



North Tyneside And Northumberland Multi-Agency Adult Safeguarding Policy

Contents

Page

1.	Executive Summary	4
1.1	Partner Agencies	4
1.2	The Legal Framework	4
1.3	Definition Of An Adult At Risk	5
1.4	Additional Responsibilities	6
1.5	Local Authority Duties	6
1.6	Safeguarding Adults Board	7
1.7	Annual Report	7
1.8	Types Of Abuse	7
1.9	Our Aim	8
1.10	Our Commitment	8
1.11	Our Vision	9
2.	Governance Arrangements – North Tyneside And Northumberland	10
3.	The Policy	11
3.1.	Making Safeguarding Personal	11
3.2.	Advocacy	11
3.3.	Types Of Abuse	12
3.4.	Domestic Abuse	12
3.5.	Multi-Agency Risk Assessment Conference (MARAC)	14
3.6.	Multi-Agency Public Protection Arrangements (MAPPA)	15
3.7.	Handling Cases Of Forced Marriage And Honour Based Violence	16
3.8.	Female Genital Mutilation	18
3.9.	Human Trafficking	18
3.10.	Modern Slavery	19
3.11.	Sexual Exploitation	19
3.12	Exploitation By Radicalisation Of Adults At Risk	19
3.13	Hate Crime	20
3.14	Restraint	21
3.15	Ill Treatment And Wilful Neglect	22
3.16	Self-Neglect	22
3.17	Community Safety	22
3.18	Trading Standards	23
4.	Who Abuses And Neglects Adults?	23
4.1.	Carers And Safeguarding	23
4.2	Abuse By Children	24
4.3	Transition Arrangements For Care Leavers	24
4.4	Abuse Of Trust	24
4.5.	Abuse By Another Adult At Risk	25
4.6	Safeguarding As A Whole Family Approach	26
4.7	Child Protection	26
5.	Recognising And Reporting Abuse And Neglect	26
5.1	Reporting And Responding to Abuse And Neglect	27
5.2	Adult Safeguarding Procedures	27
5.3	Criminal Offences And Adult Safeguarding	27
6.	Organisations Working Together In Safeguarding Adults	29
6.1	Responsibilities Of Organisations	29
7.	Information Sharing	30

8.	Safe Recruitment And Duty To Refer To Disclosure And Baring Service	31
9.	Training	32
10.	Promoting Equality	33
11.	Culture/Diversity	33
12.	Equality Impact Assessment	33
	Appendix A MARAC Referral Flow Chart	34
	Appendix B Relevant Legal Statutes	35
	Appendix C Categories And Indicators Of Mistreatment/Harm/Abuse	43

Document Control

Owner	Safeguarding Adults Board
Version	5.0
Approval Body	Safeguarding Adults Board/ Health and Well-being Board
Approval Date	March 2015
Review Frequency	Yearly
Next Review Date	March 2016

Revision History

Revision Date	Version	Summary of Changes	Changes Section
November 2012	3.0	Updated phone numbers Updated roles and responsibilities Updated AIS guidance Vetting and Barring Scheme Updated legal information: Section 127 Mental Health Act	6.4 Book 1p 36 2.2 Book 4 p 4 Ap8 Book 3 p68 5.6 Policy p 20 8.4 Policy p34
August 2014	4.0	Full policy review and update Jointly between North Tyneside and Northumberland	All sections
March 2015	5.0	Revision and update in response to Care Act implementation April 2015	All sections

An extensive distribution is provided to all Partners, Providers, Commissioners & Contacted Services, Statutory, Independent and Voluntary services, Vulnerable Adults and their Carers.

1. Executive Summary

Welcome to our revised Policy. This is an overarching joint North Tyneside and Northumberland Safeguarding Adults Policy which is further supported by the following resources:

- 10 Steps Procedural Document (North Tyneside and Northumberland have separate local versions of this document)
- Multi - Agency Involvement and Glossary of Terms
- Dispute Resolution, Complaints and Appeals in Adult Safeguarding
- Safeguarding Adult Reviews
- Information Sharing Policy

You will find these all at the North Tyneside Council, Adult Social Care, Safeguarding website: <http://www.northtyneside.gov.uk> or Northumberland County Council <http://www.northumberland.gov.uk>

This Policy defines the course of action we should take to protect people at risk of harm from abuse and/or neglect and gives a framework to all staff across agencies that will enable them to ensure the safety of individuals and to understand each other's role in carrying out this task.

In accordance with **Making Safeguarding Personal** North Tyneside and Northumberland SAB's aim is to develop an outcomes focus to adult safeguarding work and a range of responses to support people to improve or resolve their circumstances. This should result in safeguarding being done with, and not to, people.

1.1 Partner Agencies

This multi-agency policy sets out the agreement signed up to by all partner agencies and organisations and is evidenced within the Terms of Reference/Constitution of the SAB. It demonstrates collaborative work in recognising and addressing the rights of people at risk of harm who require support to be protected from abuse and mistreatment. The Policy and accompanying procedures will continue to be subject to review and development in line with Government guidance.

To ensure a consistent approach individual internal safeguarding policies, procedures and practice across our partner agencies whether statutory, independent or voluntary, should integrate with this policy and associated procedures.

1.2 The Legal Framework

This Policy is developed in accordance with:

The Care Act 2014

The Act will, for the first time, set out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at

risk of abuse or neglect. The final statutory guidance refers to sections 42 – 46 of the Care Act 2014, and can be found on pages 229 – 279 at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

From April 2015, the Care Act Statutory Guidance will replace the existing

No Secrets: Guidance on developing and implementing multi -agency policies and procedures to protect vulnerable adults from abuse. (Department of Health 2000).

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

We have also referred to:

Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work. ADSS 2006.

<http://www.adass.org.uk/images/stories/Safeguarding%20Adults/SAFEGUARDING%20ADULTS%20pdf.pdf>

We have also paid attention where appropriate to guidance issued by **OFSTED**.

Under the Care Act, Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

In addition, organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being as defined in Section 1 of the Act.

This document will use the term 'adult at risk' in compliance with The Care Act 2014. On final implementation this will replace the previous term 'vulnerable adult', which was used throughout *No Secrets*.¹

1.3 Definition Of An Adult At Risk

An adult at risk is defined by The Care Act 2014 as:

A person who

- a. has needs for care and support (whether or not the authority is meeting any of those needs),

¹ An adult aged 18 years 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, or unable to protect him or herself against significant harm or exploitation' *No Secrets* (DH, 2000).

- b. is experiencing, or at risk of, abuse or neglect, and
- c. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

An adult at risk *may* therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support

This list is not exhaustive and being frail, elderly or having a disability does not mean you are therefore at risk, you could for example, be making an informed choice which others may consider unwise – but it is your choice. Both capacitated and incapacitated people can be at risk from harm and at risk of duress, pressure or undue influence. The eligibility criteria should not be used in safeguarding decision making.

1.4 Additional Responsibilities

The Care Act guidance clearly states that Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and to protect life and property.

1.5 Local Authority Duties

The Care Act requires that each local authority must:

- make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- set up a Safeguarding Adults Board (SAB)
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them
- co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

1.6 Safeguarding Adults Board

The Act requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear basis in law for the first time.

The Act says that the SAB **must**:

- include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues;
- develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations;
- publish a safeguarding plan and report to the public annually on its progress, detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy
- arrange for there to be a safeguarding adult review of a case involving an adult at risk where the statutory criteria are met (See Safeguarding Adults Review Policy) and identify and apply the lessons learned from those cases.

The Act places a duty on those approached by the SAB's to provide information in prescribed circumstances.

1.7 Annual Report

Both SAB's commit to sending a copy of its annual report to:

- the Chief Executive and leader of the local authority;
- the Police and Crime Commissioner and the Chief Constable;
- the local Healthwatch; and
- the Chair of the Health and Wellbeing Board.

We expect that those organisations will fully consider the contents of the report and how they can improve their contributions to both safeguarding throughout their own organisation and to the joint work of the Board.

1.8 Types Of Abuse

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

1.9 Our Aim is to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

1.10 Our Commitment

Both North Tyneside and Northumberland's Adults Board consists of executive partners who focus the direction of work to safeguard adults at risk in our Borough. This document intends to emphasise the commitment of the Board to work to include people at risk of harm, their families, carers and support staff in a least intrusive and choice enabling way

In accordance with the Care Act 2014 (as previously under No Secrets) Local Authorities recognise that they are responsible for leading on the co-ordination of safeguarding; however all agencies are expected to have designated leads and to collaborate fully in safeguarding activity.

1.11 Our Vision

The North Tyneside (NTSAB) and Northumberland (NSAB) Safeguarding Adults Boards have agreed the following Vision Statement:

The vision of both Safeguarding Adults Boards in North Tyneside and Northumberland is to promote the individuals human rights, their capacity for independence, ensuring each person is treated with dignity and respect and able to enjoy a sustained quality of life and improved wellbeing. That at all times they are afforded protection from abuse, neglect, discrimination or poor treatment and that their carers whether paid or unpaid, are safe.

As no single agency can act in isolation all constituent members of the Safeguarding Adults Boards recognise the need for and give a commitment to work in partnership and collaboration, to ensure positive outcomes in the welfare and protection of all citizens at risk of harm from abuse.

In addition we agree to adhere to the following Care Act principles which underpin all adult safeguarding work

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

- **Prevention** – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- **Proportionality** – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

- **Protection** – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

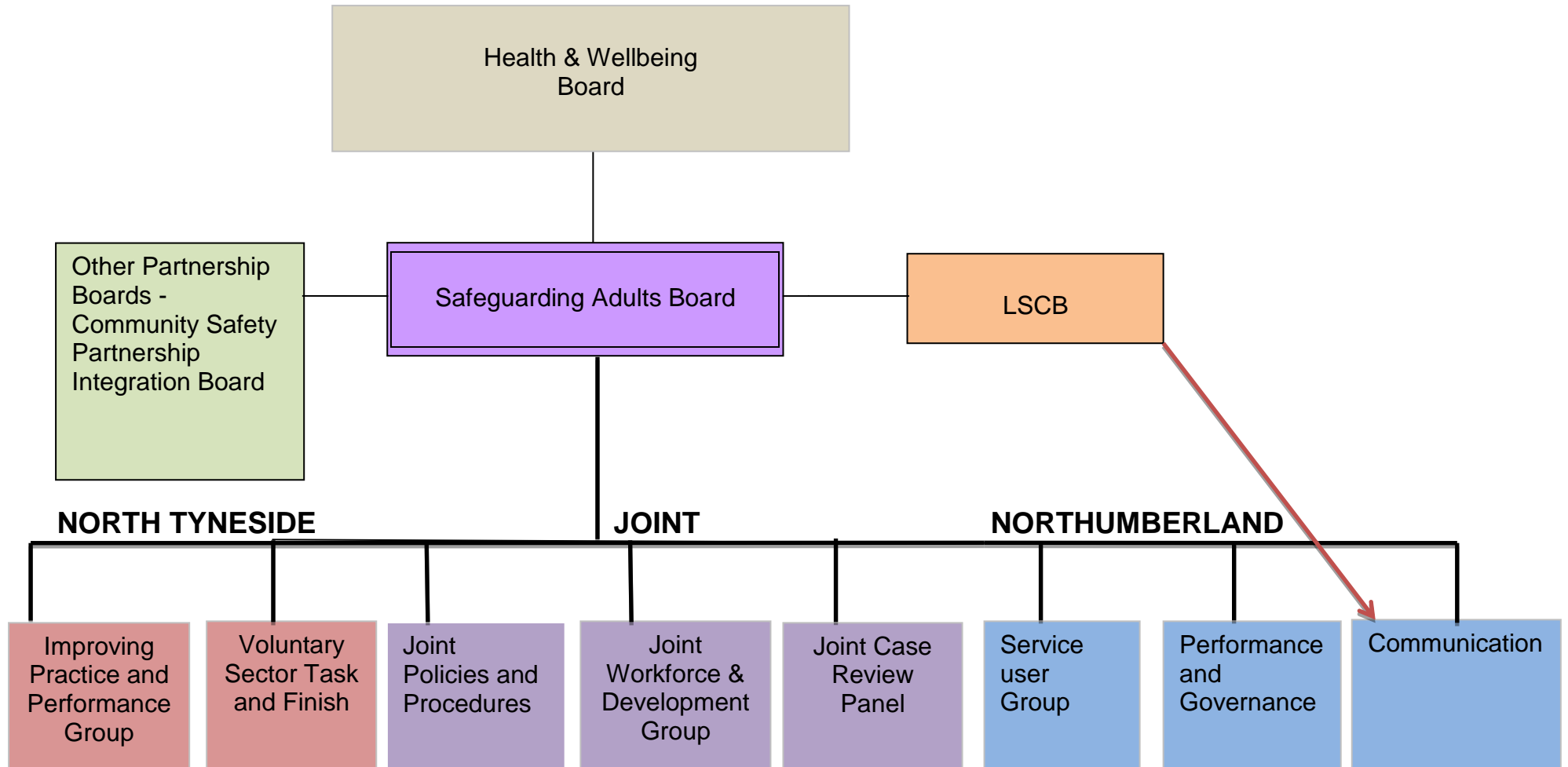
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

- **Accountability** – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

2. Governance Arrangements – NORTH TYNESIDE AND NORTHUMBERLAND



3. The Policy

The Policy relates to all adults who require safeguarding and applies to all agencies in contact with them. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It encompasses all activity which enables an adult to retain independence, well-being and choice, and is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi-agency basis.

With the emphasis on **supporting** adults to access services of their own choice there is a duty to ensure protection for adults who do not have the mental capacity to protect themselves. We recognise that people have complex lives, and being safe is only one of the things that they may want for themselves. We believe that professionals should work with the adult at risk to establish what being safe means to them and how that can be best achieved. A balance of choice, positive risk taking and protection is the kind of personalised approach NTSAB and NSAB aim to achieve

3.1 Making Safeguarding Personal

Making Safeguarding Personal is a sector led initiative in response to findings from Peer Challenges, No Secrets consultation and other engagement and is led by the Local Government Association. North Tyneside and Northumberland SAB's are committed to implementing a Making Safeguarding Personal Approach. This includes:

- Involving adults at risk and their families/carers in safeguarding in the outset of safeguarding activity
- Making sure adults at risk and their families/carers receive information which allows them to understand the process, so that they can make informed choices about the outcomes they would like to achieve
- Making sure adults at risk and their families/carers are supported to enable them to participate fully in discussions and meetings
- Ensuring that adults at risk are offered advocacy services as appropriate to their needs.
- Working at all times in accordance the Mental Capacity Act 2005 and Mental Capacity Act *Code of Practice*.
- Seeking the consent of the adult at risk unless he or she lacks capacity about the safeguarding interventions; there is a wider public interest or a concern that a crime has been or maybe committed. In these circumstances there is an overriding duty of care to them or to others in particular children and consent can be overridden.

3.2 Advocacy

The Care Act places a duty on Local Authorities to arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

Independent Mental Capacity Advocates (IMCA's) can be commissioned to assist in adult safeguarding issues Under Sec. 35 of the Mental Capacity Act 2005

In safeguarding adults cases ONLY, access to IMCA's is not restricted to people who have no one else to support or represent them. Therefore, people who lack capacity, who have family and friends can still have an IMCA to support them through the safeguarding process.

3.3 Types Of Abuse

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **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.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – 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.
- **Modern slavery** – 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 abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Additional Information:

3.4 Domestic Abuse

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

The strategic framework for the domestic abuse plan in North Tyneside is provided by the Local Safeguarding Children Board plan, the Safeguarding Adults plan and the North Tyneside Safer Partnership strategy.

From April 2013 the definition of domestic abuse was revised to:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

“Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

“Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Domestic Abuse is rarely a one-off incident and should be seen as a pattern of harmful & controlling behaviour through which the abuser seeks power and control over the victim. Domestic abuse occurs across society regardless of age, gender, race, sexuality, wealth and geography. It is predominately committed by men against women, but men can be abused by women and domestic violence can occur in same sex relationships. Children are affected both directly and indirectly. There is also a strong correlation between domestic abuse and child abuse.

As abuse can occur with any member of the family, robust protection and prevention arrangements are necessary for both interfamilial and intimate or ex- partner relationships.

While the adult at risk must retain choice and control; effective multi-agency safeguarding arrangements can only be achieved when agencies share information and undertake safe risk assessments. This could involve sharing information without consent.

The abusive partner should never be informed of any disclosures.

High risk victims are identified using the CAADA DASH risk indicator check list

CAADA = Coordinate action against domestic Abuse

DASH = Domestic Abuse, Stalking and Harassment and Honour based violence

- Readers will find the North Tyneside annual DAP plan on:
- http://www.northtyneside.gov.uk/pls/portal/NTC_PSCM.PSCM_Web.download?p_ID=546260

- For more information in Northumberland see:
<http://www.northumberland.gov.uk/default.aspx?page=7397>
- To gain more information of the risk assessment follow this link:
http://www.caada.org.uk/marac/RIC_with_guidance.pdf

Contact information:

Police emergency : **999** all other times **101**

Services in Northumberland can be found at
<http://www.northumberland.gov.uk/default.aspx?page=3086>

Key Northumberland Contacts include:

Victim Support 0191 2960148
Cease24 Domestic Abuse Project 01665 606881
WHAC (Women’s Health Advice Centre) 01670 853977
Sixtyeightythree (Hexham) 01434 608030

Further details can be found at: <http://www.enough.me.uk/>

North Tyneside contacts	
North Tyneside Harbour Refuge & Outreach 0191 251 3305	North Tyneside Acorns Domestic Abuse Outreach 0191 257 2731
Victim Support 0191 2960148	Woman’s Aid 0808 2000 247 (National helpline)
National Centre for Domestic Violence 0844 8044 999 (Helpline) 0800 9702070 (free phone) Free legal advice	Refuge 0870 5995 443 (24hr national helpline)

3.5 Multi-Agency Risk Assessment Conference (MARAC)

The main aim of the Multi-Agency Risk Assessment Conference (MARAC) is to reduce the risk of serious harm or homicide for a domestic abuse victim and to increase the safety, health and wellbeing of other victims, both adults and children. In a MARAC local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies.

MARAC is set up to respond to and discuss cases of domestic abuse where there is a high risk of harm. If the person who is experiencing domestic abuse is not assessed as being at high risk of further harm there are alternative support options that are available, for example, consideration should be given to referring the individual to a local specialist domestic violence service, where it is deemed appropriate and safe to do so.

Specialist domestic abuse services provide support and advocacy to the person who is experiencing the domestic abuse in relation to safety planning, housing options, legal options (for example to obtain an injunction) and counselling. Those not aware of the specialist services available in their borough can contact the Domestic Violence Coordinator, Gateway or the local support numbers provided above.

3.6 Multi-Agency Public Protection Arrangements (MAPPA)

MAPPA are the statutory arrangements for managing sexual and violent offenders. MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner. Agencies at all times retain their full statutory responsibilities and obligations. The Responsible Authority (RA) consists of the Police, Prison and Probation Services. They are charged with the duty and responsibility to ensure that MAPPA is established in their area and for the assessment and management of risk of all identified MAPPA offenders. Other agencies under section 325(3) of the Criminal Justice Act (2003) have a “duty to co-operate”

The Purpose Of MAPPA

The purpose of MAPPA is to help to reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- Identify all relevant offenders;
- Complete comprehensive risk assessments that take advantage of coordinated information sharing across the agencies;
- Devise, implement and review robust Risk Management Plans; and focus the available resources in a way which best protects the public from serious harm

If a referral meets the criteria for the statutory MAPPA case it is forwarded to MAPPA Coordinator or Deputy, for a decision on the appropriate forum. All agencies will then complete a research form to establish information held by their agency, on each particular case. If consent for information has been refused by the service user then each agency needs to consider whether they can satisfy the requirement under Section 115 of the Crime and Disorder Act 1998 to override consent.

There is a close alignment between MAPPA and the Multi Agency Risk Assessment Conference (MARAC) and both processes could be used at the same time

3.7 Handling Cases Of Forced Marriage Honour Based Violence (Including Multi Agency Guidelines)

Forced marriage must never be confused with arranged marriage.

A forced marriage is a marriage in which one or both spouses do not, or in the case of some adults with learning or physical disabilities who cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.

The terms “honour crime” or “honour-based violence” or “izzat” embrace a variety of crimes of violence (mainly but not exclusively against women), including assault, imprisonment and murder where their family or community punishes the person. They are being punished for actually, or allegedly, undermining what the family or community believes to be the correct code of behaviour. In transgressing this correct code of behaviour, the person shows that they have not been properly controlled to conform by their family and this is to the “shame” or “dishonor” of the family.

[The Anti-social Behaviour, Crime and Policing Act 2014](#) makes it a criminal offence to force someone to marry This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they’re pressured to or not)
- Breaching a Forced Marriage Protection Order is also a criminal offence
- The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted
- Details of the new law can be found on the [Legislation website](#)

IF YOU BECOME AWARE, THE FIRST STEPS IN ALL CASES MUST BE:

- See them immediately in a secure and private place where the conversation can not be overheard
- See them on their own – even if they attend with others
- Explain all the options to them
- Recognise and respect their wishes
- Perform a risk assessment
- Contact, as soon as possible the Forced Marriage Unit
- If the young person is under 18 years of age, refer them to the designated person with responsibility for safeguarding children and activate local safeguarding procedures
- Reassure them about confidentiality i.e. practitioners will not inform their family
- Establish a way of contacting them discreetly in the future
- Obtain full details to pass on to the trained specialist
- Consider the need for immediate protection and placement away from the family.

DO NOT:

- Send them away
- Approach members of their family or the community
- Share information with anyone without their express consent
- Breach confidentiality
- Attempt to be a mediator

ADDITIONAL STEPS

- Give them, where possible, the choice of the ethnicity and gender of the specialist who deals with their case
- Inform them of their right to seek legal advice and representation
- If necessary, record any injuries and arrange a medical examination
- Give them personal safety advice
- Develop a safety plan in case they are seen i.e. prepare another reason why you are meeting
- Establish if there is a family history of forced marriage, e.g. siblings forced to marry.
- Other indicators may include domestic violence, self-harm, family disputes, unreasonable restrictions (e.g. withdrawal from education or “house arrest”) or missing persons within the family
- Advise them not to travel overseas.
- Discuss the difficulties they may face
- Identify any potential criminal offences and refer to the police if appropriate
- Give them advice on what service or support they should expect and from whom
- Ensure that they have the contact details for the trained specialist
- Maintain a full record of the decisions made and the reason for those decisions
- Information from case files and database files should be kept strictly confidential and preferably restricted to named members of staff only
- Refer them, with their consent, to appropriate local and national support groups, counselling services and women’s groups that have a history of working with survivors of domestic abuse and forced marriage

All practitioners working with victims of forced marriage and honour-based violence need to be aware of the “one chance” rule. That is, they may only have one chance to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted. Refer to HM Government Multi-agency practice guidelines: [Multi-Agency Statutory Guidance for dealing with forced marriage](#) 2014

In Northumberland please also see:

<http://www.northumberland.gov.uk/default.aspx?page=7568>

3.8 Female Genital Mutilation

FGM is any procedure that is designed to alter or injure a girl or woman's genital organs for non-medical reasons. It is sometimes known as 'female circumcision' or 'female genital cutting'. It's mostly carried out on young girls. FGM procedures can cause: severe bleeding, infections, problems with giving birth later in life - including the death of the baby.

Female genital mutilation (FGM) is illegal in the UK. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this.

If someone is in immediate danger the police should be called.

If there is someone who is at risk of FGM or has had FGM, this information needs to be shared with social care and the police to investigate and protect the girls or women involved.

For information:

<https://www.gov.uk/female-genital-mutilation>

www.modernslavery.org.uk

Multi-Agency Guidelines: Female Genital Mutilation:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216669/dh_124588.pdf

There is a FGM Helpline : 0800 028 3550

Email: fgmhelp@nspcc.org.uk

3.9 Human Trafficking

If an identified victim of human trafficking is also an adult at risk, the response will be coordinated under the Safeguarding Adults process. This will include organisations that have a role to play in dealing with victims of human trafficking, including the police, health trusts, immigrations officials and other relevant support services including those in the voluntary sector. The adult at risk should receive the support and advice they need and be safely repatriated if this is the future plan. If the victim is a child, the situation will be dealt with under child protection procedures. The early identification of victims of human trafficking is key to ending the abuse they suffer and to providing the assistance necessary. There is a requirement for front-line staff to be able to identify the signs that someone has been trafficked. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services; this is called the National Referral Mechanism. The UK Human Trafficking Centre takes referrals of adults and children identified as being the victims of trafficking. Local authorities can provide a range of assistance on a discretionary basis. The Centre now comes under the National Crime Agency (NCA). The police are the lead agency in managing responses to adults who are the victims of human trafficking.

For more information see:

<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre>

3.10 Modern Slavery

The Anti-Slavery Day Act 2010 established an annual anti-slavery day to raise awareness of the issue, described slavery as including:

- Trafficking for sexual exploitation
- Child trafficking
- Trafficking for forced labour
- Domestic servitude

The Modern Slavery Bill was introduced in the House of Commons on 10 June 2014. The Bill is intended to provide law enforcement with stronger tools to stamp out modern slavery, ensure slave drivers receive suitably severe punishments and enhance protection of and support for victims. The overall policy objective is to reduce the incidence of human trafficking and modern slavery in the UK. The UK National Referral Mechanism Statistics showed a 47% increase in 2013, with 1,746 cases reported. It is normally more prevalent amongst the most vulnerable, minority or socially excluded groups. The Bill places a legal duty on public bodies, including the police, local authorities and borders and immigration, to notify the National Crime Agency about potential victims of modern slavery.

For more information:

<https://modernslavery.co.uk>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328096/Modern_slavery_booklet_v12_WEB_2_.pdf

3.11 Sexual Exploitation

The term Child Sexual Exploitation is now commonly recognised nationally as one of the most important challenges facing all local authorities and their partner agencies. Sexual exploitation has a devastating impact on children and young people, but can also affect vulnerable adults and their families and communities. It has a serious, long term and lasting impact on every aspect of a person's life including their health, physical and emotional wellbeing, educational attainment, personal safety, relationships and future life opportunities. Sexual Exploitation is therefore a key priority for the SABs and their partner agencies. All agencies, across all tiers of intervention, need to be aware of the risk factors around Sexual Exploitation and to follow the appropriate safeguarding referral routes to children's or adult social care.

3.12 Exploitation By Radicalisation Of Adults At Risk

Government and the Home Office have placed great emphasis on working to counter terrorism, aiming to stop people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for safeguarding

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale, and charismatic individuals to

attract people to their cause. The aim is to draw people into their reasoning, inspire new recruits, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual:

- Identity or personal crisis,
- Particular personal circumstances,
- Unemployment or underemployment and criminality.

All of the above factors may contribute to alienation from UK values and a decision to cause harm to symbols of the community or the state. While the Home Office leads on the anti-terrorism strategy there are two main branches relevant to safeguarding people at risk of harm CONTEST & PREVENT

Contest

In July 2011 Government revised the Contest strategy. The aim of this is to reduce the risk to the UK and its interests overseas from terrorism, so that people can go about their lives freely and with confidence. The scope of this revised strategy has been broadened to cover all forms of terrorism. The counter-terrorism strategy will continue to be organised around four work streams, each comprising a number of key objectives:

Pursue: to stop terrorist attacks

Prevent: to stop people becoming terrorists or supporting terrorism

Protect: to strengthen our protection against a terrorist attack

Prepare: to mitigate the impact of a terrorist attack

Prevent

The Prevent strategy contains three objectives:

1. To respond to the ideological challenge of terrorism and the threat from those who promote it;
2. To prevent people from being drawn into terrorism and ensure they are given appropriate advice & support;
3. To work with sectors and institutions where there are risks of radicalisation that we need to address.

3.13 Hate Crime

Hate crime is defined as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence. In addition it includes incidents that do not constitute a criminal offence. Apart from individually charged offences, under the Crime and Disorder Act 1998 local crime reduction partnerships can prioritise action where there is persistent antisocial behaviour that amounts to hate crime.

The police and other organisations should work together to intervene under Safeguarding Adults policy and procedures to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime.

Coordinated action will aim to ensure that victims are offered support and protection, and action is taken to identify and prosecute those responsible.

Anyone can be a victim of abuse regardless of sexuality or gender. However lesbian, gay, bisexual and transgender (LGBT) individuals could face additional concerns around homophobia and gender discrimination. There may be concerns that individuals would not be recognised as victims or be believed and taken seriously. Abusers may also control their victims, threatening to 'out' them to friends, family or support agencies. Professionals may need to seek advice from LGBT organisations to assist in the support of victims.

In North Tyneside ARCH, a web based reporting system, provides a secure and confidential way for the reporting of racist and homophobic incidents. Incidents can be reported either by visiting one of our reporting centres or by using the 24-hour freephone line on **08000 32 32 88**

ARCH aims to:

- Increase the number of hate incidents that are reported.
- Increase the support available to victims of hate incidents.
- Improve action taken against perpetrators.
- Increase the understanding of hate incidents in North Tyneside.
- Reduce the number of hate incidents experienced in North Tyneside.
- Get a more accurate picture of hate incidents in the borough.
- Identify 'hot spots' more easily and work with agencies to tackle these areas effectively.

For more information on ARCH and a full list of reporting centres go to:

http://www.northtyneside.gov.uk/browse.shtml?p_subjectCategory=1126

In Northumberland you can report a hate crime online at

https://online.northumberland.gov.uk/citizenportal/form.aspx?form=reporting_hate_crime

The person reporting the incident can either be the victim, a person reporting on behalf of the victim, or a witness or an agency worker who feels the incident needs to be reported.

3.14 Restraint

Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty without authorisation is physical abuse. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not. See section 5 and 6 of Mental Capacity Act and Chapter 6 of Code of Practice

<http://www.legislation.gov.uk/ukpga/2005/9/section/5>

<http://www.legislation.gov.uk/ukpga/2005/9/section/6>

<https://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf>

Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of key pads to prevent people from going where they want from a closed environment, or the use of medication whose sole purpose is to subdue a person. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity as long as it is a proportionate response to the likelihood and seriousness of the harm

3.15 Ill Treatment And Wilful Neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process. Subsequent decisions will then be made in their best interests in line with the Mental Capacity Act and Mental Capacity Act *Code* as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity. See

<http://www.legislation.gov.uk/ukpga/2005/9/section/44>

3.16 Self-Neglect

North Tyneside and Northumberland's SABs are committed to supporting those who neglect themselves.

It can prove to be a difficult task for partner agencies and organisations to illicit change in a person's life, particularly where they are deemed to have capacity to live in neglectful conditions or situations as there are limited powers to intervene. It is therefore more important that all agencies work together to try to come to the best possible outcome with the individual. Both Boards would support extreme case of self-neglect being managed through the Safeguarding Adults procedures as appropriate.

Useful information is available at

<http://www.scie.org.uk/adults/safeguarding/selfneglect/index.asp>

or

<http://sro.sussex.ac.uk/22841/>

3.17 Community Safety

The Crime and Disorder Act places a statutory requirement for 'responsible authorities' in each local government area to work together with other agencies to tackle crime, disorder, substance misuse and reoffending. Systems are in place to undertake strategic assessment, analyse levels and patterns of crime, disorder, substance misuse, reoffending and behaviour adversely affecting the environment and the views of local communities.

3.18 Trading Standards

The Trading Standards service protects consumers and honest traders by ensuring that trade is carried out lawfully, fairly and safely by enforcing consumer law. It makes sure that traders do not get any unfair advantage by the way they do business. It also helps businesses by telling them about the law and how it applies to them. It helps consumers by empowering them through the provision of information leaflets, press releases and talks to community groups. Trading Standards investigate complaints and regularly visit trade premises and check the goods and services being sold. When necessary they take action against traders who break the law.

North Tyneside and Northumberland trading standards run a registered trader scheme which residents can use with confidence knowing that the tradesmen have been vetted by trading standards professionals.

Trading Standards work closely with many organisations to include Age UK and Citizens Advice Bureau. They are part of the regional Scam-buster team and with the National Illegal Money Lending Team who investigate loan sharks.

http://www.northtyneside.gov.uk/trading-standards.shtml?p_subjectCategory=305

<http://www.northumberland.gov.uk/default.aspx?page=306>

4. Who Abuses And Neglects Adults?

- friends;
- acquaintances;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals; and
- volunteers and strangers.

Abuse can happen anywhere: for example, in someone's own home, in a public place, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

4.1 Carers And Safeguarding

There is a clear difference between unintentional harm caused inadvertently by a carer and a deliberate act of harm or omission. North Tyneside and Northumberland are committed to ensuring all Carers feel supported in their caring role and know where to go to gain support. The Carers Centre in North Tyneside can be contacted on **0191 643 2298**.

Services in Northumberland can be found at

<http://www.carersnorthumberland.org.uk/> or Tel 01670 320025

In cases where unintentional harm has occurred this may be due to lack of knowledge or due to the fact that the carer's own physical or mental needs make them unable to care adequately for the adult at risk. The carer may also be an adult at risk. In this situation the aim of Safeguarding Adults work will be to support

the carer to provide support and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment should be considered.

North Tyneside has a risk assessment in place for Carers and Northumberland promote the use of the Carers Wellbeing Assessments which look at how Carers can keep themselves safe.

In a very small number of cases, and where a deliberate act has occurred the safeguarding process may be led by the criminal process and the police involved as appropriate

Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

We recognise that if a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken and other agencies are involved as appropriate. Alternatively, if a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to whether, as part of the assessment and support planning process for the carer and, or, the adult they care for, support can be provided that removes or mitigates the risk of abuse.

4.2 Abuse By Children

If a child or children is/are causing harm to an adult at risk, this should be dealt with under the Safeguarding Adults policy and procedures, but will also need to involve the local authority children's services.

4.3 Transition Arrangements For Care Leavers

Robust joint working arrangements are essential to meet the think family approach adopted by the SAB. Workers have a co-ordination remit which sits outside of the safeguarding policy.

4.4 Abuse Of Trust

A relationship of trust is one in which one person is in a position of *power or influence* over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.

Where the person who is alleged to have caused harm is in a position of trust with the adult at risk, they may be deterred from making a complaint or taking action out of a sense of loyalty, fear of abandonment or other repercussions. Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are a member of staff, a paid employee, a paid carer, a volunteer or a manager or proprietor of an establishment, the organisation will invoke its disciplinary procedures, and liaise with professional bodies for example Health Care Professional Council (HCPC) Nursing and Midwifery Council (NMC), or British Medical Association (BMA) as well as taking action under the Safeguarding Adults policy and procedures.

If a crime is suspected a report must always be made to the police, and referral must be made to Disclosure and Barring Service (DBS) if the person has been found to have harmed or put at risk of harm an adult at risk.

Where the person alleged to have caused the abuse or neglect is a volunteer or a member of a community group, adult social care services will work with the relevant group to take action under this policy and procedures.

Where the person alleged to have caused the abuse is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the safeguarding procedures will be used to ensure that the adult at risk receives the services and support that they may need.

In all cases regard should be given to issues of consent, confidentiality and information sharing.

4.5 Abuse By Another Adult At Risk

Where the person causing the harm is also an adult at risk, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards the person causing the harm and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person allegedly causing the harm.

It will be necessary to reassess the adult allegedly causing the harm. This could involve a network meeting where the following could be addressed:

- The extent to which the person causing the harm is able to understand his/her actions
- The extent to which the abuse or neglect reflects the needs of the person causing the harm
- The likelihood that the person causing the harm will further abuse the victim or others.

The same principles and responsibilities to report a crime apply.

4.6 Safeguarding As A Whole Family Approach

North Tyneside and Northumberland SAB's are committed to the early help strategy for Children and families which is intend to provide a simple single process of holistic assessment of a child's strengths and needs taking account of the role of parents, carers and environmental factors on their development.

Where concerns about a family are identified through the Adult Safeguarding Process these will be shared as appropriate with relevant agencies

4.7 Child Protection

The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect. Everyone must be aware that in situations where there is a concern that an adult at risk is or could be being abused or neglected and there are children in the same household, they too could be at risk. Reference should be made to the local child protection procedures if there are concerns about the abuse or neglect of children and young people under the age of 18. The local Safeguarding Children Board (LSCB) is responsible for ensuring multi agency procedures are in place and the procedures and related guidance are available on the LSCB web site in North Tyneside http://www.northtyneside.gov.uk/browse.shtml?p_subjectCategory=486

[And in Northumberland](#)

<http://www.northumberland.gov.uk/default.aspx?page=3808>

5. Recognising And Reporting Abuse And Neglect (See Appendix C For Further Details)

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life including, amongst others in health and social care, welfare, policing, banking, fire and rescue services and trading standards; leisure services, faith groups, and housing. GPs, in particular, are often well-placed to notice changes in an adult that may indicate they are being abused or neglected. Findings from Serious Case Reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented.

We recognise that anyone can witness or become aware of information suggesting that abuse and neglect is occurring. The matter may, for example, be raised by a worried neighbour, a concerned bank cashier, a GP, a welfare benefits officer, a housing support worker or a nurse on a ward. Primary care staff may be particularly well-placed to spot abuse and neglect, as in many cases they may be the only professionals with whom the adult has contact. The adult may say or do things that hint that all is not well. It may come in the form of a complaint, a call for a police response, an expression of concern, or come to light during a needs assessment. Regardless of how the safeguarding concern is identified, our aim is to ensure that everyone should understand what to do, and where to go locally to get help and advice. This should include

- knowing about different types of abuse and neglect and their signs;
- supporting adults to keep safe;
- knowing who to tell about suspected abuse or neglect; and

- supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

Our SAB's recognise the importance of awareness campaigns for the general public and multi-agency training for all staff will contribute to achieving these objectives.

5.1 Reporting And Responding To Abuse And Neglect

We recognise that it is important to understand the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether there is any emerging pattern of abuse, whether others have witnessed abuse and the role of family members and paid staff or professionals. The circumstances surrounding any actual or suspected case of abuse or neglect will inform the response.

5.2 Adult Safeguarding Procedures

The SAB's recognise that in order to respond appropriately where abuse or neglect may be taking place, anyone in contact with the adult, whether in a volunteer or paid role, must understand their own role and responsibility and have access to practical and legal guidance, advice and support. This will include understanding local inter-agency policies and procedures.

Our safeguarding procedures are outlined in the 10 Steps document available for North Tyneside at http://www.northtyneside.gov.uk/browsedisplay.shtml?p_ID=533408&p_subjectCategory=421

For Northumberland at <http://www.northumberland.gov.uk/default.aspx?page=9598>

The SAB's commit to keep our policies and procedures under review and report on these in the annual report as necessary.

5.3 Criminal Offences And Adult Safeguarding

We recognise that local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria under the care Act is, or is at risk of, being abused or neglected.

However, we recognise that everyone is entitled to the protection of the law and access to justice. Behaviour which amounts to abuse and neglect, for example physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and certain forms of discrimination also often constitute specific criminal offences under various pieces of legislation.

Although the local authority has the lead role in making enquiries, where criminal activity is suspected, we recognise that the early involvement of the police is likely to have benefits in many cases.

Achieving Best Evidence

The SAB's would expect that a worker who first becomes aware of concerns of abuse or neglect would ensure that:

- They do not show signs of shock or disbelief and should present as calm and in control.
- Emergency assistance is immediately sought, where required e.g. G. P, ambulance or Police are contacted where a crime has or may have been committed and with the consent of the victim unless:
 - i) They lack capacity to give informed consent
 - ii) It is a matter of public safety that overrides the need for consent
 - iii) A third party who has witnessed the possible abuse is prepared to either contact the police or give permission for police to be contacted on his / her behalf.
- In either of the above incidences, forensic and other evidence is not contaminated.
- If possible without putting themselves at risk, attempt to separate the alleged perpetrator and victim

This means:

- Not touching anything that could provide evidence that a crime has been committed
- Where there is an allegation or signs of a physical or sexual attack, try not to allow vulnerable adult to wash, bathe, eat or drink until option of medical examination is given, but you may not be able to prevent this therefore try for MINIMUM intervention.
- Not allow anybody else to enter the area or touch anything
- Close off the area if at all possible until the police arrive
- Where possible remove all other people from scene
- If possible, keep the victim involved in what is happening and what actions are being taken.
- Not confront the alleged abuser (If they are also a vulnerable adult do make sure a member of staff ensures their safety).
- Listen carefully without asking probing questions. Encouraging open questions are
 - T = Tell me about that?
 - E = Can you Explain that to me?
 - D – Describe it?
- Write down all information using, in as much as possible, the vulnerable adult's own words. (Signed and dated)
- Recording should include information on gestures and body language displayed by the vulnerable adult.
- Confirm that the issue will be taken seriously.
- Confirm what steps will be taken.
- Ensure that the vulnerable adult knows that they will be given feedback and by whom.
- Ensure that the vulnerable adult has contact details to use if they wish to report any further issues or to ask any questions that may arise

N.B. any records may be used within future legal proceedings therefore it is imperative to state facts only. Where opinion is being given it should be recorded clearly that this is opinion rather than fact.

It is the vulnerable adult's right to gain assistance where and when they are being abused. Therefore staff should be trained in how to summon assistance from police or medical services and under what circumstances this should happen.

6. Organisations Working Together In Safeguarding Adults

This policy and associated procedures are for all agencies and individuals involved in safeguarding adults at risk of harm, including managers, professionals, volunteers and staff working in public, voluntary and private sector organisations.

They represent the commitment of organisations to:

- Work together to prevent and protect adults at risk from abuse
- Empower and support people to make their own choices
- Investigate actual or suspected abuse and neglect
- Support adults and provide a service to adults at risk who are experiencing abuse, neglect and exploitation.

The SABs expect that partner organisations will contribute to effective inter-agency working and effective multi-disciplinary assessments and joint working partnerships in order to provide the most effective means of safeguarding adults.

Action taken under these procedures does not affect the obligations on partner organisations to comply with their statutory responsibilities such as notification to regulatory authorities under the Health and Social Care Act 2008 or to comply with employment legislation

Organisations continue to have a duty of care to adults who purchase their own care through cash personal budgets and are required to ensure that reasonable care is taken to avoid acts or omissions that are likely to cause harm to the adult at risk

Partner organisations will have information about individuals who may be at risk from abuse and may be asked to share this where appropriate, with due regard to confidentiality.

6.1 Responsibilities Of Organisations

All organisations should:

- Report concerns or suspicions of risk of abuse in a timely way
- Give high priority to any actions required to ensure the safety of adults who may be at risk.
- Prioritise the dignity, safety and well-being of the individual in any safeguarding action they take.

- Recognise the rights of any person alleged to have abused or neglected an adult at risk. If that person is also an adult at risk they must receive support and their needs must be addressed.
- Ensure all staff understands their role and responsibilities in regard to this policy.
- Make every effort to ensure that adults at risk are afforded appropriate protection under the law.
- Have their own internal operational procedures to complement this policy, including complaints.
- Ensure support to staff raising concerns by whistle-blowing and comply with the Public Interest Disclosure Act 1998.
- Ensure that staff and volunteers have access to training appropriate to responsibility and receive clinical and/or management supervision, to afford the opportunity to reflect on practice and the impact of their actions on others.

7. Information Sharing

Sharing information is the most important part of protecting people at risk of harm from abuse.

There is a joint Northumberland and North Tyneside Multi Agency Information Sharing Policy to facilitate the effective sharing of information between agencies (adults & children based) working with families.

See <http://www.northumberland.gov.uk/default.aspx?page=9598> and also Best Practice Guide for Working with Children and Families.

The Safeguarding Adults Board hold confidentiality as key to assist partnership working, avoiding barriers to reach a consensus and accepting principles to underpin working together. To ensure clear information sharing all partners are committed to the simple process of sharing relative information and follow the “Golden Rules” taken from the HM Government Information Sharing guidance package (2008).

Seven golden rules for information sharing

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child

is at risk of significant harm. You will need to base your judgement on the facts of the case.

5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it - whether it is share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

(Extract from HM Government)

www.ecm.gov.uk/informationsharing

8. Safe Recruitment And Duty To Refer To Disclosure And Barring Service

The Safeguarding Vulnerable Groups Act (SVGA) 2006 and Safeguarding Vulnerable Groups (Northern Ireland) Order (SGVO) 2007, place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has **dismissed or removed** a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

1. Been cautioned or convicted for a relevant offence; or
2. Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
3. Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

The Disclosure and Barring Service (DBS) aims to prevent unsuitable people from undertaking certain paid or volunteer work with vulnerable adults or children. It vets all those who wish to do such work with vulnerable groups and barring those where the information shows they pose a risk of harm and vetting those who wish to do certain other types of work.

DBS's aim is for a system of safeguarding that is proportionate, balanced and effective and meets public concerns without being a burden. DBS offers much greater assurance that unsuitable people are prevented from working or volunteering with children or vulnerable adults than previously. It:

- Provides employers with a more effective and streamlined vetting service for potential employees

- Bars unsuitable individuals from working, or seeking to work, with children and vulnerable adults at the earliest opportunity.
- Continuous checking- when new information, such as convictions or caution or a referral from an employer, becomes known about a person already registered with the DBS, the Authority will review its original decision to bar. Where an employer has already checked on an employee's status with the DBS, that employer will be notified automatically if their employee's status changes.

The potential for enhancing the dignity of people using services is that the Act allows for effective checking of staff. It is a criminal offence for individuals barred by the DBS to work or apply to work with children or adults at risk in a wide range of posts. Employers also face criminal sanctions for knowingly employing a barred individual.

The **Duty** to refer an individual to DBS lies with the employer of that person. Professional bodies, supervisory authorities and employers hold significant information about the people they register, regulate, inspect and employ. They all have a power to refer alongside the regulated activity provider. Although this may result in duplication of information being sent to DBS, it is important that all prescribed information is captured, and this may not all be held by one party. Local authorities, professional regulators and other bodies have a **Power** to refer to DBS, information about individuals working with children or vulnerable adults where they consider them to have caused harm or pose a risk of harm. The Safeguarding Adults Team hold a standard letter which can be used to inform DBS that they should be receiving a referral from an employer.

Hyperlink to information on the Disclosure and Barring Service:

<https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance>

9. Training

The SAB's commit to ensuring that relevant partners provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements. This will include:

- basic mandatory induction training with respect to awareness that abuse can take place and duty to report;
- more detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency;
- specialist training for those who will be undertaking enquiries, and managers; and, training for elected members and others e.g. Healthwatch members; and
- post qualifying or advanced training for those who work with more complex enquiries and responses or who act as their organisation's expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or the Board.

The SAB's expect training to take place at all levels in an organisation and be updated regularly to reflect best practice. To ensure that practice is consistent - no

staff group should be excluded. Training should include issues relating to staff safety within a Health and Safety framework

10. Promoting Equality

The SAB's recognise that only where there is a strong culture of equality and diversity will people be assured of fairness, respect, equality and dignity especially in relation to their vulnerability, and when they are supported in services enabled to maximize their own well-being, choice and independence. All board partners commit to ensuring that policies and practices guard against disadvantaging any group and that all adults have a fair access to services.

11. Culture / Diversity

Individuals and groups must have the confidence that they will be treated fairly, with respect, and have access to services as appropriate regardless of their cultural background. North Tyneside and Northumberland SAB's recognise:

- some individuals and groups need extra support and recognition to deal with vulnerability and disadvantages
- there is potential for abuse where workers and organisations do not understand or value differences across cultures
- the impact that this can have on the physical and emotional wellbeing of a person.

12. Equality Impact Assessment

Impact changes to this policy are not specific to any single group. The overall change is expected to reduce the risk of harm to all adults at risk to include people who are from different age groups, be they disabled, of differing faiths and beliefs, gender and transgender, black, minority and ethnic, lesbian, gay or bi - sexual. A full Equality Impact Assessment can be found as an appendix to this policy.

Further information and advice about this policy can be sought from the Safeguarding Adults teams in North Tyneside

adult.safeguarding@northynteside.gov.uk

Tel 0191 6437079

and Northumberland via

safeguardingadults@northumberland.gcsx.gov.uk or

Tel 01670 622683

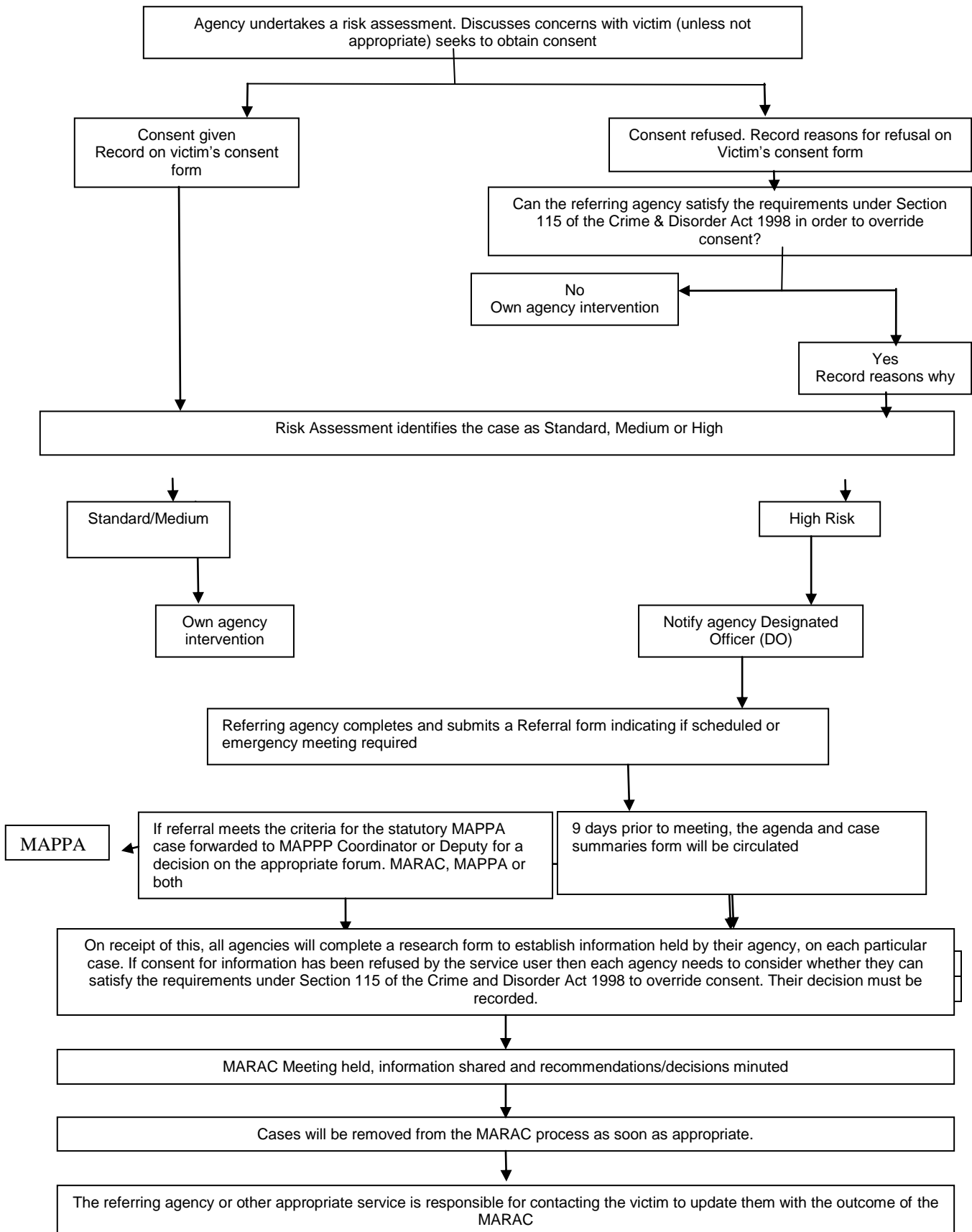
“Safeguarding is everyone’s business”

‘Strong partnerships are those whose work is based on agreed policy and strategy, with common definitions and a good understanding of each other’s roles and responsibilities.’

Safeguarding Adults, (ADSS 2005)

Appendix A - MARAC Referral Flow Chart

DOMESTIC ABUSE MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC) PROCEDURAL FLOWCHART



Appendix B - Relevant Legal Statutes

NB From April 2015 the following list should be read as amended by The Care Act 2014 where appropriate

Abuse that is a crime	Other relevant Acts & Rules
Common Law of Tort Crime and Disorder Act 1998 Criminal Justice Act 1968 Domestic Violence Crime and Victims Act 2004 Family Law Act 1996 Medicines Act 1969 Offences Against the Person Act 1861 Police and Criminal Evidence Act 1970 Protection from Harassment Act 1997 Public Order Act 1986 Sexual Offences Act 1956; 1967; 2003 Theft and Deception Acts 1968 & 1978 Youth Justice and Criminal Evidence Act 1999.	Court of Protection Rules 2007 Data Protection Act 1998. Disability Discrimination Act 1995 & 2005. Enduring Power of Attorney Act 1985 Health and Safety at Work Act 1974. Human Rights Act 1998. Mental Capacity Act 2005. Power of Attorney Act 1971. Public Interest Disclosure Act 1998. Race Relations (Amendment) Act 2002. Social Security (Claims and Payments) 1987

Provision of Health And Social Care Services

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
 Care Quality Commission (Registration) Regulations 2009.
 Carer's Recognition and Services Act 1995
 Carers and Disabled Children Act 2000
 Care Standards Act 2000
 Chronically Sick and Disabled person's Act 1970
 Community Care (Direct payments) Act 1996
 Disabled Person's (Service Consultation and Representation) Act 1986
 Employment Rights Act 1996
 Health and Social Care Act 1990
 Health Act 1999
 Housing Act 1985
 Housing Act 1996
 Housing Act 2004
 Local Authority Social Services Act 1970
 Mental Health Act 1959
 Mental Health Act 1983
 Mental Health Act 2007
 National Assistance Act 1948
 National Assistance (Amendment) Act 1951
 National Health Service Act 1997
 National Health Service and Community Care Act 1990
 Public Health Act 1936 and 1961
 Registered Homes Act 1984
 Registered Homes (Amendment) Act 1991

Additional Information On Legal Frameworks / Guidance

In invoking any legal framework in adult safeguarding, the assumption must always be that the person has mental capacity unless proved otherwise.

The following list is neither exhaustive nor should it replace legal advice. If in any doubt, advice must always be sought from Legal Services.

Mental Capacity Act 2005

The Mental Capacity Act (MCA) 2005 is a fundamental framework in safeguarding and applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves.

All professionals have a duty to comply with the MCA and associated Code of Practice. It also provides support and guidance for less formal carers.

The following principles apply for the purposes of this Act. .

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The following two stage test should be applied in ascertaining if a person lacks capacity:

1. For the purposes of the MCA, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain, and
2. A person is deemed unable to make a decision for themselves if they are unable—
 - (a) to understand the information relevant to the decision, .
 - (b) to retain that information, .
 - (c) to use or weigh that information as part of the process of making the decision, or .
 - (d) to communicate his decision (whether by talking, using sign language or any other means).

The Act provides a statutory framework for acting and making decisions on behalf of individuals who lack capacity. It affects everyone aged over 16 who may lack mental capacity, and provides a statutory framework to empower and protect people who may not be able to make some decisions for themselves, for example, people with dementia, learning disabilities, mental health problems, stroke or head injuries. It makes it clear who can take decisions in which situations and how they should go about this.

The Act covers major decisions about someone's property and affairs, healthcare treatment or where the person lives, as well as everyday decisions about personal care or what someone eats, It legally allows individuals to plan ahead should mental capacity be lost.

Should the person be identified as incapacitated in their decision making the best interests framework should be used, with all interactions being least restrictive of the person's rights and freedom of action.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DOLS) came into force in April 2009. The aim of the safeguards is to make lawful the deprivation of liberty of a person who does not have capacity to consent, where it is necessary and in person's best interests to be deprived. The granting of an authorisation makes it lawful to breach Article 5 of the Human Rights Act (Right to Liberty). An independent assessment makes this judgment. The assessment must be undertaken by a minimum of 2 appropriately qualified assessors, including a s.12 doctor and a Best Interest Assessor The safeguards apply to people living in registered care or inpatients in a hospital. The local authority acts as a Supervisory Body under the DOLS and is responsible for ensuring the assessments are carried out and appropriate authorisations are in place (including for those people who have made their own arrangements to live in registered care).

The safeguards do not apply to people living in their own homes (tenancy(including ISL) / owner occupier). Matters concerning a breach of Article 5 where a deprivation is considered to be occurring in such circumstances should be considered by the Court of Protection or the Police. Legal advice should always be sought in such circumstances.

Ordinarily an authorisation under the Deprivation of Liberty Safeguards or a declaration made by the Court of Protection should not trigger a safeguarding referral, given that the authorisation or declarations are safeguards in themselves.

Circumstances where a referral to safeguarding should be made:

- Where an assessment has been undertaken resulting in neither a declaration nor authorisation but there are still matters of concern.
- Where assessors identify other issues of concern not related to the deprivation.
- Where a deprivation is occurring but an authorisation has not been granted.

Note:

Adult social care teams should also be mindful of the 3rd party referral arrangements contained within the Deprivation of Liberty Code of Practice. These arrangements make it possible for a 3rd party to request an assessment under the safeguards where either a hospital or registered care has not sought an assessment.

Sexual Offences Act 2003

Came into force in May 2004 and introduced new offences to protect vulnerable persons with a mental disorder from sexual abuse where for example they are

unable to refuse due to a lack of understanding or where the person is offered inducements or is threatened. It includes a breach of relationship of care, by care workers.

The Act provides specific offences in relation to sexual activity involving a person with a learning disability (or mental disorder) that impedes choice.

Sections of the Act for consideration:

Section 30: Sexual activity with a person who has a mental disorder that impedes choice.

Section 31: Causing or inciting a person with a mental disorder impeding choice, to engage in a sexual activity.

Section 32: Engaging in sexual activity in the presence of a person with a mental disorder impeding choice

Section 33: Causing a person, with a mental disorder impeding choice, to watch a sexual act.

Section 38: Care workers: sexual activity with a person with a mental disorder

Section 39: Care workers: causing or inciting sexual activity

Section 40: Care workers: sexual activity in the presence of a person with a mental disorder

Section 41: Care workers: causing a person with a mental disorder to watch a sexual act.

Mental Health Act (MHA) 1983 (As Updated By Mental Health Act 2007)

Section 7 to 9 – Guardianship

If a person is received into guardianship, the guardian's powers are to require:

- The person to reside at a particular place
- The person to attend places for the purposes of medical treatment, education, occupation or training
- Access by a G.P., approved social worker or any other person specified by the guardian.

A guardianship application can only be made in respect of a person who is:

- Suffering from a mental disorder being of a nature or degree that warrants his / her reception into guardianship under this section

And

- It is necessary in the interests of the welfare of the patient or for the protection of other persons.

Sections 2, 3 and 4 These sections allow an Approved Mental Health Professional (AMHP, formerly an "Approved Social Worker") to apply for the admission to hospital of an adult with a mental disorder (defined in section 1 as any disorder or disability of the mind). The AMHP has to be satisfied that the criteria for compulsory admission are met within the MHA and the application must be supported by written recommendations of two registered medical practitioners, both of which contain a statement that the conditions specified in the relevant Section of the MHA are met. In the case of an application under Section 4 for admission for assessment in cases of emergency the Section specifies an alternative procedure and timescale for provision of written recommendations from the medical practitioners.

Section 115 Powers of Entry and Inspection empowers an Approved Mental Health Professional (AMHP) to enter and inspect any premises where an adult with a mental disorder is residing (at all reasonable times) where the AMHP has reasonable cause to believe that the person is not under proper care. Entry cannot be forced. A person commits an offence under Section 129 if he/she obstructs entry or the ability of an AMHP to exercise the powers under Section 115 without reasonable cause. The AMHP can apply for a warrant under Section 135 to search for and remove a patient (see below) Evidence to obtain a warrant can be based on past history and allows for an accumulation of evidence over a period of time.

Section 127 Mental Health Act 1983 - Ill-treatment of patients.

(1) It shall be an offence for any person who is an officer on the staff of or otherwise employed in, or who is one of the managers of, a hospital [, independent hospital or care home]—

(a) to ill-treat or willfully to neglect a patient for the time being receiving treatment for mental disorder as an in-patient in that hospital or home; or

(b) to ill-treat or willfully to neglect, on the premises of which the hospital or home forms part, a patient for the time being receiving such treatment there as an out-patient.

(2) It shall be an offence for any individual to ill-treat or willfully to neglect a mentally disordered patient who is for the time being subject to his guardianship under this Act or otherwise in his custody or care (whether by virtue of any legal or moral obligation or otherwise).

(3) Any person guilty of an offence under this section shall be liable—

(a) on summary conviction, to imprisonment for a term not exceeding six months or to a fine not exceeding the statutory maximum, or to both;

(b) on conviction on indictment, to imprisonment for a term not exceeding [five years] or to a fine of any amount, or to both.

(4) No proceedings shall be instituted for an offence under this section except by or with the consent of the Director of Public Prosecutions

NB Section 127 of the MHA 1983 was amended by the 2007 Act so that the maximum penalty for ill-treatment or neglect of patients changes from two to five years. **This change came into force on 1 October 2007**

Section 135 Warrant to search for and remove patients. An AMHP may apply to a Magistrates Court in specified circumstances to issue a warrant authorizing the police to enter and search a premises and remove a person to a place of safety where there is reasonable cause to suspect that the person is suffering from a mental disorder and has been, or is being, ill-treated neglected or kept otherwise than under proper control, or is living alone and unable to care for himself.

Section 136 empowers a police officer to remove a person who he finds in a public place to a place of safety within the meaning of Section 135 if the person appears to the police officer to be suffering from mental disorder and to be in need of immediate care and control and removal is in the interests of that person or for the protection of others, for example wandering outside of their home and at risk.

Police And Criminal Evidence Act 1984

Section 17 of this Act empowers police to search and enter premises to save “life or limb or to prevent serious damage to property”

Section 25 empowers a police officer, where there are reasonable grounds, to arrest someone to prevent them causing physical injury to another person or to protect a child or other vulnerable adult.

Public Interest Disclosure Act 1998 (Whistle Blowing)

This Act was introduced to protect individuals who make certain disclosures of information in the public interest; to allow such individuals to bring action in respect of victimisation; and for connected purposes (2nd July 1998).

It protects almost every individual in the workplace with full protection from victimisation where they raise genuine concerns about malpractice.

The Human Rights Act (1998)

The Human Rights Act, 1998 places a positive duty on ‘public bodies’ to act compatibly within the European Convention on Human Rights (1950), including a duty to intervene **proportionately** to protect the right of citizens. These rights include the right to life, freedom from torture and the right to family life.

<http://www.justice.gov.uk/guidance/humanrights.htm>

Many of the key provisions of the Act came into force in October 2000. The Act makes it unlawful for a public body to act in a way that is incompatible with a right created by the European Convention on Human Rights 1950. This includes a duty to intervene proportionately to protect the rights of citizens, such as those specified in the Convention Articles as follows:

- Article 2 Right to life
- Article 3 Prohibition of torture (no one shall be subjected to torture or to inhuman or degrading treatment or punishment)
- Article 5 Right to liberty and security
- Article 8 Right to respect for private and family life
- Article 14 Prohibition of discrimination

The Data Protection Act (1998)

covers all recording, storage and sharing of personal information held either on paper files or electronically. All personal data must be recorded and shared lawfully. It should only be shared if disclosure is either:

- Agreed by the data subject (the person the information is about)
- Required by court order or some legal duty
- Necessary to protect the “vital interests” of the data subject **or**
- Necessary to carry out a statutory function such as a duty to assess

Where personal data is sensitive (includes racial or ethnic origin; physical or mental health or condition; any criminal conviction), stricter safeguards apply e.g.

- Any consent must be explicit and not implicit

- If made without consent, such consent must be unreasonable to obtain or must be being unreasonably withheld

Law of Tort

Injunctions may be available to prohibit assault, battery, nuisance, false imprisonment and trespass against the person in the civil courts

Forced Marriage

Government and voluntary organisations are placing forced marriage into domestic abuse legislation. As a result forced marriage will play a central role in the Government's national anti – violence delivery plan.

Forced marriages involving children may also make use of the provisions under the following legislation:

- Children's Act 1989.
- Human Rights Act, Article 8 – Right to respect for private and family life (including right to form relationships and to live as a family) and Article 12 – Right to marry (men and women of marriageable age have the right to marry and to found a family in accordance with the laws applicable in the country where they marry, and as marriage requires free consent.
- Family Law Act 1996
Amendment to Part IVA embeds provisions more firmly in family jurisdiction and places forced marriage more robustly in the context of violence against women.

The Act defines:

- (a) A person must not act in a way which he knows amounts to forcing or attempting to force another person into marriage or a purported marriage without that other person's free and full consent
- (b) Practising a deception for the purpose of causing another person to enter into a marriage or a purported marriage without that other person's free will or consent
- (c) Knowingly induce, or attempt to induce, a person to do any act which contravenes the above by
 - (i) Providing or offering to provide him with any benefit
 - (ii) Subjecting or threatening to subject him to any detriment

An offer or threat is not prevented from falling within subsection (1) because it is not made directly to the person in question, if it is made in such a way that he is likely to hear it Including aiding unlawful acts by:

- (a) A person who knowingly aids another person to do an act made unlawful by section 1 or 2 shall be treated as unlawful.
- (b) Under this section a person does not knowingly do an unlawful act if:

- (i) He acts in reliance on a statement made to him by that other person that, by reason of any provision of this Act, the act which he aids would not be unlawful *and*
- (ii) It is reasonable for him to rely on that statement.

Courts can make an order for injunction (a forced marriage protection order) that if not adhered to, can carry a power of arrest. This is especially so where the victim of the conduct in question will be unprotected without this power of arrest. In exercising this power, courts will have regard to all circumstances including the need to secure the health, safety and wellbeing of the person to be protected. This must include taking into account the alleged victims wishes and feelings as considered appropriate given the person's age and understanding.

Appendix C - Categories and Indicators of Mistreatment / Harm/Abuse

Definition Of Indicator

An indicator is the sign or symptom that draws to our attention the fact that something may be wrong.

Indicators therefore can be used as a tool to aid professional practice and judgement. However, the **presence or absence** of any indicator **MUST NOT** be taken as a sign that abuse or mistreatment does / does not exist.

The following should be used as a guide for examples of abuse and what the indicators may be. Some examples of signs and symptoms that may well have a reasonable explanation are also highlighted. You should NOT ignore the possibility of abuse or rule it out unless there is appropriate and adequate explanation with evidence as to why it is not abuse.

Examples And Indicators Of Physical Abuse

This is described as a non-accidental act that results in physical pain or injury, it includes physical coercion and physical restraint. This can be an act of omission or commission.

Examples:

- Hitting
- Slapping
- Punching
- Pushing
- Kicking
- Shaking
- Restraint
- Inappropriate use /non use of medication
- Forcible feeding
- Sleep deprivation
- Physical intimidation

Indicators:

Disclosure

Unexplained falls or minor injuries

Unexplained bruises most especially if in well protected areas of the body

Burn marks

Cluster of injuries

Excessive repeat prescriptions

Malnutrition when not living alone

Pressure sores or ulcers

Inadequate heating or lighting

Any of which are inconsistent with the explanation of how they happened

Other Indicators:

- Accumulation of prescribed or other medication
- Frequent change of G.P. or reluctance by person or carer to have consultation
- Being left in wet clothing

All the above signs & symptoms may have an explanation other than one of physical abuse.

Examples And Indicators Of Psychological Abuse

This is an act that includes words (verbal abuse) or interactions that lessen the person's identity, dignity and self worth. It can be characterised by a lack of respect for the person's privacy and belongings; a lack of consideration for his / her wishes; denial of access to significant others such as social services and other support networks causing isolation; intimidation; harassment and any action that impacts on the vulnerable adult's well being.

NB: EVERY CATEGORY OF ABUSE WILL, TO AN EXTENT, INVOLVE ELEMENTS OF PSYCHOLOGICAL ABUSE.

Remember – signs and symptoms of psychological abuse may well be indicative of other forms of abuse taking place

Examples:

- Intimidation by shouting or screaming or non verbal methods
- Swearing / abusive language
- Being isolated by deprivation of social stimulation or opportunities or cultural / religious identity
- Being denied access to families or friends
- Humiliation including excessive criticism
- Withholding necessary help and assistance
- Harassment
- Withholding affection or ignoring requests
- Denial of privacy, choices and options

Indicators

- Disclosure
- Insomnia or tendency to spend long periods of time in bed
- Loss of appetite / overeating
- Self abuse, low esteem, self neglect
- Alterations in vulnerable adult's presentation e.g. appearing fearful; paranoid; attention seeking; self harm
- Withdrawal from activities previously known to be of value
- Carer demonstrates general lack of consideration for vulnerable adult.
- Racist comments

All the above signs & symptoms may have an explanation other than one of psychological abuse

Examples And Indicators Of Sexual Abuse

This is any form of sexual activity that the adult does not want to participate in and to which they have not consented or cannot give informed consent.

Any sexual relationship that develops between adults where one is in a position of power, trust or authority in relation to the other for example, care staff member,

social worker, health worker is identified as sexual abuse. Sexual abuse can be acts of:

Contact abuse including rape; buggery; incest; situations where the perpetrator touches the person's body e.g. breasts, buttocks, genital area; situations where the perpetrator exposes his / her genitals and encourages the vulnerable adult to touch
Non – contact abuse including indecent exposure, photographs, video, internet pornography and harassment.

Victims of sexual abuse may be male or female of any age, in a relationship or not, in or out of a care home.

Examples

Contact:

- Touching e.g. of breasts, genitals, anus, mouth
- Masturbation
- Penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers or other objects.

Non – contact

- Photography
- Watching
- Indecent exposure
- Harassment
- Serious teasing or innuendo

Indicators

Disclosure

Unexplained changes: of demeanour or behaviour.

Bruising / bleeding in external genitalia

Overt sexual behaviour / language

Urinary infections

Pain, itching or injury in the anal, genital or abdominal area

Love bites

Sexually transmitted disease or recurrent bouts of cystitis

Pregnancy, when adult does not have capacity to give consent to a sexual act.

Torn or stained underclothing

Irregular / disturbed sleep pattern

Fear of being alone with an individual known to them

Fearing an offer of help for personal care.

All the above signs and symptoms may have an explanation other than one of sexual abuse.

Examples and Indicators of Financial / Material Abuse

This is an act that demonstrates any misuse of the person's money; theft of property; fraud; exploitation; pressure in respect of Wills and Testaments, property or inheritance. It represents a breach in the relationship of trust.

Whilst this can be extremely difficult to assess, the following examples and indicators should be considered

Examples

- Denial of access to a person's own monies or resources / prevention of access to funds
- Transactions being made that the person does not have the capacity to consent to and where there is no formal / legal framework in place for others to act on the person's behalf.
- Pressure to obtain property rights
- Theft
- Preventing release of resources e.g. sale of property where it is in the person's best interests e.g. to pay for support / care

Indicators

- Disclosure
- Unexplained withdrawals of cash.
- Unexplained inability to pay for shopping and household bills.
- Unexplained lack of funds, where it is known that person has drawn money from bank or pensions etc.
- Misuse of Appointeeship.
- Reluctance to spend and a disparity between assets and satisfactory living conditions.
- Carer has overriding interest in finances as opposed to well being of person.
- Unpaid debts.

Examples And Indicators Of Neglect And Acts Of Omission

This is a failure of the person taking a responsibility for a duty of care to use reasonable care for the individual's physical or mental care, social care or educational services and includes a failure to protect them from hazards that would be detrimental to health and safety. This takes into account the withholding of the necessities of life including appropriate medication, adequate nutrition and heating.

In assessing/investigating this, it is important to remember that the person who is causing the neglect (carer) may not be doing so deliberately and may in addition be neglecting his / herself and may also be a vulnerable adult.

Examples

- Withholding care, food, clothing or heating when it will have a detrimental effect on the vulnerable person
- Leaving the person in wet or soiled bed/chair
- Causing the person to be in danger of hypothermia due to lack of appropriate clothing / heating
- Depriving the person of mobility aids
- Failure to give appropriate medication
- Refusal to enable access to visitors and social stimulation
- Exposing the person to unacceptable risk
- Reluctance to contact social or health services

Indicators

- Disclosure
- Poor physical condition e.g. broken pressure areas / ulcers.

- Unkempt appearance with poor standard of hygiene, including continence needs not addressed
- Unexplained weight loss
- Visitors being refused access

Examples And Indicators Of Discriminatory Abuse

This occurs when an individual is treated unfairly based upon their gender, health, disability, race, culture, sexual orientation, age, religion or belief.

This type of abuse is motivated by oppressive and discriminatory attitudes towards the vulnerable adult. It may be Physical, Sexual, Psychological, Institutional or an act of Neglect. It includes hate crime and forced marriage.

Examples

- Diet is not provided that is appropriate to the person's culture or religion
- Not ensuring gender appropriate care for the person's culture and religion
- Isolating the person as a result of not ensuring appropriate communication systems e.g. language; aids, literature.

Indicators

- Disclosure
- Loss of self esteem
- Expressions of anger and frustration
- Anxiety
- Weight loss

Examples And Indicators Of Institutional Abuse

This includes the practice of an abusive regime or culture that destroys the dignity and respect to which every human being is entitled. It occurs when the wishes and needs of the individual are sacrificed for the smooth running of an institution or organisation for example in a residential or nursing home, other health care facility and by those providing domiciliary care. It can range from isolated incidences of poor professional practice to persistent ill – treatment or gross misconduct.

Many situations will involve not just one form of abuse but can be complex involving a combination of any or all of above.

It can be difficult to identify organisational practices as abusive as often it is simply described as inadequate services or a poor care regime.

Examples

- Arbitrary decision making by organisation or service provider
- Inflexible routines that exist to make life easier for those providing services as opposed to those receiving them
- Lack of involvement of service users in all decision making processes including meals
- Lack of financial procedures
- Making derogatory remarks
- Public discussions on personal or confidential matters

Indicators

- Disclosure
- Lack of continuity of staff
- Poorly supervised or trained staff
- Service users unkempt
- Lack of privacy for clients this may include illegal editing of mail, –denying access to a private telephone facility or appropriate space to meet and greet all visitors.
- Lack of stimulation
- Lack of appropriate nourishment or a balanced diet.

Examples Of Professional Abuse And Misconduct

- Service design where groups of service users living together are incompatible
- Outmoded care practice no significant harm
- Denying VA access to professional support and services such as advocacy
- Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted
- Failure to refer disclosure of abuse
- Failure to support vulnerable adult to access health, care, treatments
- Punitive responses to challenging behaviour
- Entering into a sexual relationship with a patient/client,