



This document is to help guide and support safeguarding awareness information sessions. The information is in line with the Multi-Agency Safeguarding Adults Policy and the Care Act 2014. This document can be subject to change and the latest copy will be available on the Bournemouth & Poole and Dorset Safeguarding Adults Boards websites. The examples given for the types of abuse is not exhaustive

What is safeguarding?

The term 'Safeguarding' means a range of activities aimed at upholding an individual's fundamental right to be safe.

The Government believes that Safeguarding is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse.

Local authorities are the lead agency in overseeing enquiries – although they can ask other agencies to undertake this

Who is an adult at risk?

Bournemouth, Poole and Dorset local authorities will make enquiries, or require others to do so, on their behalf, if they reasonably suspect an adult meets the following criteria:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and

- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- Organisations continue to have a duty of care to adults who purchase their own care independently i.e. self funders.

Harm as defined by the Multi-Agency Safeguarding Adults Policy & Procedures

- A single Act or repeated acts
- An act of neglect or a failure to act
- Multiple acts, for an example, an adult at risk may be neglected and also being financially harmed.
- Self neglect

Types of harm

The examples given for the types of abuse are not exhaustive

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.

Possible Indicators of financial abuse:

- unexplained or sudden inability to pay bills
- unexplained or sudden withdrawal of money from accounts
- person lacks belongings or services, which they can clearly afford
- lack of receptiveness to any necessary assistance requiring expenditure, when finances are not a problem – although the natural thriftiness of some people should be borne in mind
- extraordinary interest by family members and other people in the adult at risk's personal assets
- Power of Attorney obtained when the adult at risk is not able to understand the purpose of the document they are signing
- recent change of deeds or title of property

- carer only asks questions of the worker about the service user's financial affairs and does not appear to be concerned about the physical or emotional care of the person
- the person who manages the financial affairs is evasive or uncooperative
- a reluctance or refusal to take up care assessed as being needed
- a high level of expenditure without evidence of the person benefiting
- the purchase of items which the person does not require or use
- personal items going missing from the home
- unreasonable and /or inappropriate gifts

Financial case example

Mr James who is 82 years of age has a neighbour who helps him to buy groceries and sort out some bills as he can get muddled. Whilst Mr James generally sorts his money out he has recently given his card and pin to the neighbour to collect cash and pay bills, as he has been unable to go out due being unwell. Mr James has noticed on his bank statements that there have been some small sums of money over the amounts he requested his neighbour to withdraw. Initially he did not challenge this as he thought he may have been mistaken however the sums of money amiss have got larger and Mr James has been keeping a record of the amounts he has requested his neighbour to withdraw. Mr James is concerned about mentioning this to his neighbour as they have been very helpful to him over the years.

Neglect & acts of omission - Failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care or treatment that a responsible person could be expected to provide. This can include ignoring medical or physical care needs, with holding medication, adequate nutrition, heating or medical care and failure to provide access to services where required.

Possible Indicators of neglect:

- poor condition of accommodation
- inadequate heating and/or lighting
- physical condition of person poor, e.g. ulcers, pressure sores etc
- Person's clothing in poor condition, e.g. unclean, wet, etc.
- malnutrition
- failure to give prescribed medication or appropriate medical care
- failure to ensure appropriate privacy and dignity
- inconsistent or reluctant contact with health and social agencies
- refusal of access to callers/visitors

Neglect case example

Mrs Oliver is 90 years of age and lives in a flat on her own she has domiciliary care support twice a day to help with personal care. She attends a lunch club run by a voluntary organisation once a week on a Wednesday. It has been noted by volunteers that she is looking grubby and smells and that she told them when her carers come they often don't have time to help her shower or wash, they just get her up and dressed.

Self-neglect: this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Possible indicators of self neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Case example

Mr Jenkins is 68yrs of age and lives alone in a terraced house of which he owns. The house is poorly maintained and is so full of rubbish Mr Jenkins has to sleep in a chair in the back room. There is also human and dog faeces all over the house. The front garden is full of old furniture and rubbish bags, due to this the neighbours have begun to complain and in some cases have become verbally abusive towards Mr Jenkins. There are concerns around Mr Jenkins health which were raised after he collapsed in the street and was admitted to A&E. The hospital through routine tests confirmed that Mr Jenkins is malnourished and has infected leg ulcers. So far the primary care team have not been able to see Mr Jenks properly for treatment but have been in the house and are very concerned about his self neglect.

Physical Abuse - including assault, hitting, slapping, pushing, and misuse of medication, restraint or inappropriate physical sanctions.

Possible Indicators of physical abuse/harm:

- history of unexplained falls or minor injuries
- unexplained bruising – in well protected areas, on the soft parts of the body or clustered as from repeated striking
- unexplained burns in unusual location or of an unusual type
- unexplained fractures to any part of the body that may be at various stages in the healing process
- unexplained lacerations or abrasions
- slap, kick, pinch or finger marks
- injuries/bruises found at different stages of healing or such that it is difficult to suggest an accidental cause
- injury shape similar to an object
- untreated medical problems
- weight loss – due to malnutrition or dehydration; complaints of hunger
- appearing to be over medicated

Case example of physical abuse

Sally lives with her son and his family and she has dementia which leads her to repeatedly ask the same questions. Sally can also become agitated at times pacing around the house. Her daughter in law has started to push her back in to her room when she starts pacing around and at times hits Sally to stop her from repeating the same questions. Sally has on occasions been locked in her room to stop her from wandering and bothering the family.

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.

Possible Indicators of sexual abuse/harm:

- a change in usual behaviour for no apparent or obvious reason
- sudden onset of confusion, wetting or soiling
- withdrawal, choosing to spend the majority of time alone
- overt sexual behaviour/language by the adult at risk
- self-inflicted injury
- disturbed sleep pattern and poor concentration
- difficulty in walking or sitting
- torn, stained, bloody underclothes
- love bites
- pain or itching, bruising or bleeding in the genital area
- sexually transmitted urinary tract/vaginal infections
- bruising to the thighs and upper arms
- frequent infections
- severe upset or agitation when being bathed/dressed/undressed/medically examined
- pregnancy in a person not able to consent

Case example of sexual abuse

Martin is 28 years of age and has mental health issues, he is currently living in supported accommodation where he does feel quite lonely. Martin goes to a local pub where he has been befriended by a group of older men and goes to one of their houses to continue drinking after hours. The group of men pay Martin money or give him cigarettes for sexual favours and at times have forced him to participate in sexual activities.

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.

Possible Indicators of psychological abuse:

- ambivalence about carer
- fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach
- deference
- overtly affectionate behaviour to alleged perpetrator
- insomnia/sleep deprivation or need for excessive sleep
- change in appetite
- unusual weight gain/loss
- tearfulness
- unexplained paranoia
- low self-esteem
- excessive fears
- confusion
- agitation

Case example of psychological abuse

Sarah is 38 years old and has learning disabilities; she lives at home with her mum and sister. She attends a community day service twice weekly. There is often tension between Sarah and her sister (who does not have learning disabilities) the mother tends to side with the sister. Sarah is often called stupid, fat and lazy, she is also told to shut up, as well as shouted at for perceived bad behaviour.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Organisations may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to adults at risk.

Possible indicators of organisational abuse:

- enforced schedule of activities or a lack of stimulating activities
- limiting of personal freedom
- control of personal finances
- a lack of adequate clothing
- lack of individualised care
- poor personal hygiene
- low quality diet
- anything which treats service users as not being entitled to a "normal" life

The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies

Case example of organisational abuse

Alan is 88 years old and lives in a nursing home due to having significant nursing care needs. He needs support with personal care and most daily living activities, so is reliant on staff to have these needs met. Alan has told a volunteer that he is got up in the mornings at 6:30am by the night staff as it helps out the day staff, he is also put to bed at 830pm to make life easier for the staff on shift. He likes to stay in bed later of a morning and stay up later as he likes to watch a late night film.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion

Possible Indicators of discriminatory abuse:

- Lack of respect for an individual's beliefs and cultural background
- Religious observances not encouraged or anticipated
- Isolation due to language barriers/communication needs not met
- Signs of substandard service offered to minority groups or individuals
- Repeated exclusion from rights afforded to citizens such as access to healthcare, education, employment or criminal justice
- Presumption of a lack of capacity due to an individual's age, disability or appearance
- Not given culturally acceptable foods to eat

Case example of discriminatory harm

Hannah is 35 years old and has a physical disability which means she needs homecare twice daily to help support her with personal care. Due to Hannah being homosexual some of the care staff at times will refuse to help her with intimate person care. They also make comments to her that they think she fancies them and when she asks them to stop they just laugh saying she can't take a joke.

Domestic violence: Includes psychological, physical, sexual, financial, emotional abuse; 'honour' based violence. Domestic abuse is about intimate partners and other family members. In 2013, the Home Office announced changes to the definition of domestic abuse: Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. This Includes: psychological, physical, sexual, financial, emotional abuse; 'honour' based violence; Female Genital Mutilation; forced marriage. Age range now includes age 16 upwards.

Possible indicators of domestic violence

- Appears to be afraid of partner/of making own choices
- Behaves as though he/she deserves
- May have low self esteem to be hurt or mistreated
- Appears unable to unwilling to leave perpetrator
- Leaves perpetrator and return
- Makes excuses for or condones the behaviours of the person alleged to have caused harm
- Blames abuse on themselves
- Minimises or denies abuse or seriousness of harm.
- Perpetrator is always with the victim they won't let them be seen alone

Case example of domestic violence

Debbie is 45 years of age and is alcohol dependent, she lives with her partner Paul and they have been together for nine years. The relationship is volatile and it has been noted on occasions that Debbie has had facial bruising, which she put down to falls or walking into cupboard doors. Debbie volunteers at a charity shop and has confided in another volunteer there, that her partner has been hitting her.

Forced Marriage: Although forcing someone into a marriage and/or luring someone overseas for the purpose of marriage is a criminal offence – the civil route and the use of **Forced Marriage Protection Orders** is still available and can be used as an alternative to entering the criminal justice system. It may be that perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however, victims should be able to choose how they want to be assisted.

Possible indicators of a forced marriage

- Not allowed to work
- Limited career choices
- Subject to financial control
- Accompanied all the time e.g. to work, Doctors
- Siblings forced to marry
- Self harm or suicide
- Running away from home
- Unreasonable restrictions e.g. kept at home all the time
- Sudden announcement of an engagement to a stranger
- Depression
- Female Genital Mutilation
- Victim or other siblings within the family reported missing

Case example of a forced marriage

Anni who is 21 and has cerebral palsy she is a wheel chair user and lives at home with her extended family. Anni helps out at a local charity shop two days a week where she is always accompanied to and from work by one of her brothers. This is the only outside work/activity that Anni does despite having left school with A levels. Over the past 3 week's she has become withdrawn and a colleague noticed some bruising around Anni's wrists. Anni informed the shop manager that she would no longer be helping out at the shop as her family need her at home.

Modern slavery: encompasses slavery, human trafficking, and 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.

Indicators of modern slavery

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

- Lack of legal documents e.g. passport, bank account
- Using false or forged documents
- Serious or old untreated injuries
- Reluctance to engage with authorities/health professionals
- Few personal possessions/ often wear the same clothes
- Appears frightened and withdrawn
- Appears under control/influence of others
- Unfamiliar with their neighbourhood/place of work
- Restricted movement - taken to and from work

Case Example of modern slavery

Brenda arrived in the UK two years ago and lives with a family where she has to clean the entire house every day, with no breaks and no pay. She rarely leaves the house unless with her employer and believes she owes them lots of money. She sleeps in a locked basement at night with nothing to sleep on. Due to the cold conditions Brenda lives in, her limbs are becoming stiff and painful but is not able to access a doctor to treat her.

Hate crime: Involves any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a personal characteristic. Hate crime can be motivated by disability, gender identity, race, religion or faith and sexual orientation. Some adult's at risk can be targets of hate crime due to the above.

Types of hate crime -

- Verbal abuse like name-calling and offensive jokes
- Harassment
- Bullying or intimidation by children, adults, neighbours or strangers
- Physical attacks such as hitting, punching, pushing, spitting
- Threats of violence
- Hoax calls, abusive phone or text messages, hate mail
- Online abuse for example on Facebook or Twitter
- Displaying or circulating discriminatory literature or posters
- Harm or damage to things such as your home, pet, vehicle
- Graffiti
- Arson
- Throwing rubbish into a garden
- Malicious complaints for example over parking, smells or noise.

Case Example of hate crime

Lucy and her son Sam live in a flat on a large housing estate owned by the local authority. Sam has cerebral palsy and epilepsy. He walks using a roller and is fairly independent but does require support from his mum especially to be transported to his work and activities. A group on the estate call Sam names and have thrown water and paint over him. They have sprayed graffiti on the flat door and put dog faeces through the letter box.

What do if you suspect or someone tells you they are being harmed

If you are concerned that an adult at risk may be being harmed then you need to report your concerns. This initially will be to your supervisor or the manager responsible for your area/organisation but local authorities can be contacted directly. If someone tells you that they have been harmed then –

- Accept what they are saying
- Reassure the person they have done the right thing
- Listen to them but don't 'interview' the person
- Don't promise the person that you will keep what they have told you a secret or confidential. Explain that you will have to tell another person but you'll only tell people who need to know so that can help.
- Reassure the person they will be involved in decisions about what will happen
- Don't be judgemental or jump to conclusions

Contact numbers

Borough of Poole Telephone - 01202 633 902

Bournemouth Borough Council - Telephone: 01202 454 979

Dorset County Council - Telephone: 01305 221 016

Police - Telephone: 999 in an emergency and 101 at all other times.

Out of Hours Service

Evenings and Weekends- Telephone: 01202 657 279

Whistleblowing

Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. A worker/volunteer can report things that aren't right, are illegal or if anyone at work is neglecting their duties, including:

- Causing Harming/abusing
- Neglecting adults at risk
- a criminal offence
- covering up wrongdoing/not reporting

No confidentiality clause in an employment contract can be used to prevent anyone from disclosing genuine concerns about harm or harmful practice to an appropriate person/organisation.

Public Concern at Work is an independent authority on whistle blowing and can offer advice and support. Contact them by:

Phone: 0207 4046609

E-mail: whistle@pcaw.co.uk

Website: www.pcaw.co.uk

What happens after a concern is raised and reported?

Local authorities are the lead organisation for overseeing or undertaking enquiries into suspected abuse. The Local Authority will consider the information provided and gather further information if it is required. They will then make a decision about whether the concern meets the criteria for a S42 Safeguarding Enquiry. If it does not meet the criteria they will provide information and guidance about what other action can/should be taken.

If it does meet the criteria it will be allocated to a member of staff who will:

- Speak to the person who the concern relates to and ask them what they want to happen (what outcomes they want).
- They will assess & work with the Service User and others to manage any risk that is evident
- They may speak to providers and other agencies if they require extra information

- They will decide (with others) on a course of action to try to achieve the desired outcomes.
- The Service User should be central to resolution of the concerns wherever possible.
- At the end of the enquiry they will speak to the Service User to see if their outcomes have been met and gain their feedback
- About whether the actions that have been taken have worked well for them.
- The approach should be flexible and adapted to meet the requirements of the individual/s at the centre of the concern.