarding adults / adult protection strategy planning meeting, and/or may be required to submit a written report.

7.2.2 The seriousness or extent of abuse may not be clear initially, and thus it is important to approach reports or allegations with an open mind about the appropriateness of intervention. The primary duty of care is to:

- protect the vulnerable adult
- assess the degree of risk
- prevent further abuse.

An allegation of abuse will lead to an internal process that might lead to suspension. If this course of action is not considered proportionate or appropriate, the alleged perpetrator will nonetheless not continue to work with the alleged victim until the investigation processes have been completed.

Suspension is most likely to occur when it is necessary to allow the conduct of the investigation to proceed unimpeded, or where vulnerable adults, or others, are at risk.

7.3 The suspension of an employee is a traumatic experience. For this reason, despite the need to act quickly, **it is essential that the facts of a case are considered carefully in deciding whether to suspend.** The decision to suspend will be taken by the Trustees together. However, social services, in collaboration with other agencies, may give advice to ensure the protection of vulnerable adults, protection of employees or the safeguarding of information. It is important that all communication with the employee, including any meeting to consider suspension, is conducted with care and sensitivity. In order to achieve this, all communication must be structured and planned. It is appreciated that every case may be different and it is not unreasonable that alternative options are considered: namely supervised practice or temporary redeployment.

7.3.1 If suspension is considered an appropriate course of action, communication must clearly indicate that this is intended as a neutral act to safeguard the interests of all concerned and does not imply either blame or punishment. This should be communicated at the point of suspension and reiterated throughout the process until such time as a decision is made otherwise.

7.4 If a service user is suspected of abuse

7.4.1 If a service user is suspected of abuse it may be necessary to suspend the service currently provided by Assist to him/her. This would obviously depend on what has been alleged, when and to whom, and the risk to the employee or volunteer from the suspected perpetrator. If the service is to remain available to the service user, a thorough risk assessment and regular monitoring will be necessary. Co-ordinators must also maintain good communication with investigating agencies to inform assessment and final decision.

7.4.2 For service users who are the subject of investigation or have a documented (confirmed) history of abuse, we may have records of access to other services. Please note that employees and volunteers who are aware that the person attends other services should include this in their alert. It is the duty of Social Services, not Assist, to inform other services providers.

7.5 Previous unfounded allegations

7.5.1 There will be occasions when an individual who has made unfounded allegations on previous occasions makes allegations of abuse. It must never be assumed that, because allegations have not previously been found to be true, this means the individual is not telling the truth on subsequent occasions. The reporting and alerting procedures should always be followed exactly as with any allegations of abuse.

8. Confidentiality and capacity

8.1 No secrets (DH, 2000) states that the Government expects organisations to share information about individuals who may be at risk from abuse. This is also stressed by Safeguarding adults (ADSS, 2005) *, the framework for good practice. It is important to identify an abusive situation as early as possible so that the individual can be protected. Withholding information may lead to abuse not being dealt with in a timely manner. Confidentiality must never be confused with secrecy. Assist has a duty to share information relating to suspected abuse with local authorities and where necessary the police.

Information will be shared on a case-by-case basis, taking into account legal requirements to maintain confidentiality of the data, notably the Data Protection Act, article 8 of the Human Rights Act, and the Common Law Duty of Confidentiality.

8.2 Employees and volunteers working directly with service users are expected to have read and be familiar with Assist's policies and procedures for information handling.

8.3 Assist employees and volunteers must advise the person who they suspect is being abused or the person raising the concern (if concern is raised by a third party) that they are legally obliged to disclose the information (except in cases of intended suicide where the alert should be raised without giving notice to the individual). Informing the person and seeking agreement is good practice. However, even if the person does not agree with the need to escalate the concern, reporting abuse is a statutory duty and employees and volunteers must do so. Ultimately a decision will be made by the line manager as to whether to refer the matter to the adult safeguarding team as per the local multidisciplinary procedure.

- 8.3.1 Issues of consent and capacity are particularly important in understanding and responding appropriately to adult abuse – especially so in relation to a person where capacity for informed decision-making may not always be present. Assist employees must assume capacity and explain to the person the reasons why they must share the information.

9. Recording

9.1 Written notes are essential as they may support any legal action required at a later date. It is good practice for front-line employees and volunteers to carry a notebook and a copy of a body map (Appendix D) to record notes and to mark where any injuries have been observed.

9.2 Employees and volunteers must follow these guidelines for recording information:

- All information must be recorded in black ink and signed with printed names next to signatures, dated and timed.
- Correct names must be used, not nicknames or preferred names.
 - Information should include:
 - details of the allegation or reasons for suspecting abuse
 - date, time and place of any specific incident; these must be noted, as must the names of the people involved, and this must be done on the day of the incident
 - appearance and behaviour of the alleged victim; where appropriate a body map may help to record any injuries
 - what the alleged victim or other person disclosing the information said in their own words.
 - Ensure that only the relevant information is recorded. Do not attempt to record the whole conversation as this may prevent an official statement being taken at a later date.
 - Use inverted commas for recorded speech and a clear indication of who made the comment.
 - Include any information about any other people who have been informed and when.
 - Record any other action taken.
 - Ensure that the information is appropriately marked and handled according to Assist's information handling pro

- Concerns that a vulnerable adult may be in need or at risk of abuse must be recorded and placed on file, together with a record of how the concerns have been dealt with. Any referrals made to a statutory agency about concerns for a child must be confirmed in writing within 48 hours.

9.3 Summary of do's and don'ts:

Do's

- Act on any concerns, suspicions or doubts.
- Make sure the person is not in immediate danger and take any necessary emergency action, e.g. dial 999.
- Listen very carefully and try not to show shock or disbelief.
- Assure the person that their complaint or allegation will be taken seriously; clarify the bare facts; summarise what you have heard back to the person and avoid detailed questioning.
- Remain calm and non-judgemental.
- Record the words the person uses.
- Record any bruising or injury if they are apparent using a body map (it is not appropriate to request the removal of clothing with the specific intent of checking for physical injury unless this is required during the administration of first aid in an emergency).
- Describe the size and colour of any bruising and the exact location on the body, along with the date and time it has been observed.
- Inform the person and seek agreement to report the concern.
- Inform the Co-ordinator immediately. If it is not possible to contact her, try the designated Trustee. If still unable to make contact, by the end of the working day, ring the number that you have for social services. Where your concern is urgent (although not classified as an emergency) and you are unable to make contact with a staff member or director within two hours, ring social services.
- Report the incident to the Co-ordinator as soon as possible. Where an ambulance or the police have been called and you have been unable to contact the Co-ordinator, contact a Trustee as soon as you can to advise them of the incident.

Phone numbers:

Amelia King, Coordinator – 0161 434 9216

Don'ts:

- Promise complete confidentiality – you are legally obliged to pass on this information to your line manager.
- Ask probing questions.
- Be judgmental or jump to conclusions.
- Rush the person.
- Start an investigation including attempting to question the alleged perpetrator.
- Throw away any interim notes that have been made.
- Contaminate or disturb any evidence. Employees and volunteers should be mindful that they have a duty of care to ensure that any individual should not be left in an unsafe or distressed state. Employees and volunteers trained in first aid must also apply first aid where appropriate and required, and should follow local guidelines

9.4 Potential service users who have a known record of abuse

9.4.1 If a person with a known record of abuse wishes to receive a service, Assist will assess whether it is appropriate to offer the service. If the service is offered, a thorough risk assessment, followed by careful monitoring and review, will be undertaken.

10. Recruitment and selection

10.1 Assist uses the Disclosure and Barring Service (DBS) to help us assess applicants' suitability for any position in the company and an enhanced check is required for employees and volunteers working directly with vulnerable adults. We comply fully with the DBS Code of Practice and do not discriminate unfairly against any subject of a disclosure on the basis of a conviction or other

‡ The DBS was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

information. This statement will be made available to all disclosure applicants as requested.

10.1.2 Assist is committed to providing equal opportunities to job applicants and everyone working for Assist, irrespective of gender reassignment, age, marital or civil partnership status, race, colour, nationality, ethnic or national origins, religion or belief or lack of religion or belief, gender, sexual orientation, pregnancy or maternity and disability.

10.1.3 A DBS disclosure is only requested where this is absolutely necessary for the protection of vulnerable adults. For those positions where a disclosure is required, all application forms will contain a statement that a disclosure will be required in the event that an offer is made.

10.1.4 Applicants must provide two referees; proof of identification; and original copies of any necessary qualifications before appointment.

10.2 Training for employees and volunteers

10.2.1 Trustees, employees, volunteers and directors will attend initial and ongoing training on abuse appropriate to their role. This will include:

- basic induction training with respect to awareness that abuse can take place and the duty to report it
- more detailed awareness training, including training on
- recognition of abuse and responsibilities with respect to these procedures
- specialist training for the Co-ordinator.

10.2.2 The Co-ordinator must be aware of training provided by their local multi-agency adult safeguarding committees, and attend with employees and volunteers as appropriate.

10.2.3 Employees and volunteers will be properly supervised, monitored and supported throughout any abuse procedure, including access to emotional support where required.

10.2.4 All front-line employees and volunteers should be able to:

- provide clear information to service users about how to raise concerns of abuse effectively signpost a person seeking information about living with abuse and neglect and make appropriate referrals
- recognise the risks from different sources and in different situations, e.g. risks from other service users colleagues, relatives and carers
- accurately record facts, and any concerns of abuse or neglect

and action taken as a result.

11. Appendix A: Recognising signs of abuse

The following should be taken as a guide when abuse is suspected, but the presence or absence of any of the indicators does not serve as definitive proof that abuse has or has not taken place. These indicators are outlined to trigger an alert process where concern that abuse may have taken or is taking place. The lists are not exhaustive:

Physical indicators

- injuries: cuts, lacerations, bruises, fractures, burn marks, finger marks and scalds; any injury that has not been properly cared for at different stages of healing
- unexplained, or inappropriately explained, fractures at various stages of healing to any part of the body
- signs of hair-pulling: absence of hair or bleeding under the scalp
- poor skin condition: poor skin hygiene, pressure sores
- unattended medical problems
- fear: person appears frightened or subdued in the presence of particular people, or flinching at physical contact
- reluctance to undress or uncover parts of the body
- excessive drowsiness
- malnutrition and dehydration
- changes in appetite.

Sexual indicators§

- physical signs: recurrent genital soreness
- discoloured and foul smelling vaginal or penile discharge (which could indicate genital infection)
- bruises or bleeding in the genital or rectal area
- urinary tract infections
- unexplained difficulty in walking or sitting, urinating or defecating
- love bites
- frequent complaints of abdominal pain without any obvious cause

Assist employees should be mindful that such changes in behaviour could be indicators of current abuse.

- torn, stained or bloody underclothes
- unexplained changes in behaviour, overly compliant behaviour

- self-mutilation
- acting out aggressive behaviour
- increased agitation or – conversely – becoming physically very withdrawn (indicators include recurrent nightmares and sensitivity to touch)
- negative changes in sexual feelings and expression by people who have maintained sexual activity, or increased sexual acting out (e.g. public masturbation).

Psychological or emotional indicators

- untypical ambivalence, deference, resignation, becoming passive
- appearing anxious or withdrawn, especially in the presence of the alleged perpetrator
- exhibiting low self-esteem
- rejecting their own cultural background and/or racial origin
- untypical changes in behaviour, e.g. continence problems, sleep disturbance, depression or fear
- feeling isolated
- person is not allowed visitors or phone calls
- person locked in a room / their home
- person is denied access to aids or equipment, e.g. glasses, hearing aid, crutches
- person's access to personal hygiene and toilet is restricted
- exposed to inappropriate stimuli

Financial or material indicators

It is believed that financial abuse is one of the most common forms of abuse experienced by vulnerable adults. The following indicators should always be reported:

- unexplained or sudden inability to pay bills
- unexplained or sudden withdrawal of money from bank accounts
- disparity between assets and satisfactory living conditions
- reluctance by the person and relatives to accept any help that costs money when finances do not appear to be a problem (remember that some people are naturally thrifty)
- extraordinary interest by family members and other people in the person's assets
- family or friends obstructing solicitors, social services, other service providers and employees from voluntary organisations visiting with the person to discuss financial matters when the person has asked for an appointment.
- Excessive and unsolicited requests for financial assistance to support others, which could be bullying in nature, discreet and prolonged.

Indicators of neglect and acts of omission

- poor hygiene, e.g. strong body odours, inflamed and/or broken skin (as a result of skin in contact with urine and/or faecal matter for extended periods of time)
- malnutrition and dehydration, changes in appetite
- soiled clothing or bed linen
- fear
- person has inadequate heating and/or lighting
- person cannot access appropriate medication or medical care
- person is not afforded appropriate privacy or dignity
- person and/or their carer has an inconsistent or reluctant contact with health and social services
- callers/visitors are not allowed access to the person
- person is left without access to aids or equipment, e.g. glasses, hearing aid, crutches

Discriminatory indicators

Discriminatory abuse can manifest itself as:

- physical abuse/assault
- sexual abuse/assault
- financial abuse/theft
- neglect
- psychological abuse/harassment.

Indicators of institutional abuse

- inappropriate or poor care
- misuse of medication
- restraint
- sensory deprivation, e.g. denial of use of spectacles, hearing aid etc.
- lack of respect shown to personal dignity
- lack of flexibility and choice, e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing or possessions
- lack of privacy
- lack of adequate procedures, e.g. for medication, financial management
- controlling relationships between employees and service users
- poor professional practice.

12. Appendix B: Record of concern relating to abuse/mistreatment of a vulnerable adult

Name of person recording	
Date of incident	
Time of incident	
Place of incident	
Names of those involved	
Body map attached (yes/no) Bod Body Map attached?	

Details of the allegation or reasons for suspecting abuse/mistreatment

Use quotation marks to highlight **relevant** words the person disclosing has said, **do not** quote the whole conversation in this manner, you are not taking a statement.

Any action taken by you:

(E.g. police or emergency service called – outcome; urgent call to social services – outcome)

Who has been informed of this situation?

Record names, dates and time they were informed along with their response and advice/instructions)

	Name and position	Date and time	Response and advice / instructions
1			
2			
3			

Any further comments

Co-ordinator: _____

Signed: _____

Printed name: _____

Employee or volunteer who raised the alert:

Signed: _____

Printed name: _____

Referred to: (external – social services):

Name: _____

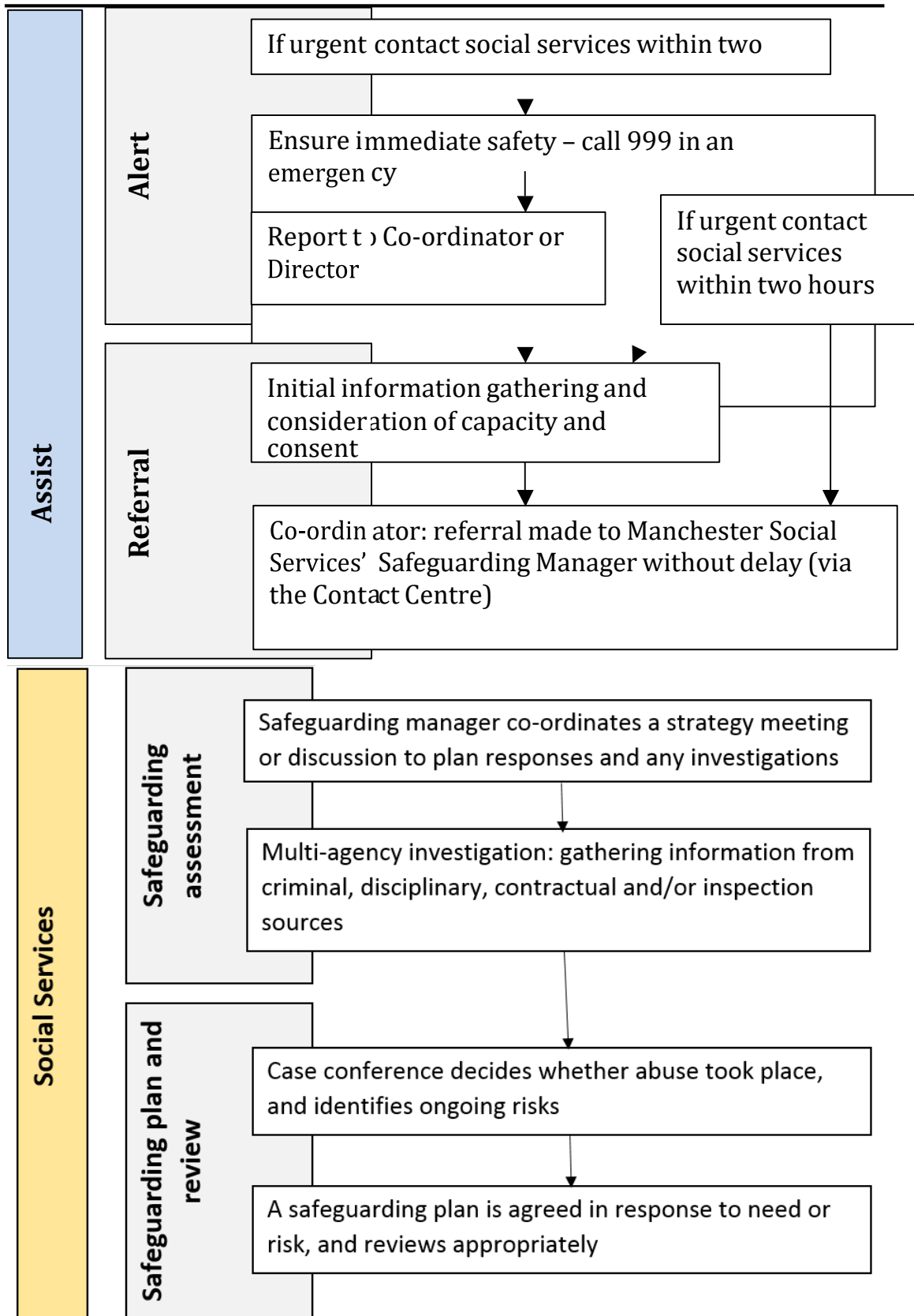
Position: _____

Date / time: _____

Contemporaneous notes attached:

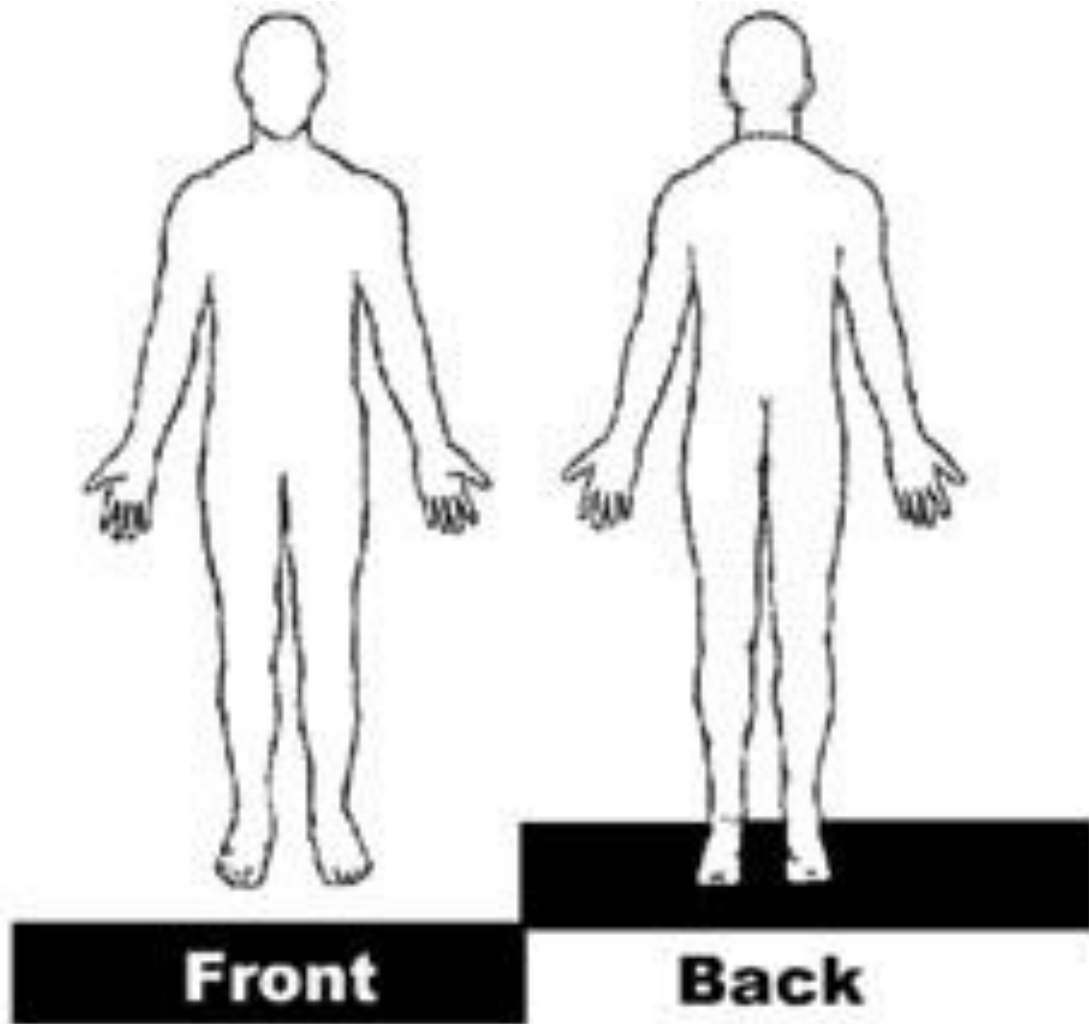
Yes / No

13. Appendix C: Safeguarding Adults procedures



14. Appendix D: Body Map

Mark on the diagrams below anything that you have seen on the alleged victim's body



Notes:
