

Slide 1 – Cover Slide

It is important that the trainer has access to the Adult Safeguarding Enquiry procedures to support with the delivery of these slides. The Enquiry Procedures are available on the SSASPB website under the guidance tab. Where information is in bullet points, the detail to underpin this can be found in the chapter 2 of the procedures

Slide 2 - Objectives

The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the police. Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs), publish an annual report and strategic plan. Initiatives designed to ensure greater multi-agency working as a means of transforming adult social care.

Slide 3 – Key Legislation and Guidance

Reference here only –signpost to these

1. Human Rights –violation of these may be challenged in court- public body has positive obligation to uphold right to life, right to be free from inhumane and degrading treatment, right to liberty, right to access court, right to privacy, family life
2. Special Measures for vulnerable victims & witnesses
3. Domestic Violence, Crime & Victims Act 2004, aims to protect vulnerable adults, including the elderly, from violence, abuse or neglect. Charge of 'causing or allowing the death of a vulnerable adult' applies to relatives or carers who abuse old people.
4. Serious Crime Act 2015, section 76 created a new offence of controlling and coercive behaviour in an intimate or family relationship – trainers to remind delegates of this **
5. Note MCA Amendment Act 2019 – replacement scheme for DoLS – Liberty Protection Safeguards [LPS]- with implementation date proposed April 2022
The MCA - Decision making for incapacitated people + offences. Includes DoLS- a person cannot be deprived of their liberty unless in accordance with a procedure set out in law. (could be MCA, MHA or PACE) Local Authorities can currently give permission to care homes/ hospitals to deprive a person of their liberty under MCA if six assessments are met. Gov have accepted proposal by Law Commission for replacement scheme Liberty Protection Safeguards- for further information - www.scie.org.uk
6. Care Act and Guidance to support implementation – safeguarding ch14 – Act puts safeguarding duties of LA into context with other duties – trainer to refer to briefing slides for updating own knowledge. Process underpinning this session reflects amendments by Care Act

Slide 4 – The Care Act

Trainer verbal exposition– (overview only) of changes in terminology/ definitions brought in with Care Act 2014

Possible Q&A here - Not perpetrator/ abuser/ victim... but source of risk/ person causing the harm / the 'adult'

Slide 5 – Wellbeing/Making Safeguarding Personal

Underpinning principles

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, and at the end, the extent to which desired outcomes have been realised.

Slide 6 – Safeguarding Principles

Look at the proportionality –consider the risk identified -what is the proportionate response to this regarding action to take –professionals should use professional judgement.

Lord Justice Munby – workers can be driven by 'protection imperative' this can link with being 'risk averse'

Partnership working –who else could you/ ought you be talking to.

Accountability – recording with care, being able to give rationale for decision making –refer to guidance in Staffordshire and Stoke on Trent Adult Safeguarding Enquiry Procedures

Slide 7 – Sources of Risk

We have already seen that those causing the harm are nearly always known to the adult. Local figures give a high rate of allegations against family members. National figures show a high rate of alleged abuse by paid carers. Increasingly there are referrals relating to concern about neglect in residential or nursing care.

Where the source of risk is also a service user then it is essential that roles and responsibilities are clear and that we meet the needs of both parties. It is important that due process is still made possible and that there is no conflict of interests in the help that is given to both the source of risk and to the person who is alleged to have been abused. Providers of services may not be care providers: milkmen, meter readers, workmen etc. all come into contact with service users in various settings and may be sources of risk

Slide 8 – Categories of Abuse

Refer here to SAB website – as an option display after this slide (alternatively each category is explored on following slides

Group activity – flexibility to organisation –could use film clip/ case studies here
Ask groups to give examples of each category and then move on to signs and indicators

Self neglect –discuss the higher threshold for referral and importance of up to date review assessment of need

Detail provided in West Midlands Procedures

Physical abuse

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators

- Unexplained or inappropriately explained injuries;
- Adult exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing;
- Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or faecal incontinence;
- Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- Adult may repeat what the person causing harm has said (e.g. 'Shut up or I'll hit you');
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;
- An adult without capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

Domestic abuse

Raise awareness of the 'Domestic Incident Assessment Log' (DIAL) risk assessment tool, widely used by police and domestic abuse specialist agencies.

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

In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.
- Age range extended down to 16.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and Grandparents, whether directly related, in-laws or step-family.

Sexual abuse

Sexual abuse 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. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Possible indicators

Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;

- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;
- Sexual exploitation.

Sexual exploitation

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them. Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain or being sent

such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

Psychological abuse

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks. Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation. It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

Possible indicators

- Untypical ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;
- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted;
- Adult's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

Financial or material abuse

This includes 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.

Possible indicators

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult's accounts or cards
- Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision;
- Recent changes of deeds/title of house or will;
- Recent acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Service user not in control of their direct payment or individualised budget;

- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal money-lending.

Modern slavery

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

Someone is in slavery if they are:

- forced to work - through mental or physical threat; owned or controlled by an 'employer', usually through mental or physical abuse
- or the threat of abuse; dehumanised, treated as a commodity or bought and sold as 'property'; physically constrained or has restrictions placed on his/her freedom of movement.

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. If an identified victim of human trafficking is also an adult with care and support needs, the response will be co-ordinated under the adult safeguarding process. The police are the lead agency in managing responses to adults who are the victims of human trafficking. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

Possible Indicators:

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

Adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;

- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn
- They have few personal possessions and often wear the same clothes
- What clothes they do wear may not be suitable for their work.
- The adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English
- Fear of authorities, the adult perceives themselves to be in debt to someone else or in a situation of dependence.

Discriminatory abuse

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist

comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible Indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse. An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices. An adult making complaints about the service not meeting their needs.

Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their 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. Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs. Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff: receive little support from management; are inadequately trained; are poorly supervised and poorly supported in their work; receive inadequate guidance; or where these is:

- Unnecessary or inappropriate rules and regulations;
- Lack of stimulation or the development of individual interests;
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- Restriction of external contacts or opportunities to socialise.

Neglect and acts of omission

These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves. Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within an adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person;
- Person is exposed to unacceptable risk.

Self-neglect

Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

Indicators of self-neglect may be:

- living in very unclean, sometimes verminous, circumstances; poor self-care leading to a decline in personal hygiene; poor nutrition; poor healing/sores; poorly maintained clothing; long toenails; isolation; failure to take medication; hoarding large numbers of pets; neglecting household maintenance;
- portraying eccentric behaviour/lifestyles.

NOTE: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

Slide 10 – Physical Abuse

Refer to SSASPB website

Slide 12 – Financial Abuse

Find out ways in which financial abuse can be prevented from occurring by using the SSASPB Financial Abuse (727 KB) guidance

Slide 16 – Self Neglect

Higher threshold for causing S42 Enquiry 9 refer to Enquiry procedures
- Discuss here the importance of up to date review assessment of need

Slide 18 – Domestic Abuse

Reference here to offence of coercion and control –Serious Crime Act 2015 (control = more than one single incident of abuse)

Slide 20 – Raising a Safeguarding Concern When

The procedures aren't for everyone – where previously concerns were specific to the **vulnerable adult** –now above

Link here later to the categories regarding modern slavery and domestic abuse – again does the person meet the conditions as stated on the slide?

Slide 22 – Initial Safeguarding Decision Flowchart

Amended since earlier presentation – note the reference to others at risk – children and section 2.13 in the enquiry procedures

Side 23 – Safeguarding not a Substitute for

Refer to 2.9 and 2.10 of the procedures regarding poor practice and refer here to who else should be told

Providers' core responsibility, across health and social care, is to provide safe, effective and high quality care. Safeguarding concerns will require a variety of responses including a provider or other agency investigation, a disciplinary process, a clinical governance response from within or by external bodies, the involvement of police, regulators, staff training or other activities.

Slide 24 – Not Reporting Concern into the Adult Safeguarding Process

Adopt the mantra – 'it's not enough to do nothing'

If no adult safeguarding concern reported into the local adult safeguarding process –then other activity may be necessary

-other risk management processes may be MARAC, MAPPA –**NB -Raise awareness of risk assessment tools, widely used by police and domestic abuse specialist agencies.**

Slide 25 – What will you do if someone tells you

Putting it into practice - Group activity –to discuss and then feedback

Could use **case studies** to support here –those that may or may not cause enquiry

Slide 26 – What to do when abuse is disclosed by an adult

Discuss here the exceptions –for example, when risk may be increased by informing adult of intended action

Slide 27 – A Good Referral

Referral by telephone – referrer will be given a case reference number

Slide 28 – Reporting without Consent



Trainer further own verbal exposition of this:

<https://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/does-not-want-to-share.asp>

Slide 29 – Contact Numbers

TRAINERS TO ADD RELEVANT TO THEIR ORGANISATION HERE