

Safeguarding Vulnerable Adults Policy



Contents

1. Purpose	2
Safeguarding and promoting the welfare of adults at risk of abuse or neglect.....	2
2. Persons affected.....	2
3. Policy.....	2
Key six key principles that underpin safeguarding adults work*	3
Making Safeguarding Personal.....	3
Capacity, Consent and Decision Making	5
1.1 Flowchart for referral for actual or suspected abuse of an adult at risk of abuse or neglect.....	6
1.2 Procedures	7
Full procedures for safeguarding leads.....	7
Questions to ask yourself when deciding whether to make a referral based on a concern.....	7
Abuse types and Indicators Appendix A	9
Physical Abuse.....	9
Domestic Abuse	9
Honour Based Violence.....	10
Forced Marriage	10
Female Genital Mutilation (FGM).....	11
Sexual Abuse	11
Psychological Abuse	11
Financial Abuse.....	12
Modern Slavery	12
Discriminatory Abuse.....	13
Organisational Abuse	13
Disclosure and Barring Service (DBS).....	13
Neglect / Acts of Omission.....	14
Willful Neglect and Ill-Treatment	14
Self-neglect	14
Crime and Anti-Social Behaviour	15
Code of Conduct – Appendix B.....	15

IPSWICH COMMUNITY MEDIA

1. Purpose

Safeguarding and promoting the welfare of adults at risk of abuse or neglect.

This policy defines how IPSWICH COMMUNITY MEDIA operates to safeguard adults at risk of abuse or neglect.

We have a duty of care and are committed to the protection and safety of adults at risk involved as visitors and as participants in all of our activities both on and off site. We also want to protect and support our staff and volunteers who work or come into contact with these groups.

Definitions

Adult at risk of abuse or neglect

For the purposes of this policy, adult at risk refers to someone over 18 years old who, according to paragraph 42.1 of the Care Act 2015 (Revised):

- has care and support needs
- is experiencing, or is at risk of, abuse or neglect
- as a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

If someone has care and support needs but is not currently receiving care or support from a health or care service they may still be an adult at risk

2. Persons affected

- All staff, paid and unpaid, this includes volunteers
- All service users
- All visitors and contractors

Safeguarding is everyone's responsibility. All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding.

The Safeguarding Officer(s) will discharge their safeguarding functions in a way that ensures that children are safeguarded from harm, and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the Police or other appropriate external bodies.

3. POLICY

IPSWICH COMMUNITY MEDIA has a zero tolerance approach to abuse. IPSWICH COMMUNITY MEDIA recognises that under both the Care Act 2015 (revised) and the Mental Capacity Act 2017 (revised) it has a duty for the care and protection of adults who are at risk of abuse. It is committed to promoting wellbeing, harm prevention and to responding effectively if concerns are raised. Adults will be included in swift and personalised safeguarding responses

It is also committed to inter agency collaboration on the development and implementation of procedures for the protection of adults vulnerable from abuse, it has a duty and responsibility for making arrangements to ensure all its functions are discharged having regard to safeguarding and promoting the adults at risk of abuse. The policy is about stopping abuse where it is happening and preventing abuse where there is a risk that it may occur.

There can be no excuses for not taking all reasonable action to protect vulnerable adults from abuse, exploitation, and mistreatment. All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. People who are eligible to receive health and community care services may be additionally vulnerable to the violation of these rights by reason of disability, impairment, age or illness.

Safeguarding vulnerable Adults policy June 2019

This policy and procedure is supported by the IPSWICH COMMUNITY MEDIA Recruitment policy and procedure that embeds the Key Safeguarding Employment Standards.

IPSWICH COMMUNITY MEDIA has a separate PREVENT policy and concerns regarding the potential radicalisation of Vulnerable adults are dealt with under procedures set out in this separate document. These procedures are in line with Government guidance such as the CHANNEL Programme.

This policy and operational guidance references the Suffolk Safeguarding Adults Board [‘Suffolk County Council Safeguarding Adults Policy and Operational Guidance 2015 – 2018’](#)

KEY SIX KEY PRINCIPLES THAT UNDERPIN SAFEGUARDING ADULTS WORK*

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – accountability and transparency in delivering safeguarding

*From Suffolk County Council Safeguarding Adults Policy and Operational Guidance 2015-18

MAKING SAFEGUARDING PERSONAL

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents abuse occurring wherever possible.

Safeguarding should be person-led and outcome focused, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. In most cases this can only happen by making sure people get the care and support that they need. It is also important that the people who care for them also get this support and recognition. Most importantly it is about listening and providing the options that permit individuals to help themselves.

It is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that Safeguarding Adults arrangements are there to protect individuals, bearing in mind different preferences, histories, circumstances and lifestyles.

In order to evidence that the Safeguarding process is personalised, it is necessary to collect information about the extent to which this shift has a positive impact on people’s lives.

Whilst every effort must be made to work with adults experiencing abuse within the present legal framework there will be some occasions on which adults at risk will choose to remain in dangerous situations. It may be that even after careful scrutiny of the legal framework, staff will conclude that they have no power to gain access to a particular adult at risk. Staff may find that they have no power to remove the adult from a situation of risk, investigate the adult’s financial affairs, or intervene positively because the adult refuses all help or wants to terminate contact with the professionals.

It may not always be possible to provide satisfactory solutions. At the age of 18, people are legally entitled to adult status regardless of any disability or impairment they may have. It is, therefore, essential that wherever possible it is the adult at risk who will decide on the chosen course of action, taking into account

the impact of the adult at risk's mental capacity where relevant. However, the people and organisations caring for, or assisting them, must do everything they can to identify and prevent abuse happening wherever possible and evidence their efforts.

In these extremely difficult circumstances, staff will be expected to continue to exercise as much vigilance as possible.

Safeguarding Managers will give full support to staff over problems when handling cases of adults remaining in high-risk situations, provided that:

- It is evident from case records that Safeguarding Adults procedures have been properly followed;
- Every effort has been made, on a multi-agency basis, to intervene positively to protect the adult at risk;
- Legal advice has been obtained and acted upon
- And ultimately that the adult at risk has been fully consulted and involved as far as practicable in every decision relating to their situation.

IPSWICH COMMUNITY MEDIA is committed to the following:

- The welfare of the adult at risk is paramount;
- All adults at risk have the right to protection from abuse
- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
- All suspicions and allegations of abuse must be properly reported to the relevant internal and external authorities and dealt with swiftly and appropriately
- arrangements which set out clearly the processes for sharing information procedures with other professionals and with the Local Safeguarding Adult Board;
- Staff, contractors and volunteers must be clear on appropriate behaviour and responses. Where appropriate, failure by staff to maintain standards may be dealt with using IPSWICH COMMUNITY MEDIA's Disciplinary Procedures
- clear whistleblowing procedures are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting welfare to be addressed;
- All staff are aware of the policy and procedures for the protection of adults at risk through appropriate safeguarding training, supervision and support for staff and for creating an environment where staff feel able to raise concerns and feel supported in meeting their safeguarding role;
- staff are given a mandatory induction, which includes familiarisation with safeguarding responsibilities and procedures to be followed if anyone has any concerns;
- all staff should have regular reviews of their own practice to ensure they improve over time in their work with vulnerable adults and families
- a clear line of accountability for the provision of safe services exists
- a senior board level lead to take leadership responsibility for IPSWICH COMMUNITY MEDIA's safeguarding arrangements;
- a designated lead for safeguarding at IPSWICH COMMUNITY MEDIA.
- safe recruitment practices are in place including policies on when to obtain a DBS check;

IPSWICH COMMUNITY MEDIA will ensure that their staff understand;

- What they need to do, and what they can expect of one another, to safeguard adults at risk of abuse using this policy. The policy is available at Induction and on the Shared drive under policies/safeguarding.

- Core legal requirements, making it clear what individuals and IPSWICH COMMUNITY MEDIA should do to keep vulnerable adults safe. In doing so, IPSWICH COMMUNITY MEDIA seeks to emphasise that effective safeguarding systems are those where:
- That all staff who come into contact with vulnerable adults and their families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose;
- The requirement to share appropriate information in a timely way and can discuss any concerns about an individual adults with colleagues and local authority adult's social care;
- The necessity to use their expert judgement to put the adult's needs at the heart of the safeguarding system so that the right solution can be found for each individual;
- The necessity to contribute to whatever actions are needed to safeguard and promote a person's welfare;
- All staff working with vulnerable people are afforded a position of status and authority in relation to service users. Services will be provided in an environment which lessens the imbalance of power and encourages independence and self-advocacy for service users. All working practices will minimise the risk of abuse by being sensitive to individual, gender and cultural needs
- We recognise that abuse is a symptom of social, institutional and individual discrimination. Disabling attitudes and practices allow for the belief that it is somehow acceptable to treat vulnerable people with little respect and for people not to be informed, consulted, included or empowered in order to exercise choice and take decisions which affect their lives. Preventing discrimination is essential to abuse prevention. We are committed to work within our organisation, the services we provide, and in partnership to promote the rights of service users.
- The importance of capacity, consent and decision making

CAPACITY, CONSENT AND DECISION MAKING

The consideration of capacity is crucial at all stages of Safeguarding Adults procedures. For example determining the ability of an adult at risk to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive or consensual; or determining how much an adult at risk can be involved in making decisions in a given situation.

The key development affecting this area of work is the implementation of the Mental Capacity Act 2005*, which provides a statutory framework to empower and protect adults at risk who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. It applies to anyone aged 16 years and over therefore appropriate liaison needs to occur for young people aged 16 to 18 years with Children's Services where relevant as part of Safeguarding Adults work.

*(See however the Mental Capacity (Amendment) Act 2019 in relation to procedures in accordance with which a person may be deprived of liberty where the person lacks capacity to consent, and for connected purposes)

The whole Act is underpinned by a set of five key principles:

- **A presumption of capacity** - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
- **The right for individuals to be supported to make their own decisions** - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- That individuals must retain the right to make what might be seen as eccentric or **unwise decisions**;
- **Best interests** - anything done for or on behalf of people without capacity must be in their best interests; and
- **Least restrictive intervention** - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

For full guidance refer to the Safeguarding Adult Board guidance on their website.

Safeguarding adults at risk or abuse or neglect procedures

1.1 FLOWCHART FOR REFERRAL FOR ACTUAL OR SUSPECTED ABUSE OF AN ADULT AT RISK OF ABUSE OR NEGLECT

We are all responsible for reporting concerns about an adult at risk of abuse's safety and welfare. Safeguarding is everybody's responsibility.

Concerns

Suspicion/allegation of abuse by: personal disclosure, observation, report by another person, anonymous communication

RECORD Sign and Date

Consult

Speak with the Safeguarding Lead or Deputy Safeguarding Lead. See referral numbers below

IMPORTANT: It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Safeguarding Lead, and/ or appropriate authority

RECORD Sign and Date

Action reporting for vulnerable adults

DO NOT INVESTIGATE

It is essential that wherever possible it is the adult at risk who will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant.

However, the people and organisations caring for, or assisting them, must do everything they can to identify and prevent abuse happening wherever possible and evidence their efforts.

ICM's Safeguarding Lead/Deputy would normally make the referral. You would only make the referral if a delay in contacting your Safeguarding Officers would put a vulnerable person at risk

You must notify ICM Safeguarders asap of any referral you make

Use the online referral form on Suffolk Safeguarding Adult website. If you have difficulties with making the referral contact Customer First or the Police as appropriate

Commitment

You may be required to provide other information, as required.

Remember ALL notes will be disclosable should a formal or criminal investigation occur. *Make sure that your notes are dated, professional, separate opinion from fact, use the same words as were used during the disclosure, do not change words.*

RECORD Sign and Date

Contacts:

Customer First, if you are a professional call [03456 066 167](tel:03456066167). Members of the public call [0808 800 4005](tel:08088004005). Professionals wanting guidance on making a referral call the MASH Professionals Consultation line [03456 061 499](tel:03456061499)

Call the police on 999 if it is an emergency

ICM Safeguarding Lead: Bruce MacGregor Tel 07881 958011

ICM Safeguarding Deputy Lead: Linda Vines – 07883 567031

1.2 Procedures

1. Staff must respect an “absolute and unequivocal” duty of care to protect service users from harm.
2. Staff will be alert to the possibility of abuse
3. Respond to all concerns, worries, suspicions, disclosures, allegations. Where there is a safeguarding concern staff cannot keep information about abuse confidential. Inform the Safeguarding Officer at the earliest opportunity. Where there is evidence of immediate risk or threat then the Safeguarding Officer must be informed straight away. If the Safeguarding Officer is not available then see to ‘Flowchart for Referral’ on page 6.

• Safeguarding Officers

Lead Officer: Bruce MacGregor Tel.07881 958011 Email: bruce@ipswichcm.org.uk

Deputy Officer: Linda Vines Tel 07883 567031 Email lvines@ipswichcm.org.uk

Full procedures for safeguarding leads

IPSWICH COMMUNITY MEDIA will ensure that ‘Suffolk County Council Safeguarding Adults Policy and Operational Guidance 2015 – 2018’ is followed.

4. Staff must make it clear to anyone who shares information with them that they may have to pass it on and follow this procedure in order to ensure that no one else is at risk, to prevent a crime or to protect them if they cannot protect themselves from harm.

QUESTIONS TO ASK YOURSELF WHEN DECIDING WHETHER TO MAKE A REFERRAL BASED ON A CONCERN

1. Are the three safeguarding threshold criteria met?
 - Do they have care and support needs?
 - Are they experiencing, or are at risk of, abuse or neglect?
 - as a result of their care and support needs they are unable to protect himself or herself against the abuse or neglect or the risk of it?

Remember that being safe is only one part of a person’s life. Wellbeing, learning and quality of life are also important factors.

2. What is the concern?
3. What are the person’s personal preferences and circumstances that create a proportionate tolerance of acceptable risk?
4. What would be a proportionate intervention to the potential risk?
5. What is/are the vulnerability/ vulnerabilities of the adult?
6. What is the nature and extent of the abuse?
7. How long has the abuse been occurring?
8. What is the impact of the abuse on the individual?
9. What is the risk of repeated or increasingly serious acts involving the adult or other adults?
10. What is the equality of the relationship between the adult and the alleged abuser?
11. Are there similar allegations against the alleged abuser?
12. Is the person safe?
13. Do you have consent to share, If not is there an overriding public interest or vital interest to share the information without consent? e.g. Is any one else at risk? Could a crime have happened/ be about to happen? There is a high risk to the health and safety of the adult at risk

You must make a referral if..

- The adult considers they are being abused
- The adult is caused distress or there is a deliberate attempt to cause the adult distress
- Incidents are repetitive and targeted
- A crime has been committed

Safeguarding vulnerable Adults policy June 2019

- The incident involves a member of staff

5. Details must be recorded on an adult protection referral form. All appropriate information must be recorded clearly including dates and times when events took place. Facts and opinion should be clearly differentiated. Complete an adult safeguarding online referral form at www.suffolkas.org

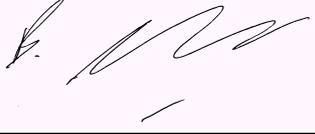
6. Staff will follow the operational guidance on 'Making Safeguarding personal' as set out in 'Suffolk County Council Safeguarding Adults Policy and Operational Guidance 2015 – 2018.

This includes the following;

- Seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents abuse occurring wherever possible.
- Person-led and outcome focussed safeguarding, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Listening to the person and providing options that permit them to help themselves
- Recognising different preferences, histories, circumstances and lifestyles
- Wherever possible the adult at risk will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant. However, staff caring or assisting them must do everything to identify and prevent abuse from happening wherever possible and evidence their efforts.

Remember you can discuss your concerns with the MASH professionals consultation line – Professionals wanting guidance on making a referral call the MASH Professionals Consultation line [03456 061 499](tel:03456061499)

This guide is to help you refer concerns about an individual who may be vulnerable to being drawn into terrorism. Below are questions which may help you to quantify and structure your concerns. The list is not exhaustive and other factors may be present but they are intended as a guide to help communicate your professional judgement about what has led you to make a referral.

Date approved Or amended	Signed
12/8/16	
15/6/17	
14/6/18	
12/6/19	

11/6/20



Appendix A

ABUSE TYPES AND INDICATORS

The lists below are purely for Operational Guidance. The presence of one or more does not automatically confirm abuse. The existence of a number of the indicators may, however, suggest a potential for abuse and should therefore necessitate further assessment or scrutiny. If there is any concern at all about the possibility of abuse then advice should be sought and an alert should be submitted to Customer First without delay.

Abuse can generally be viewed in terms of the following categories; Physical, Domestic, Sexual, Psychological, Financial/ material, Modern Slavery, Discriminatory, Organisational, Neglect and acts of omission, and Self-neglect.

PHYSICAL ABUSE

Physical injuries which have no satisfactory explanation or where there is a definite knowledge, or a reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person, including hitting, slapping, pushing, misuse of or lack of medication, restraint, or inappropriate sanctions.

Possible Indicators of physical abuse

- 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 an 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 for which 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

DOMESTIC ABUSE

Domestic abuse can also involve the abuse of an 'adult at risk'. Safeguarding Adults procedures only apply where the adult:

- 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. (Sec 42 Care Act)

The Government definition of domestic abuse is: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over (Safeguarding Adults applies from age 18) 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
- 'Honour' based violence
- Female Genital Mutilation
- forced marriage

'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.' (Home Office 2013) Agencies that are concerned that an adult is subject to domestic abuse consider a referral to a multi-agency risk assessment conference (MARAC).

Action should always be taken to pass on referrals for all incidents of domestic abuse relating to adults at risk, to Customer First. Where the victim is not an adult at risk, concerns should be raised directly with the police.

The Government definition of domestic abuse, 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. Below is a brief outline of Honour Based Violence, FGM and Forced Marriage. Please visit the Adult Safeguarding Board website for the full Honour Based Violence and Forced Marriage policies.

HONOUR BASED VIOLENCE

Honour Based Violence (HBV) is a crime or incident which has or may have been committed to protect or defend the honour of the family or community. It is a collection of practices used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when a relative has shamed the family and/or community by breaking their honour code.

Women are predominately but not exclusively the victims of so called Honour Based Violence which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be disguised from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Such crimes cut across all cultures, nationalities, faith groups and communities and should be referred within existing adult protection procedures where the victim is an 'adult at risk' as defined by the Care Act 2014.

Where children or adults at risk are identified as being victims of, involved in, or witness to Honour Based Violence, contact should be made with Customer First on 0808 800 4005. Victims of Honour Based Violence can also access help and advice from Karma Nirvana at www.karmanirvana.org.uk or by contacting 0800 5999247.

FORCED MARRIAGE

A forced marriage is where one or both people do not (or in cases of people lacking the mental capacity to make the relevant decisions, cannot) consent to the marriage and pressure or abuse is used. Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they are bringing shame on their family). Financial abuse (removal of wages or deprivation of finances or necessities) can also be a factor.

All Forced Marriage alerts relating to adults at risk are to be submitted to Customer First on 0808 800 4005. Further support can be accessed via the Forced Marriage Unit (FMU). The FMU is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescue victims held against their will overseas. Tel: +44 (0) 20 7008 0151.

Victims of Forced Marriage can also access help and advice from Karma Nirvana at www.karmanirvana.org.uk or by contacting 0800 5999247.

It is important to remember the following when addressing issues of Forced Marriage and/or Honour-based violence:

DO NOT go directly to, share information with, or use as an interpreter a relative, friend, neighbour, community leader or other with influence in the community. This will alert them to your enquiries and may place the adult at further risk.

DO NOT attempt to give the person immigration advice. It is a criminal offence for any unqualified person to give this advice.

FEMALE GENITAL MUTILATION (FGM)

if they believe that the adult or a child within the family may be at risk of FGM. The police and Health colleagues will be notified in the Multi-Agency Safeguarding Hub.

SEXUAL ABUSE

Sexual acts which might be abusive include non-contact abuse such as looking, pornographic photography, indecent exposure, harassment, unwanted teasing or innuendo, or contact such as touching breasts, genitals, or anus, masturbation, penetration or attempted penetration of vagina, anus, and mouth with or by penis, fingers or other objects (rape).

Possible Indicators of sexual abuse

- 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
- 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

PSYCHOLOGICAL ABUSE

Psychological, or emotional abuse, includes the use of threats, fears or bribes to negate an adult at risk's choices, independent wishes and self-esteem; cause isolation or overdependence (as might be signaled

by impairment of development or performance); or prevent an adult at risk from using services, which would provide help.

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 source of risk
- 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

FINANCIAL ABUSE

This usually involves an individual's funds or resources being inappropriately used by a third person (i.e. theft) It includes the withholding of money or the inappropriate or unsanctioned use of a person's money or property or the entry of the adult at risk into financial contracts or transactions that they do not understand, to their disadvantage.

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 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
- Unpaid carer or support worker only asks questions of the worker about the 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

MODERN SLAVERY

Possible indicators of modern slavery

- Marked isolation from the community
- Seeming under the control and influence of others and relying on others to communicate on their behalf
- Restricted freedom of movement
- Unusual travel times
- Unfamiliarity with the local neighbourhood
- Signs of physical or psychological abuse such as looking malnourished or unkempt or appearing withdrawn
- Poor living conditions such as unhygienic, overcrowded accommodation or living and working at the same address
- Few or no personal effects and no identification documents
- Reluctance to seek help often characterized by hesitance to speak to strangers or professionals and limited eye contact
- Fear of law enforcement

This list is not exhaustive. The signs of slavery are often hidden, making it difficult to recognise victims. Where modern slavery is suspected and the victim is an adult at risk, a Safeguarding Adults referral should be made to Customer First on 03456 066 167. All other victims should be referred to the police directly by dialling 101.

However, if you think a person is in immediate danger, call 999 and ask for the police.

Advice and Guidance can be sought from the Modern Slavery Helpline on 08000 121 700.

DISCRIMINATORY ABUSE

This is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender. It can take any of the other forms of abuse, oppressive treatment, harassment, slurs or similar treatment. Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system.

Possible Indicators of discriminatory abuse

- Hate mail
- Verbal or physical abuse in public places or residential settings
- Criminal damage to property
- Target of distraction burglary, bogus officials or unrequested building/household services
- Discriminatory abuse can manifest itself as the other types of abuse; physical or sexual abuse/ assault, financial abuse/ theft, neglect, psychological abuse.

ORGANISATIONAL ABUSE

Organisational abuse happens when the routines in use force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be a source of risk from an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the institution or service.

Possible Indicators of Organisational Abuse

- 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.
- It may be reflected in an enforced schedule of activities, the limiting of personal freedom, the control of personal finances, a lack of adequate clothing, poor personal hygiene, a lack of stimulating activities or a low quality diet – in fact, anything which treats the person concerned 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.

DISCLOSURE AND BARRING SERVICE (DBS)

The Safeguarding Vulnerable Groups Act 2006 (SVGA) places a legal duty on employers in the health and social care sector and personnel suppliers to refer any person to the Disclosure and Barring Service who has:

- Harmed or poses a risk of harm to a child or vulnerable adult;
- Satisfied the harm test; or
- Received a caution or conviction for a relevant offence.

Practitioners are therefore advised to check that a DBS referral has been submitted where staff named as the alleged abuser are dismissed as a result of their conduct or resign prior to the conclusion of a Section 42 Enquiry. For further information, please see the Safeguarding Adults Board policy on Regulated Services.

Abuse of Staff Although abuse of staff by service users or other staff is a very serious matter which requires immediate action, the Safeguarding Adults policy is not appropriate to address this situation. In these circumstances, the staff member should be assisted via IPSWICH COMMUNITY MEDIA's internal HR (Human Resources) procedures. Appropriate intervention can also be sought for the service user, such as referral for an unscheduled review by the area cluster or assessment by a health professional.

NEGLECT / ACTS OF OMISSION

Neglect can be both physical and emotional. It is about the failure to keep an adult at risk clean, warm and promote optimum health, or to provide adequate nutrition, medication, being prevented from making choices. Neglect of a duty of care or the breakdown of a care package may also give rise to safeguarding issues i.e. where a carer refuses access or if a care provider is unable, unwilling or neglects to meet assessed needs. If the circumstances mean that the 'adult at risk' is at risk of significant harm, then Safeguarding Adults procedures should be invoked.

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

A person with capacity may choose to self-neglect, and whilst it may be a symptom of a form of abuse it is not abuse in itself within the definition of these procedures.

WILLFUL NEGLECT AND ILL-TREATMENT

Section 44 of the Mental Capacity Act 2005 and Section 127 of the Mental Health Act 1983 make it a criminal offence to ill-treat or willfully neglect a person who lacks the capacity to care for themselves, or where the 'abuser' believes the individual lacks capacity.

The abuser is committing an offence when they are responsible for the care of the adult at risk and they willfully neglect or ill treat them. This includes paid carers, senior staff or managers in a hands-off role, family carers, any donee of a lasting power of attorney or court appointed deputy.

The terms 'ill-treatment' or 'wilful neglect' are not defined in either the Mental Health Act or Mental Capacity Act. In addition, the offences are separate.

Wilful neglect means deliberate failure to do something that was a duty, often with an element of recklessness. It does not require any proof of any particular harm or distress or proof of the risk harm. Ill-treatment involves deliberate conduct which ill-treats a person who lacks mental capacity to make the relevant decisions, whether or not it causes any harm to them. Ill-treatment also involves a guilty mind, with the alleged abuser having an appreciation that he or she was inexcusably or recklessly ill-treating the adult.

Most of the indicators of the other types of abuse may also indicate willful neglect or ill treatment if the adult at risk lacks the mental capacity to make the relevant decisions so these two offences should always be considered with each allegation of abuse in such circumstances.

SELF-NEGLECT

Self-neglect differs from the other forms of abuse listed here because it does not involve a perpetrator. Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is reasonably likely to cause significant physical, mental or emotional harm or substantial damage to or loss of assets. Self-neglect falls into the Safeguarding Adults remit when the adult meets the requirements of the

three stage test. Self-neglect can happen as a result of an individual's choice of lifestyle or the person may have

- depression or other mental health condition,
- poor physical health,
- cognitive difficulties
- substance misuse

Possible indicators of self-neglect

- Living in grossly unsanitary conditions which endangers health and wellbeing
- Grossly inadequate self-grooming or personal care and/ or inappropriate or inadequate clothing.
- Maintaining an untreated illness, disease or injury or lacking eyeglasses, dentures, hearing aids, etc.
- Being malnourished or dehydrated to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired
- Creating severely hazardous living conditions that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets, such as severe hoarding, improper wiring, lack of indoor plumbing or heating, infestation
- Managing ones assets in a manner that is likely to cause substantial damage to or loss of assets

The scope of this policy does not include issues of risk associated with deliberate self-harm. However, it may be appropriate to address the concerns by raising an Safeguarding Alert if:

- The self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service
- There appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct
- Actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support.

CRIME AND ANTI-SOCIAL BEHAVIOUR

Antisocial behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life; defined by the Crime and Disorder Act 1998 as 'acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the defendant'.

Antisocial behaviour against an adult at risk should be referred under Safeguarding Procedures to Customer First on 0345 6066167

Appendix B

1. Code of Conduct for Staff working with Vulnerable Adults

- 1.1 This code has been written to assist staff and volunteers in maintaining proper and professional relationships with vulnerable adults.
- 1.2 All representatives of ICM, including staff and volunteers, are required to demonstrate high standards in their exercise of authority, their management of risk, and the active protection of vulnerable adults from discrimination and avoidable harm. This document is designed to be useful for staff and volunteers to provide a safe environment for vulnerable adults and in avoiding situations that might lead to allegations against them.
- 1.3 Staff and volunteers need to be prudent about their own conduct and vigilant about the conduct of others, so that their relationships with vulnerable adults remain, and are seen to remain, entirely

proper and professional. It is recognised that staff and volunteers can be vulnerable to the possible consequences of their close professional relationships with vulnerable adults and to the potential for malicious and misplaced allegations being made, whether deliberately or innocently, arising from the normal and proper associations that staff or volunteers may have with them.

- 1.4 Many staff and volunteers have a close working relationship with a number of vulnerable adults, which contributes to the quality of provision offered by ICM. The guidelines outlined below are not intended to make members of staff and volunteers feel unduly anxious about working with vulnerable adults but are, in fact, intended to give them confidence in offering guidance on appropriate behaviour and a professional approach.

2. Recruitment of Staff

- Staff appointments are confirmed subject to satisfactory references and DBS/PVG checks.

- 2.1 Until the DBS/PVG reports have been received new staff may be appointed but not allowed to work unsupervised with vulnerable adults and their tasks regulated accordingly until the DBS/PVG is received and reviewed.

3. Induction/Staff Training

- All new employees will undergo ICM's Induction Programme which will include the Safeguarding Vulnerable Adults Policy, Procedure and Protocols.
- All staff must accept and recognise their responsibilities in relation to good practice and the reporting of suspected poor practice and allegations or concerns about abuse.
- Everyone with substantial access to vulnerable adults will have training on indicators of abuse, good practice, practices never to be sanctioned and any changes in legislation.

4. Volunteer Training

- All volunteers will be given ICM's Safeguarding Vulnerable Adults Policy, Procedure and Protocols.
- Volunteers who are asked to directly support vulnerable adults will be given specific safeguarding training which will include: indicators of abuse, good practice, practices never to be sanctioned and any changes in legislation. Currently this is carried out via our e-learning module.

5. Key principles for the Safeguarding of Vulnerable Adults

- Those working with, or supporting, vulnerable adults are in a position of trust and the guidance on Safeguarding Vulnerable Adults applies, depending on age and background (see definitions).

- All vulnerable adults, whatever their age, gender, racial origin, culture, religious belief and/or sexual identity have the right to be treated with respect, have their dignity maintained and an entitlement to protection from mistreatment and abuse.
- All vulnerable adults have the right to access support with as much independence as is appropriate and within their capabilities, and to make choices, even if those choices involve a degree of risk (as long as the procedure on Risk Assessment is adhered to).
- All incidents and allegations or suspicions of abuse should be taken seriously and responded to swiftly and appropriately.

6. Good Practice Guidelines

6.1 All staff and volunteers will be encouraged to demonstrate exemplary behaviour in order to protect themselves from false allegations. Some examples are below:

- Encourage an open environment – no secrets.
- Be mindful of where you work with a vulnerable adult and of the potential risks which may arise from working with, or supporting, a vulnerable adult in private.
- Treat all vulnerable adults with respect and dignity.
- Maintain a safe and appropriate distance.
- As a general principle, staff should not have unnecessary physical contact with vulnerable adults. There may be very limited occasions when a learner needs comfort or reassurance, which may include physical comforting. Any such comforting gestures must always be acceptable to the vulnerable adult concerned. Staff and volunteers should be aware, however, that any physical contact may be misconstrued by a learner, parent/carer or observer.
- Staff or volunteers who administer first aid should ensure wherever possible that another adult is present, if they are in any doubt as to whether necessary physical contact could be misconstrued.
- Where it is necessary to assist with personal care, for example, toileting or supervising dressing or undressing, staff or volunteers should, wherever possible, be of the appropriate gender and be careful to protect the dignity of the vulnerable adult. Wherever possible, two members of staff/volunteers should be present when carrying out personal care.
- Ensure any form of movement & handling, physical support or personal care is provided appropriately and in line with policies or protocols on Movement & Handling, Personal Care, Guiding Skills for the Deaf (CACDP) etc.
- Social media sites, including facebook, whatsapp and twitter, and other internet or mobile based technologies should not be used by staff or volunteers to engage with the vulnerable adults that ICM supports unless this is a specific requirement of their role and has been approved by their line Manager in advance. For example, staff and volunteers should not invite a vulnerable adult supported by ICM to become 'friends' with them on facebook unless it is a ICM facebook account. Staff and volunteers should also take care to protect their personal privacy online in order to maintain a safe and appropriate distance from the beneficiaries ICM supports.

7. Practices never to be sanctioned

- Allowing or engaging in any form of inappropriate touching.

- Using sexually suggestive comments, even in fun.
- Allowing allegations made by a vulnerable adult to be unrecorded, not acted upon or not referred on, where appropriate.
- Sharing material of a sexually suggestive, offensive or pornographic nature with staff, volunteers or beneficiaries.
- Doing things of a personal nature when the vulnerable adult can do it for themselves.
- Administering medication unless trained and approved to do so.
- Visiting vulnerable adults in their homes except in clearly agreed circumstances which have been approved by ICM Safeguarding Coordinator and are in line with the ICM Lone Working Policy guidelines.

8. Prevention and Intervention

ICM should ensure that:

- Staff and volunteers working with vulnerable adults have an awareness of the indicators of abuse and/or neglect and know how and when to take action.
- ICM implements procedures to safeguard vulnerable adults and their wellbeing and to protect them from abuse as far as we are able and within our responsibilities as an education provider.
- Recruit, train and manage our employees and volunteers to use best practice in the protection of vulnerable adults from abuse, and themselves from false allegations.
- A response to allegations is managed appropriately with full investigation and, if appropriate, implements actions through Adult Services.
- ICM staff are not to be exposed to a physical risk of their personal welfare or safety, or risk that may jeopardise their professional integrity

9. Staff and Volunteer Training

9.1 All appropriate staff that are identified as potentially working with vulnerable adults must be trained in:

- Awareness of the Protection of Vulnerable adults
- Risk Assessment for Vulnerable Adults
- Handling Difficult situations
- And must adhere without exception to the Lone Working policy guidelines.

10. Training will be provided to enable:

- a) The recognition of signs of mistreatment or abuse.
- b) Responding to a disclosure.
- c) Responding to allegations against staff, contract staff and volunteers.
- d) Recognition of practices which can never be sanctioned.
- e) Reporting and recording within statutory requirement.
- f) Appropriate training and guidance for staff.