



SAFEGUARDING ADULTS

White Lodge follows good working practice in line with recommendations of the Surrey Multi Agency Procedure – Safeguarding Adults Procedure 2018.

All staff and volunteers working at White Lodge are required to have 2 independent written references and an enhanced Disclosure & Barring Service check, which is updated every 3 years.

All staff have training on safeguarding adults every 2 years. Volunteers are invited and encouraged to join these trainings, if this is not possible they will be made aware of Safeguarding Adults with their supervisor.

Staff and volunteers working for the Centre are well placed to notice signs of physical, sexual, psychological/emotional abuse, neglect, financial/material abuse, abuse of individual rights/discriminatory abuse/racial abuse and professional abuse.

DEFINITION OF ABUSE

Abuse is a violation of an individual's human and civil rights by any other person or persons or organisations. 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 omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

STATEMENT OF PRINCIPLES

- All adults have Mental Capacity to make informed decisions, assume capacity unless there is evidence to the contrary.
- All adults have a right to be protected and their decisions respected, even if that decision involves risk.
- The prime concern at all stages is the interests and safety of the adult.
- The aim is to give a professional service to support and minimise distress to any adult.
- Everyone is treated sensitively at all stages of the investigation.
- The importance of professionals working in partnership with the adult and others involved, is recognised throughout the process.
- All services are provided in a manner that respects the rights, dignity, privacy and beliefs of all the individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability, age or sexual orientation.
- Adults who have been abused need the same care and sensitivity whoever the alleged abuser.
- The person who has the concern has a responsibility to discuss this immediately with the Rendezvous Coordinator or the CEO, as stated in the Procedure below.
- All agencies receiving confidential information in the context of an adult investigation make decisions about sharing this information in appropriate circumstances.
- Procedures provide a framework to ensure that agencies work together for the protection of vulnerable adults. They are not a substitute for professional judgement and sensitivity.
- Adults have the right to have an independent advocate if they wish, at any stage in the process.



CONTEXT OF ABUSE

Abuse of adults can occur in any setting or any situation and can be a complex area of work. Abuse may occur in domestic, institutional and public settings:

- Domestic settings: including their own home or another person's home.
- Institutional settings: including day care, residential care, nursing homes and hospitals.
- Public settings: including in the street, any public places or social or work environment.

Abuse of adults occurs in all cultures, all religions and all levels of society.

The abuser may be:

- well known to their victims, but can be a stranger
- a relative, partner, son, daughter, friend or neighbour
- a paid or voluntary worker, or a health or social care worker
- another vulnerable adult, such as a service user

The abuser may not realise they are abusing and can sometimes act out of character.

WHAT CONSTITUTES ABUSE?

Abuse is a violation of an individual's human and civil rights by any other person or persons, or organisation.

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 omission to act, or it may occur where a 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.

Abuse can be broadly defined under the following categories.

Physical abuse: The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

Examples of behaviour: hitting, slapping, pushing, burning, physical restraint, harassment, enforced sedation, inappropriate use of medication, and catheterisation for management ease.

Sexual abuse: Direct or indirect involvement in sexual activity without consent.

Examples of behaviour: Non-contact: looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.



Contact: coercion to touch, e.g. of breast, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers, and/or other objects.

Neglect: Ignoring or withholding physical or medical care needs.

Examples of behaviour: failure to provide: appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; inappropriate use of medication or over-medication.

Self Neglect: An individual may be considered as self-neglecting and therefore at risk of harm where they are either unable or unwilling to provide adequate care for themselves or unable / unwilling to obtain necessary care to meet their needs.

Modern Slavery: Includes exploitation in the sex industry, forced labour, domestic servitude in the home and forced criminal activity. These types of crime are often called Human Trafficking.

Psychological/emotional abuse: Psychological abuse is that which impinges on the emotional health and development of individuals. It also presents with other forms of abuse.

Examples of behaviour: shouting, swearing, insulting, ignoring, threats, intimidation, harassment, humiliation, depriving an individual of the right to choice and privacy.

Financial/material abuse: The unauthorised, fraudulent obtaining and improper use of funds, property or any resources of a vulnerable person.

Examples of behaviour: misappropriating money, valuables or property, forcing changes to will, denying the vulnerable adult the right to access personal funds.

Abuse of individual rights/discriminatory abuse/racial abuse: Abuse of individual rights is a violation of human and civil rights by any other person or persons.

Discriminatory abuse consists of abusive or derisive attitudes or behaviour based on a person's sex, sexuality, ethnic origin, race, culture, age, disability or any other discriminatory abuse, this includes hate crime.

Professional / Organisational abuse : Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

Examples of behaviour: entering into a sexual relationship with a service user, failure to refer disclosure of abuse, poor, ill-formed or outmoded care practice, failure to support an adult to access health care/treatment, denying adults access to professional support and services such as advocacy, service



design where groups of users living together are incompatible, punitive responses to challenging behaviours, failure to whistle blow on issues when internal procedures to highlight issues are exhausted.

Institutional Abuse: Institutional abuse occurs when the lifestyles of individuals are sacrificed in favour of the rituals, routines and/or restrictive practices of the home or care setting.

Examples of behaviour: lack of individualised care, inappropriate confinement or restrictions, sensory deprivation, inappropriate use of rules, custom and practice, no flexibility of bedtimes or waking times, dirty clothing or bed linen, lack of personal possessions or clothing, deprived environment or lack of stimulation, misuse of medical procedures

Domestic Abuse: The Home Office definition is as follows:

“Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality.

An adult is defined as any person aged 18 years or over and family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.”

The definition has been widened by the government to incorporate violence by family members as well as between adults who are or were intimate partners.

It should also be noted that this could include a person, adult or child, who is living in an environment where they are witnessing domestic abuse.

All victims of domestic abuse should be treated with compassion and according to their own individual needs, without making assumptions or stereotyping.

SIGNS AND INDICATORS OF ABUSE

Where abuse has occurred, one or more of the following signs or indicators may, or may have been, present. None of these definitely suggest abuse, however, suspicions should be heightened if one or a combination of these indicators exists.

- Seeking shelter or protection
- Unexplained reactions towards particular individuals or settings
- Frequent or regular visits to the general practitioner or the accident and emergency department, or hospital admissions
- Frequent or irrational refusal to accept investigations or treatments for routine difficulties
- Unexplained change in material circumstances
- Inconsistency of explanation regarding the area of possible concern
- Carer/care worker or third party always wishing to be present at interviews
- Anorexia/bulimia or eating disorders

- Panic attacks, withdrawal of verbal communication, regressive behaviour
- Disturbed sleep patterns
- Absconding/wandering
- Dislike of being touched and flinching on being touched



- Obsessive or challenging behaviour
- Self harm
- Withdrawal
- History of domestic violence
- History of drug and/or alcohol abuse

None of the previously mentioned indicators, or indeed those given below, definitively suggests abuse. However, suspicions should be heightened if one or a combination exist.

Signs of possible physical abuse:

- Bruising
- Fractures
- Sprains or dislocations
- Lacerations
- Fractures
- Burns including friction burns and scalds
- Drowsiness, confusion due to over-sedation
- Pressure sores
- Welt marks
- Symmetrical grip marks/bruising caused by finger tips
- Malnutrition
- Cowering and flinching

In addition to these physical signs, suspicions should be heightened by the following:

- Injuries not consistent with information given by the vulnerable adult, carer or care worker
- Injuries in locations where accidental injury is implausible/unlikely
- The vulnerable adult is unable to explain repeated unexplained injuries
- Injuries inconsistent with known lifestyle/habits
- Failure or unexplained delays in seeking treatment
- Use of furniture and other equipment to restrict movement
- Carer, care worker or third party defensive in explanation

As with the indicators for sexual abuse, none of these definitively suggests abuse and care should be taken to investigate each case and the surrounding circumstances thoroughly.

Signs of possible sexual abuse:

- Repeated urinary infections
- Incontinence/bed wetting
- Sexually transmitted diseases

- Bruising/bleeding/soreness/cuts in genital or breast area
- Pregnancy
- Depression/stress
- Deliberate self-harm



In addition to physical signs, suspicions should be heightened by the following:

- Increase in sexualised behaviour eg excessive masturbation
- Inappropriate sexual behaviour/language
- Excessive washing
- Inappropriate dressing
- Self-neglect, poor body image
- Panic attacks

Signs of possible neglect:

- Poor hygiene – smell of urine/faeces
- Dehydration
- Weight loss or malnutrition
- Hypothermia – or abnormal body temperature
- Inappropriate clothing
- Failure to respond to prescribed medication raising suspicion medication withheld
- Infections
- Pressure sores
- Failure to protect eg lack of safety equipment, such as stair guard

In addition to these physical signs, suspicions should be heightened by the following:

- Deliberate deprivation of social contact
- Sensory deprivation eg not allowed to have hearing aid, glasses or other aids to daily living
- Deliberate withholding of medical care/treatment
- Deliberate withholding of an adequate environment eg light, heat, space, privacy or food

Signs of possible psychological or emotional abuse:

- Sudden changes in behaviour
- Sleep disturbance
- Low self esteem
- Punitive approach to bodily functions on incontinence
- Anxiety/unease/silence
- Fear
- Depression
- Deterioration in ability to exercise choice
- Irrational fears
- Onset of phobias

In addition to the previously mentioned signs, suspicions should be heightened by the following:

- Excessive deference to carer, care worker or third party
- Over-protection
- Violation of civil liberties



Signs of possible financial/material abuse:

- Unexplained loss of fund/sudden large withdrawals from bank accounts etc
- Inability to pay bills
- Marked change in lifestyle/standard of living
- Basic needs not being met
- Theft of property
- Misuse of benefits
- Recent acquaintances expressing sudden or disproportionate affection for a person with money or property
- Person managing financial affairs is evasive or uncooperative
- Power of Attorney obtained when a person believed to be unable to comprehend
- Intimidation and extortion

Signs of abuse of rights (discriminatory and institutional):

- Submission to prescriptive routines
- Lack of choice
- Lack of privacy and dignity
- Lack of personal belongings
- Use of punishment – withholding food, drink
- Poorly trained and unskilled staff
- Needs not being met by available staff levels
- Unacceptable 'treatments' or programmes which include sanctions or punishment such as withholding of food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over-medication
- Lack of disabled access

In addition to the previously mentioned signs, suspicions should also be heightened by repeated instances of care which fall below current evidence and research based practice.

Signs of possible professional abuse:

- Entering into a sexual relationship with service user
- Failure to refer disclosure of abuse
- Poor, ill-informed or outmoded care practice
- Failure to support vulnerable people to access healthcare/treatment
- Denying vulnerable adults access to professional support and services such as advocacy, service design where groups of users living together are incompatible
- Punitive responses to challenging behaviours

- Failure to whistle blow on issues when internal procedures to highlight issue are exhausted

RECOGNITION AND REFERRAL

Factors to consider when responding to a concern being raised by an adult:

Do:

- Listen very carefully



- Try not to show shock
- Demonstrate empathy
- Use open questions
- Assure the adult that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, try to get a better picture of what happened, but avoid asking too many questions
- Explain that you have a duty to tell your Manager or other designated person, (if you are an employee / volunteer), and that their concerns may be shared with others who could have a part to play in supporting and protecting them
- Reassure them that they will be involved in decisions about what will happen
- Explain that you will try to take steps to protect them from further abuse or neglect.
- Provide support and information to meet their specific communication needs
- Record the words of the adult and accept the statements as fact; record the full details, including the time, date and location that disclosure was made. All written notes must be made as soon as practicable and kept securely
- Be aware of the possibility that medical evidence might be needed.

Tell the person that:

- They did a good / right thing in telling you
- You are treating the information seriously
- It was not their fault
- Ask the person what they need to keep themselves safe
- You must tell your Line Manager and, with the consent of the adult, the Manager will contact Adult Social Care / Integrated Mental Health Team and the Police if a crime has been committed. The Manager will, in specific circumstances, contact Adult Social Care/Integrated Mental Health Team without the adult's consent but their wishes will be made clear throughout.
- If a safeguarding concern is reported by the adult at risk but the adult at risk is reluctant to continue with any enquiries, record this, this will need to be brought to the attention of Adult Social Care/Integrated Mental Health Team when reporting the concern. This will enable a discussion of how best to support, protect and plan with the adult.

Do not:

- Do not make promises you cannot keep
- Do not promise to keep secrets

- Undertake an interview with the person
- Do not confront the person alleged to have caused the harm as this could place you at risk, or provide an opportunity to destroy evidence, or intimidate the person alleged to have been harmed or witnesses
- Do not be judgemental or jump to conclusions
- Breach confidentiality for example by telling friends, other work colleagues.



It is important that the adult is given the opportunity to talk and every effort should be made to ensure this takes place in private. The adult may not understand that they are being abused and so may not realise the significance of what they are telling you.

Some disclosures happen many years after the abuse. There may be good reasons for this, for example the person they were afraid of has left the setting. Therefore, any delay in an individual reporting an incident should not cast doubt on its truthfulness.

Factors to consider when a concern has been reported:

- Is the adult safe and is there a need for an immediate safety response?
- Safeguard the adult, alerting the Service Coordinator or in their absence, the CEO.
- Are there immediate risks to others?
- What are the views and wishes of the adult?
- How vulnerable is the adult?
- What personal, environmental and social factors might contribute to the vulnerability of the adult?
- What is the nature and extent of the abuse?
- Is there a concern that the adult has caused harm or is likely to cause harm to others?
- Does the person alleged to have caused harm provide care to the adult?
- Is the abuse a crime or is there a likelihood of a crime being committed?
- Is there a need to secure evidence? (this might include, body maps, records, medicine/fluid charts, rotas, care and support plans, daily records, secure the scene of a crime etc.)
- Is there a risk to the public?
- How long has it been happening?
- Is it a one-off incident or a pattern of repeated actions?
- What impact is this having on the adult?
- Was there a clear intention to harm?
- What physical and/or psychological harm is being caused?
- What is the extent of premeditation, threat or coercion?
- What are the immediate and likely longer-term effects of the abuse on their independence, well-being and choice?
- What impact is the abuse having on others?

- What is the risk of repeated or increasingly serious acts by the person causing the harm?
- Is a child (under 18 years) at risk?
- Is there any doubt about the mental capacity of the adult being unable to make decisions about their own safety? Remember to assume capacity unless there is evidence to the contrary. (Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress).



The first concern must be to ensure the safety and well-being of the adult who is alleged to have been harmed.

Procedure for the Rendezvous Coordinator or CEO to be follow in the event of concerns about an adult:

- The Rendezvous Coordinator or the CEO must ensure that all recording is clear. Any explanation given to account for the concern must also be noted. If the concern involves a member of staff reference must be made to the whistle blowing policy.
- The priority is to safeguard the adult. This may mean that arrangements are made for their return home to be delayed, staff not to leave the premises or, if the concern relates to a member of staff, appropriate action is taken. Any such decisions will be made in consultation with the CEO.
- If there remain concerns, the Rendezvous Coordinator or CEO makes a referral to the Multi-agency Hub (MASH) or Police immediately, particularly if it involves removing the adult from the situation.
- Verbal referrals must always be followed up by a written referral within 72 hours. All action taken must be recorded in confidential files.
- The Rendezvous Coordinator ensures that staff concerns are dealt with promptly, thoroughly and fairly. In the event of an investigation, the member of staff who registered the concern is fully supported.

Multi-agency Safeguarding Hub (MASH) 0300 470 9100- 9am to 5pm, Monday to Friday

Emergency Duty Team – 01483 517 898 – Out of hours

Secure email- ascmash@surreycc.gov.uk

Address – Mash Team, surrey Police, PO box 101, Guildford, Surrey GU1 9PE

In an emergency, always call 999

Referenced from Surrey Safeguarding Adults Board Multi-Agency Procedures, Information and Guidance November 2016

Further Reading;

Prevent Duty – Radicalisation

Covid 19 Policy

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf