Review schedule

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| --- | --- |
| Policy publication date: | 11.06.2021 |
| Frequency of review: | This policy will be reviewed every two years or sooner in the event of legislative changes or revised policies and best practice. |
| Date last reviewed: | 11.01.2021 |
| Current review date: | 11.06..2023 |

# Introduction

The Senedd Commission (“the Commission”) is committed to creating and maintaining a safe and positive environment. We accept our responsibility to safeguard the welfare of all adults who engage with the Commission, whilst also providing additional measures for those least able to protect themselves from harm or abuse.

Living a life that is free from harm and abuse is a fundamental human right and an essential requirement for health and well-being. We all have the right to live free from abuse of any kind. Our age or circumstances should have no bearing or effect on this basic right.

The Social Services Wellbeing Act (Wales) 2014 states that the circumstances an adult is in and the level of risk they may be exposed to is the greatest indicator for the potential for abuse and not the characteristics of these individuals. Therefore, the term **‘Adult at risk’** is used throughout this policy, superseding the term ‘vulnerable adult’.

# An adult is anyone aged 18 years and over. The Commission recognises that one of the important differences between safeguarding adults and safeguarding children is an adult’s right to self-determination. Adults may choose not to act at all to protect themselves, and it is only in extreme circumstances that the law intervenes. This will often only happen when an adult is assessed to lack capacity, or where the concerns may extend to children, such as when they are living in the same household.

# The Commission understands that this can make the matter of safeguarding adults even more complex. The Commission therefore aims to create a culture that embraces the adults themselves, informing and consulting them on all decisions affecting them.

Safeguarding is everyone’s responsibilityand although it is not your responsibility to decide whether an adult has been abused, it is your responsibility to appropriately and safely respond to and report concerns, whilst also considering your own safety in doing so.

It is the expectation that all Commission staff are aware of the requirements within this policy so that if incidents of abuse are raised or suspected they have the necessary knowledge, information and managerial support to enable them to respond to issues appropriately. Members of the Senedd will have their own safeguarding policy in place. However, whilst they conduct business on the Senedd estate are expected to adhere to the principles and procedure set out in this policy.

This policy and set of procedures will help you know **how** to respond should you have any concerns for an adult’s wellbeing or receive a *disclosure* of abuse, and it has been written in line with current legislation relating to safeguarding and human rights.

# Relevant Policies and Guidance

This policy should be read in conjunction with the following which can be found on the Commission Policy Hub:

* Vulnerable Witness Protocol
* Safeguarding Children and Young People Policy
* Whistleblowing
* Discipline Policy and Procedure
* Staff Code of Conduct
* ICT Rules and Policy
* Dignity and Respect Policy

**It is the responsibility of Commission staff to ensure that they familiarise themselves with the above documents, which can be found on the** [Policy Hub](https://cynulliad.sharepoint.com/sites/cmn-policy-hub-dev/SitePages/Diogelu-gwybodaeth.aspx) **section of the Intranet.**

# Our Principles:

* All adults, regardless of any protected characteristic have the right to be protected from abuse and poor practice and to participate in an enjoyable and safe environment.
* We will seek to ensure that our organisation is inclusive and make reasonable adjustments for any ability, disability or impairment. We will also commit to continuous development, monitoring and review.
* The rights, dignity and worth of all adults will always be respected.
* Adults’ right to self-determination, wherever possible, should be central to the decision-making process.
* Safeguarding is everyone’s responsibility, and we will address / act on any concerns we have for an adult’s wellbeing.
* All allegations will be taken seriously and responded to as quickly as possible.
* The Commission recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with local safeguarding procedures.

# Making Safeguarding Personal

‘Making safeguarding personal’ means that adult safeguarding should be person led and outcome focussed. The Commission recognises that **wherever possible** safeguarding concerns should be discussed with the adult to gain their view of what they would like to happen, and that they should be involved in the safeguarding process, giving their consent to share information outside of the Commission where necessary. This allows the adult to feel empowered and the safeguarding situation to be undertaken in a way that enhances the adult’s involvement and choice and control.

See Appendix 1 for more information.

# Capacity and Decision Making

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress.

**The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity.**

People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, discussions should be had about how to minimise the risk.

[See Appendix 2](#_Appendix_2_–) for more information about capacity and decision making

# Roles and Responsibilities

## All staff:

# If a disclosure is made to any staff member which results in a safeguarding concern, the procedure set out in [Appendix 5: Safeguarding Escalation Process](#_Appendix_5:_Adult) must be followed.

* All staff must work with integrity at all times, to minimise the risk of abuse from within the Commission.
* Before any new work/project with adults who present as at risk, you are encouraged to consult with that HR, so that appropriate safeguarding input and considerations can be offered from the outset.
* Staff must create a work environment where the risk of abuse is minimised, and all adults who engage with the Commission feel comfortable and safe.
* It is important the adults that we work with are made aware of our safeguarding responsibilities, and that safeguarding is kept personal and that consent is sought when managing any safeguarding queries. [(Appndix 1 and 2)](#_Appendix_1:_Making)
* All staff should be aware that the adult safeguarding policy applies not only in our work with the public, but will also be implemented where there are serious concerns for the welfare of an employee of the Commission, who is considered as such to be an adult at risk.

## Managers:

* Managers must ensure that the staff they line-manage are aware and understand this policy.
* Managers must ensure that staff involved in projects with adults at risk are adequately trained and supported.
* Managers must ensure that appropriate Disclosure and Barring Service (DBS) checks have been carried out (**where necessary)** prior to staff undertaking work involving adults at risk. You can find more information about the DBS requirements on the [policy hub](https://cynulliad.sharepoint.com/sites/cmn-policy-hub-dev/SitePages/Diogelu-gwybodaeth.aspx). Further advice can be sought from Recruitment. Where an enhanced DBS disclosure is not necessary, other safeguards in the work with adults at risk should be considered, such as ensuring that there is adequate staff to client ratio. Employee Services can offer guidance in relation to this on a case by case basis.
* Allegations of abuse or poor practice against members of staff will be managed in line with both the Disciplinary Policy and Safeguarding Process.

## HR:

* HR is responsible for producing and disseminating safeguarding guidance and resources to support the policy and procedures.
* HR is responsible for safe recruitment and can advise on appropriate DBS checks where necessary
* HR is responsible for ensuring that the Designated Safeguarding Officers receive regular safeguarding training to enable them to make sound safeguarding decisions.
* Safeguarding will be included within the induction of new staff, and the Commission is committed to ongoing learning opportunities.
* HR is responsible for supporting individual staff members where an allegation involves a Member of the Senedd- they can prepare the relevant information for referral to the Commissioner for Standards and through the subsequent processes of the Commissioner’s investigation.

## Risk Committee:

* The Risk Committee has responsibility for monitoring any safeguarding risks.

# The Role of the Designated Safeguarding Officer (DSO)

Whilst safeguarding is the responsibility of everybody who works in the Commission, **the Designated Safeguarding Officers (DSOs) are the lead personnel for Safeguarding** and have both a strategic and operational role. The DSOs:

- are responsible for managing safeguarding concerns within the Commission.

- are the central point for reporting and dealing with safeguarding concerns and allegations.

- handle referral and liaison with external agencies and the Police; and

- provide advice and guidance to staff on Safeguarding matters and concerns.

A DSO may wish to liaise with another DSO or the Safeguarding Advisor before making a decision. However, if a referral to social services is deemed necessary this must be made within two working days from the point of concern.

Although the DSO may make a decision that information needs to be shared externally, they do not necessarily need to make the referral and may ask the referrer to do this so that information being provided is first hand. The DSO will discuss the most appropriate steps with the referrer on a case by case basis.

The names and contact details of the DSOs are listed here:

Laurian Hubbard- Lead DSO, 03002006529, laurian.hubbard@senedd.wales

Lowri Williams – Deputy DSO, 03002006461, lowri.williams2@senedd.wales

Julian Luke – Deputy DSO, 03002006411, julian.luke@senedd.wales

If you have a concern that a DSO is implicated in abuse of an adult, you should consider who would be the most appropriate DSO to contact, or report your concern to the Police.

If no DSO is available/ out of hours or if the matter is urgent

**If the matter is urgent and there are concerns for the immediate safety of anyone, especially if there is a life-threatening situation, contact the emergency services on 999 straight away. If the concern is taking place on the Senedd Estate, then you should make contact with the Police on site.**

**No one should ever delay emergency action to protect a child because of the unavailability of a certain person. If you believe a child or young person is in immediate danger call the Police.**

**Where you suspect that a crime is being committed, you must also involve the police.**

If you are unable to make contact with ANY relevant safeguarding leads detailed above and the matter is **non-urgent** you can also contact:

Action on Elder Abuse Cymru



0808 8808 8141

# Signs and Indicators of Abuse and Harm

Abuse can take place in any context and by any manner of perpetrator. Abuse may be inflicted by anyone in an organisation who an individual comes into contact with. Additionally, other adults engaging with the Commission, staff or volunteers may suspect that an adult is being abused or neglected outside of the organisation’s setting. There are many signs and indicators that may suggest someone is being abused or neglected (please refer to [Appendix 4](#_Appendix_4_–) for more thorough guidance), these include but are not limited to:

* Unexplained bruises or injuries – or lack of medical attention when an injury is present.
* Person has belongings or money going missing.
* Visible dramatic changes to an individual’s physical appearance, such as a sudden deterioration in hygiene or weight.
* A change in the behaviour or confidence of a person. For example, an adult may be looking quiet and withdrawn in the presence of a certain person.
* They may self-harm.
* They may disclose suicidal thoughts and feelings
* They may have a fear of a particular group of people or individual.
* They may tell you / another person they are being abused – i.e., a disclosure.
* Harassment of a participant because they are or are perceived to have protected characteristics.
* Unwanted sexually explicit text messages being sent to an adult with learning disabilities
* Threats of physical violence being made against an individual

# What to do if you have a concern or someone raises a concern with you

If you have concerns or you are told about possible or alleged abuse, poor practice or wider welfare issues you should report this to the Commission’s Designated Safeguarding Officer (DSO). It is not your responsibility to decide whether an adult has been abused. It is however everyone's responsibility to respond to and report concerns. The following procedure should be implemented (a summary of this process is in [Appendix 5](#_Appendix_5:_Adult)):

* Make a note of your concerns or observations which have led you to become concerned for an adult’s welfare.
* Make a note of what the person has said using their own words as soon as practicable.
* Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult if this is safe to do and you are not putting yourself at risk, obtain their view of what they would like to happen, but inform them it’s your duty to pass on your concerns to the DSO.
* Ask the adult if they consent to sharing information with external agencies, such as the Police and Social Services. You can then communicate this during your discussion with the DSO, which will help them in their decision making.
* Make sure the adult knows they can withdraw consent at any time.
* Remember that an adult has a right to self-determination and though we may not understand a decision to remain in a situation, such as an abusive relationship, we cannot force an adult to take action if they have capacity to make this decision. This can be difficult to accept when we are worried for an individual’s safety. It is still essential that you raise your concerns with the DSO and explain that consent has not been given to share information, so that this can be fully considered.
* Although an adult’s consent will always be sought and respected where at all possible, there are situations where the DSO may need to overrule this and share information. These include circumstances in which:

- There is reason to believe the adults’ health and/ or wellbeing will be adversely affected by ongoing harm

- There are other people who are, or may be, at risk from the person causing harm, including children

- It is necessary to prevent a crime, or a serious crime has been committed

- Sharing the information could prevent a crime and help to stop abuse

- The adult may be under duress or being coerced

- The alleged abuser has care and support needs and may also be at risk

- There are concerns about their mental capacity and ability to make an informed decision. ([See appendix 3 and](#_Appendix_3_–) 4)

* Call the DSO to discuss your concerns within one working day if the matter is non urgent (non-life threatening) and immediately in all other cases. You must complete and submit a [Safeguarding Incident Report Form](https://forms.office.com/Pages/ResponsePage.aspx?id=KVHcOAw0FEWKBE6O8ncVZPfHgg1x8RlPkAMiiTtDnJlUMElXSVVLNjQ0UjY2NFlFVDlYR0dOMzBGSyQlQCN0PWcu&wdLOR=cCC627CDA-DEB2-4D2F-BE4F-472D5A7DE0DA) for the DSO as soon as possible.
* The Safeguarding Incident Form should be completed with factual detail, distinguishing between fact, observation, allegation and opinion.
* If you have concerns for an adult’s capacity to make a decision you need to communicate this to the DSO, who will need to make a decision about whether to override an adult’s decisions.
* Be mindful of the need to be confidential at all times, this information must only be shared with your DSO and others on a need-to-know basis only.
* It is important when considering your concern that you also ensure that you keep the person informed about any decisions and action taken about them and always consider their needs and wishes.
* Trust your instinct. If something doesn’t feel right, it is worth exploring your worries with the DSO regardless of whether you are able to evidence your concerns.

# Appendix 1: Making Safeguarding Personal

*“What good is it making someone safer if it merely makes them miserable?”-*

*(Lord Justice Mundy, “What Price Dignity?” 2010)*

What this means in practice is that adults should be more involved in the safeguarding process. Their views, wishes, feelings and beliefs must be taken into account when decisions are made about them.

We all have different preferences, histories, circumstances and lifestyles so this needs to be considered when we involve adults. We must avoid bureaucracy and ensure adults are at the centre and able to exercise their right to self-determination wherever possible.

# Appendix 2 – Capacity/Guidance on Making Decisions

England and Wales share the Mental Capacity Act of 2005 and it applies to people over the age of 16.

The issue of capacity or decision making is a key one in safeguarding adults across all jurisdictions.

We make many decisions every day, often without realising. We make so many decisions that it’s easy to take this ability for granted. But some people are only able to make some decisions, and a small number of people cannot make any decisions. Being unable to make a decision is called “lacking capacity”.

**To make a decision we need to:**

* **Understand information**
* **Remember it for long enough**
* **Think about the information**
* **Communicate our decision**

A person’s ability to make decisions may be affected by things like a learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Good practice states that every individual has the right to make their own decisions and legislation provides

**Any intervention in the affairs of an adult should:**

* **benefit the adult**
* **take account of the adult’s wishes, so far as these can be ascertained**
* **take account of the views of relevant others, as far as it is reasonable and practical to do so**
* **restrict the adult’s freedom as little as possible while still achieving the desired benefit**

Our ability to make decisions can change over the course of a day.

Here are some examples that demonstrate how the timing of a question can affect the response:

* A person with epilepsy may not be able to make a decision following a seizure.
* Someone who is anxious may not be able to make a decision at that point.
* A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

In each of these examples, it may appear as though the person cannot make a decision. But later in the day, presented with the same decision, they may be able to at least be involved or to make an informed and measured decision.

Legislation recognises that capacity is decision-specific, so no one will be labelled as entirely lacking capacity.

To help you to understand better, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person’s level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information and you may be asked your opinion.
3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimised.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their “best interests”. This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

# Appendix 3 – Overriding Consent

The interests of the adult at risk must be the overriding consideration in making any decisions whether to seek consent prior to making a report. The aim should usually be to seek consent from the adult where possible. The reasons for this are that it is more likely to:

-lead to engagement in the safeguarding process and to effective outcomes;

-promote an effective working partnership with the adult.

Sometimes an adult at risk may not want you to act on your concerns or their disclosure. This may be because they are scared or fearful of the repercussions from you taking action. It may also be because they are not aware abuse is taking place or have the mental capacity to make an informed decision and understand to remain in their current situation is unsafe

.Sharing information with the right people, is central to good practice in safeguarding adults.

You should not keep safeguarding concerns about adults at risk to yourself. Explain to the adult that you must pass the concern on to the Designated Safeguarding Officer, as you have a duty of care**. Commission staff should always share safeguarding concerns with their Designated Safeguarding Officer (DSO) in the first instance, except in emergency situations.** You should reassure the adult that they will be fully included on what happens.

The DSO will consider the information and take action that is proportionate to the risk of abuse.

**An adult’s personal wishes and autonomy will be respected by the DSO where at all possible, but in some circumstances these wishes may be overridden including:**

* There is a high risk to the health and safety of the individual
* Other people are, or may be, at risk from the person causing harm, including children and other adults at risk
* It is necessary to prevent a crime, or a serious crime has been committed.
* The adult may be under duress or being coerced
* The alleged abuser has care and support needs and may also be at risk.
* The adult to whom the concerns relate lacks the mental capacity to make specific decisions;
* the concerns relate to a failure in care, breach of regulation or professional code of conduct;

if there is concern about organisational or institutional abuse or allegations against an employee within the organisation

The DSO will liaise with the Governance team in such situations to discuss whether this meets an ‘exception’, and whether information should be shared outside of the Commission without an adult’s consent.

This will include consideration of whether the concern meets vital interests or legitimate interests or a safeguarding category. Governance can seek guidance from Legal in situations where the concern is ambiguous and requires further consideration before the release of sensitive data.

“Legitimate interests” allows the sharing of personal data where there is a legitimate interest in doing so. Sharing data to safeguard a child, young person or vulnerable adult, where it is appropriate to do so, would usually fall into this category. “Vital interests” is available where immediate action is necessary to safeguard an individual, perhaps because their life is at risk, for example. In practical terms, this legal basis will be scarcely, if ever, used but is useful for immediate action, such as where an individual needs to contact 999.

Guidance is provided to DSOs in separate documentation and the referring member of staff will not be expected to be part of this decision making, though may be asked for further information regarding the individual and their capacity.

# Appendix 4 – Signs and Indicators of possible abuse and neglect in adults at risk

Please refer to the below table for some common indicators ofabuse and neglect in adults**.** These definitions and indicators are not definitive, but here as a guide to assist you. The **glossary** also defines other contextual safeguarding concerns such as forced marriage and female genital mutilation, so please take the time to go through this.

It is important to note that maltreatment may be linked to one specific incident or ongoing and/or repeated abuse and neglect, for example the maltreatment may result from one issue such as alcohol or drug misuse or an accumulation of circumstances and stressors, such as domestic violence and abuse, social isolation and deprivation.

## Physical abuse:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Assault- hitting, slapping, punching, kicking, hair-pulling, biting, pushing.  Rough handling  Scalding and burning  Physical punishments  Inappropriate or unlawful use of restraint  Making someone purposefully uncomfortable (e.g., opening a window and removing blankets)  Involuntary isolation or confinement  Misuse of medication (e.g., over-sedation)  Forcible feeding or withholding food  Unauthorised restraint, restricting movement (e.g., tying someone to a chair) | No explanation for injuries or inconsistency with the account of what happened  Injuries are inconsistent with the person’s lifestyle  Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps  Frequent injuries  Unexplained falls  Subdued or changed behaviour in the presence of a particular person  Frequent injuries, Unexplained falls  Subdued or changed behaviour in the presence of a particular person  Signs of malnutrition  Failure to seek medical treatment or frequent changes of GP |

## Emotional/ psychological abuse:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends  Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance  Preventing someone from meeting their religious and cultural needs  Preventing the expression of choice and opinion  Failure to respect privacy  Preventing stimulation, meaningful occupation or activities  Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse  Addressing a person in a patronising or infantilising way  Threats of harm or abandonment  Cyber bullying | An air of silence when a particular person is present  Withdrawal or change in the psychological state of the person  Insomnia  Low self-esteem  Uncooperative and aggressive behaviour  A change of appetite, weight loss/gain  Signs of distress: tearfulness, anger  Apparent false claims, by someone involved with the person, to attract unnecessary treatment |

## Sexual abuse:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Rape, attempted rape or sexual assault  Inappropriate touch anywhere  Non- consensual masturbation of either or both persons  Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth  Any sexual activity that the person lacks the capacity to consent to  Inappropriate looking, sexual teasing or innuendo or sexual harassment  Sexual photography or forced use of pornography or witnessing of sexual acts  Indecent exposure | Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck  Torn, stained or bloody underclothing  Bleeding, pain or itching in the genital area  Unusual difficulty in walking or sitting  Foreign bodies in genital or rectal openings  Infections, unexplained genital discharge, or sexually transmitted diseases  Pregnancy in a woman who is unable to consent to sexual intercourse  The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude  Incontinence not related to any medical diagnosis  Self-harming  Poor concentration, withdrawal, sleep disturbance  Excessive fear/apprehension of, or withdrawal from, relationships  Fear of receiving help with personal care  Reluctance to be alone with a particular person |

## Domestic Abuse:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been, intimate partners or family members regardless of gender or sexuality.  'Honour’-based violence, female genital mutilation and forced marriage.  Coercive behaviour can include:  Acts of assault, threats, humiliation and intimidation  Harming, punishing, or frightening the person  Isolating the person from sources of support exploitation of resources or money  Preventing the person from escaping abuse  Regulating everyday behaviour. | Low self-esteem  Feeling that the abuse is their fault  Physical evidence of violence such as bruising, cuts, broken bones  Verbal abuse and humiliation in front of others  Fear of outside intervention  Damage to home or property  Isolation – not seeing friends and family  Limited access to money |

## Financial abuse:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Theft of money or possessions  Fraud, scamming  Preventing a person from accessing their own money, benefits or assets  Employees taking a loan from a person using the service  Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions  Arranging less care than is needed to save money to maximise inheritance  Denying assistance to manage/monitor financial affairs  Denying assistance to access benefits  Misuse of personal allowance in a care home  Misuse of benefits or direct payments in a family home  Someone moving into a person’s home and living rent free without agreement or under duress  False representation, using another person's bank account, cards or documents  Exploitation of a person’s money or assets, e.g., unauthorised use of a car  Misuse of a power of attorney, deputy, appointee ship or other legal authority  Rogue trading – e.g., unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship | Missing personal possessions  Unexplained lack of money or inability to maintain lifestyle  Unexplained withdrawal of funds from accounts  Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity  Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so  The person allocated to manage financial affairs is evasive or uncooperative  The family or others show unusual interest in the assets of the person  Signs of financial hardship in cases where the person’s financial affairs are being managed by a court appointed deputy, attorney or LPA  Recent changes in deeds or title to property  Rent arrears and eviction notices  A lack of clear financial accounts held by a care home or service  Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person  Disparity between the person’s living conditions and their financial resources, e.g., insufficient food in the house  Unnecessary property repairs |

## Neglect:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care  Providing care in a way that the person dislikes  Failure to administer medication as prescribed  Refusal of access to visitors  Not taking account of individuals’ cultural, religious or ethnic needs  Not taking account of educational, social and recreational needs  Ignoring or isolating the person  Preventing the person from making their own decisions  Preventing access to glasses, hearing aids, dentures, etc.  Failure to ensure privacy and dignity | Poor environment – dirty or unhygienic  Poor physical condition and/or personal hygiene  Pressure sores or ulcers  Malnutrition or unexplained weight loss  Untreated injuries and medical problems  Inconsistent or reluctant contact with medical and social care organisations  Accumulation of untaken medication  Uncharacteristic failure to engage in social interaction  Inappropriate or inadequate clothing |

## Self-neglect:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Lack of self-care to an extent that it threatens personal health and safety  Neglecting to care for one’s personal hygiene, health or surroundings  Inability to avoid self-harm  Failure to seek help or access services to meet health and social care needs  Inability or unwillingness to manage one’s personal affairs | Very poor personal hygiene  Unkempt appearance  Lack of essential food, clothing or shelter  Malnutrition and/or dehydration  Living in squalid or unsanitary conditions  Neglecting household maintenance  Hoarding  Collecting a large number of animals in inappropriate conditions  Non-compliance with health or care services  Inability or unwillingness to take medication or treat illness or injury |

## Modern-day slavery:

|  |  |
| --- | --- |
| DESCRIPTION: | POSSIBLE INDICATORS |
| Human trafficking  Forced labour  Domestic servitude  Sexual exploitation, such as escort work, prostitution and pornography  Debt bondage – being forced to work to pay off debts that realistically they never will be able to | Signs of physical or emotional abuse  Appearing to be malnourished, unkempt or withdrawn  Isolation from the community, seeming under the control or influence of others  Living in dirty, cramped or overcrowded accommodation and or living and working at the same address  Lack of personal effects or identification documents  Always wearing the same clothes  Avoidance of eye contact, appearing frightened or hesitant to talk to strangers  Fear of law enforcers |

# Appendix 5: Adult Safeguarding Escalation Flowchart

At all times:

**IF IN DOUBT, CHECK IT OUT!**

Safeguarding often has grey areas, that may not neatly fit this flowchart.

Contact a Designated Safeguarding Officer (DSO) or the Safeguarding Advisor who can advise further.

There are concerns/suspicions about a person’s behaviour.  
OR  
There has been disclosure or an allegation about a person’s behaviour.

What are your concerns regarding?

Poor Practice

Adult Safeguarding

Do you need to take action to ensure the immediate safety or medical welfare of the adult?)

Is the DSO implicated?

Yes

Yes

No

No

Remember to keep adult safeguarding personal. Where at all possible, fully involve the adult in question, and respect their right to self determination where safe to do so and where the adult has capacity.

Seek consent if the adult has capacity and explain that you need to alert the DSO in the first instance (even if no consent is given for external sharing of information) so that an accurate record can be kept.

Record your concerns via a [Safeguarding Incident form](https://forms.office.com/Pages/ResponsePage.aspx?id=KVHcOAw0FEWKBE6O8ncVZPfHgg1x8RlPkAMiiTtDnJlUMElXSVVLNjQ0UjY2NFlFVDlYR0dOMzBGSyQlQCN0PWcu&wdLOR=cCC627CDA-DEB2-4D2F-BE4F-472D5A7DE0DA) and verbally alert the DSO. Notify the DSO of any consent or capacity issues so they can make an appropriate decision as to next steps.

Call ambulance/Police

Explain that there may be a safeguarding issue

Discuss with a DSO you feel comfortable with, or the Chief Executive (involving your line manager where appropriate).

Make notes and complete incident report form.

A senior person in the organisation is allocated to investigate.

Inform DSO. Make notes and complete [Incident Safeguarding](https://forms.office.com/Pages/ResponsePage.aspx?id=KVHcOAw0FEWKBE6O8ncVZPfHgg1x8RlPkAMiiTtDnJlUMElXSVVLNjQ0UjY2NFlFVDlYR0dOMzBGSyQlQCN0PWcu&wdLOR=cCC627CDA-DEB2-4D2F-BE4F-472D5A7DE0DA) Form, submit to DSO

Investigated by DSO, Line Manager and HR

Possible outcomes:

Criminal proceedings Police enquiry Adult Social Care Referrals

Disciplinary Measures No further action Signposting to services

#### \*Remember to involve the adult at risk throughout the process wherever possible and seek to gain consent for any referrals to social care if the person has capacity\*

# Appendix 6: Glossary

An adult at risk **-** is an individual aged 18 years and over who:

(a) is experiencing or is at risk of abuse or neglect,

(b) has needs for care and support (whether or not the authority is meeting any of those needs) and

(c) as a result of those needs is unable to protect themself against the abuse or neglect or the risk of it.

It is important to note:

* the use of the term ‘at risk’ means that actual abuse or neglect does not need to occur before an intervention, rather early interventions to protect an adult at risk should be considered to prevent actual abuse and neglect.

Abuse- is a violation of an individual’s human and civil rights by another person or persons.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. Categories of adult abuse and harm includes:

* **Physical** - including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
* **Sexual** - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
* **Emotional or Psychologica**l – this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
* **Exploitation** – is the deliberate maltreatment, manipulation or abuse of power and control over another person; to take advantage of another person or situation usually, but not always, for personal gain from using them as a commodity. It may manifest itself in many forms including slavery, servitude, forced or compulsory labour, domestic violence and abuse, sexual violence and abuse, or human trafficking.
* **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.
* **Financial or Material** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
* **Self-neglect** – this covers a wide range of behaviour: neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.
* **Modern Slavery / Human Trafficking** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment
* **Discriminatory** – discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.
* **Domestic Abuse and coercive control** – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour'-based violence. It can occur between any family members.
* **Female Genital Mutilation** - comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
* **Organisational / Institutional** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

There are additional definitions which, whilst not included in legislation, are also relevant in today’s changing climate. These include:

* **Cyber Bullying** –cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person. It can be used to carry out many different types of bullying (such as racist bullying, homophobic bullying, or bullying related to special educational needs and disabilities) but instead of the perpetrator carrying out the bullying face-to-face, they use technology as a means to do it.
* **Forced Marriage** – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.
* **Hate Crime** - is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person’s actual or perceived race, religious belief, sexual orientation, disability, political opinion or gender identity.
* **Radicalisation** – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship or through social media.

Disclosure- the process by which an individual will share their experiences of abuse with others.

Protected characteristic**-** includes a person’s[age](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#age)**,** [disability](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#disability)**,** [gender reassignment](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#reassignment)**,** [marriage and civil partnership](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#marriage)**,** [pregnancy and maternity](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#pregmat)**,** [race](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#race)**,** [religion or belief](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#rob)**,** [sex](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#sex)**,** [sexual orientation](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics#lgb)