



Nash College (Education) Safeguarding Adults Procedure

Purpose

This procedure applies to Nash College Education and links to the overall Livability policy to ensure a consistent approach to safeguarding of vulnerable adults and to responding to allegations and/or concerns of abuse adults at risk.

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1. Introduction

Safeguarding is not just about protecting learners and vulnerable adults from deliberate harm, neglect and failure to act. It relates to broader aspects of care and education, including:

- Learners' health and safety and well-being
- The use of reasonable force
- Meeting the needs of learners with medical conditions
- Providing first aid
- Educational visits
- Intimate care and emotional well-being
- Online safety and associated issues-training is given to both students and staff
- Appropriate arrangements to ensure learners' security, taking into account the Prevent Duty and local context.

Due to these broader aspects of care and education, Nash College and the wider parent charity, Livability, adhere to a range of policies and procedures which link to this local Draft Nash College Education Safeguarding Procedure. See below:-

- Livability Safeguarding Policy
- Livability Safeguarding Procedure
- Bullying Policy and Procedure
- Positive Behaviour Support Policy
- Positive Behaviour Support Procedure
- Complaints Policy and Procedure
- Complaints leaflet and accessible leaflet <P:\Administration\Complaints Leaflet>
- Whistleblowing Policy
- Missing Persons
- Local Missing Persons relating to education
- Alcohol and Drugs misuse
- E-Safety Procedure
- E-Safety training
- Nash Prevent Duty
- DBS and Safer Recruitment policy
- Health and Safety Policy
- H & S Risk assessment
- LOCAL Vetting of Visitors Policy
- Equality and Diversity
- British Values statement
- P & P for holding events and others who may use the site for events

- Livability- Email, Internet and Computer Use procedure

All members of staff know how to make a complaint and understand the whistleblowing policy.

Details below expand on how to raise a specific concern relating to abuse:-

The definition of Abuse is:

- Abuse is a violation of an individual's human and civil rights by any other person or persons
- Abuse may consist of a single act or repeated acts or acts of omission. It can occur within any relationship where there is dependency and an expectation of trust. It may result in significant harm to, or exploitation of the person subjected to it.
- Abuse can be perpetrated by someone who knows and/or has a relationship with the adult at risk or by a stranger. Where there is a relationship there is usually a dependence of the adult at risk on the perpetrator of the abuse. The abuser may be a care giver, partner, relative or friend, volunteer or someone who is employed to care for an adult at risk. On some occasions the alleged perpetrator may themselves be an adult at risk.
- Adults at risk living alone or with relatives at home or attending day centres, or those who are living in a nursing or residential home, or working in a day or residential college, or custodial settings could be subject to abuse.

When abuse occurs, it is not always recognised and its impact is sometimes minimised, especially for adults at risk. Most abuse can be prevented, with appropriate intervention. This procedure affirms Nash College and Livability's commitment to promoting the welfare and safety of adults that live and work at Nash College in line with their individual rights.

Since a safeguarding concern may come to your attention in a number of ways, this document has been drawn-up to assist staff to take immediate and appropriate steps to safeguard the individual and ensure their on-going safety, whilst alerting the relevant authorities. The person in question will have a say, with local authority, in how a safeguarding matter is dealt with; it must still be reported in line with this procedure.

The welfare of the individual is paramount regardless of the situation - the most important consideration is whether the person is safe. If the person appears to be in immediate danger and you are unable to make them safe until the safeguarding officer is informed the police must be called.

The flow chart (Appendix 1) shows what to do as a situation develops. A copy must be placed on the main notice board and have the name of the designated person written on the bottom of it.

It is not our responsibility to decide whether or not abuse has taken place. Nash College and Livability has a responsibility to inform if there is cause for concern, so that the appropriate agencies can investigate and take any necessary action to protect the individual concerned.

Any suspicion, allegation or incident of abuse must be reported to the local authority Safeguarding Adults Co-ordinator immediately.

2. Role of Alerter

Who: The alerter is the person who will raise and record the original allegation. This could be any member of staff.

When: Immediately.

What to do:

Step 1:

- Make sure everyone is safe now. If they aren't, take immediate action to make them safe, this may include calling the police if you are unable to make them safe until the safeguarding officer is informed.
- React calmly so as not to frighten or alarm the person. Listen to what they have to say.
- Tell them they were right to tell.
- Tell them that they are not to blame.
- Take what they say seriously.
- Reassure them that the information will be kept private but that you have to tell certain people to make sure action is taken, and also it is part of your job to make sure people are kept safe.
- Ask only questions which will clarify the nature of the allegation. Avoid interviewing them or asking explicit details of the allegation as this may hinder a police enquiry.

Step 2

- Preserve any forensic evidence i.e. the scene of the incident, place of entry/exit to the room/building, clothing or other items, person's body for instance by sealing the area of the alleged incident, placing clothing in red soiled bags and storing in the sealed area, ensuring the person does not wash off any evidence of crime.

Step 3:

- If the service user wants to call the police immediately, support them to do so

Step 4:

- Inform the person in charge – unless they are part of the allegation.
- Contact the Safeguarding Officer on duty.
- If the Safeguarding Officer on duty dismisses the concern contact any Hub Manager. (See Livability Whistle-blowing policy)

Step 5:

- Write up factual account of what you've been told and what you've done.

- Complete Safeguarding Alert Form.

Please Note: It is not the Alerter's job to decide if abuse has taken place.

Do not:

- Do not put off taking action.
- Do not leave it to someone else to help the adult at risk.
- Do not be afraid to voice your concern – the adult at risk may need urgent safeguarding.
- Do not promise not to tell. This could make you an accessory to abuse.
- Do not begin your own investigation.
-

3. Designated Persons for Safeguarding Adults.

All services should have access to a designated person for Safeguarding Adults, who for Nash College are named members of the Senior Curriculum Team from 9.00am-4.00pm. The designated person will provide advice, support and guidance to staff in relation to all local safeguarding issues, concerns and allegations and will be responsible for establishing links with relevant personnel in local authority departments and police forces.

The Designated Persons have received training in relation to the role and are given access to appropriate resource materials and support mechanisms. The designated persons will meet regularly to share ideas, experiences and learning and will meet periodically with designated persons from other adult services across Livability.

When: Usually initial actions must start as soon as the allegation is reported by the alerter. What to do:

Step 1:

- Ensure service users and staff members are all OK and safe.

Step 2:

- Check all of step two for Alerter is complete.
- Collate all relevant information.

Step 3:

- If the service user wants to call the police immediately support their decision to do so. It is better if we contact the police once we have talked the issue through with the local authority or the Local Authority Safeguarding Team, but if the service user wants to call the police, immediately support them to do so.

Step 4:

- Contact the local Safeguarding Team and agree on an immediate plan including communicating with police if appropriate, family members, the perpetrator and other service users and staff.

Step 5:

Follow any agreements for immediate action made.

Step 6:

- Ensure Livability Safeguarding Form Part 1 has been completed (Appendix 2) as soon as possible and forwarded to the Safeguarding and Regulation Co-ordinator.

Step 7:

Follow any other actions advised by the hub manager.

Inform care manager of commissioning or sponsoring authority including if necessary Ofsted.

Do not:

- Do not put off taking action.
- Do not leave it to someone else to help the adult at risk.
- Do not be afraid to voice your concern – the adult at risk may need urgent safeguarding.
- Do not promise not to tell. This could make you an accessory to abuse
- Do not begin your own investigation.

4. Role of Hub Manager

Who: The person responsible for ensuring that all required actions have been taken and all relevant people/authorities have been informed.

Also the person responsible for providing action plans and proposing necessary changes to operational policies and procedures, service design or staffing arrangements as a result of the investigation.

When: Confirmation of action within one hour. What to do:

Step 1:

- Ensure everyone is safe.

Step 2:

- Confirm facts and all actions required by alerter and service manager/designated person have been completed.

Step 3:

- Complete Safeguarding Alert Form Part Two (Appendix 2) this must be completed to reach the Safeguarding & Regulation coordinator / Director within 72 hours of the alert.

Step 4:

- Assess need to suspend perpetrator. (If staff member).
- Produce and implement action plan - investigation file to be held centrally.
- Inform the reporting officer of action taken.
- Ensure Alerter and Victims informed of action taken and kept up to date throughout the

process.

Step 5:

- Take lead on longer term changes that need to happen in consultation with lead person for Safeguarding Adults.

Do not:

- Do not put off taking action.
- Do not leave it to someone else to help the adult at risk.
- Do not be afraid to voice your concern – the adult at risk may need urgent protection.
- Do not promise not to tell. This could make you an accessory to abuse.

5. Definitions of abuse and recognising abuse.

See Appendix 3.

6. Responding to an Allegation of or suspicion of Abuse.

The flowchart will help you decide what you should do to respond to abuse. We must always report abuse or potential abuse to local authority SOVA team. It is important to take all allegations of abuse seriously. If you are concerned that your line manager has not taken the issue seriously enough all members of staff have a duty of care to ensure that they speak to a designated person or member of the senior management team about their concerns.

Disclosure of abuse is often frightening and can awaken painful memories; the strong emotions felt can be difficult to express.

If a person confides in you that they are being or have been abused they have placed you in a position of trust. They trust you to help them, even if they ask you not to do anything or tell anyone. Simply by telling you they have demonstrated their trust that you will act. (Do not promise not to tell. This could make you an accessory to abuse.)

The flowchart has a list of what the roles are in reporting abuse and all staff must be aware of these.

Do not underestimate the effects and impact on you. Ensure you know where to go to get support and who you can talk to if needed.

Responding to allegations of abuse, inappropriate or dangerous behaviour made against a member of staff, volunteer or other contracted worker. If the allegation is against a member of staff, volunteer or contractor then the concern must be reported to the Designated Person or line manager immediately. If however the allegation is against the person to whom you have to report to e.g. your Line Manager, then concerns should be reported to the Designated Person and the next senior line manager. In addition to this, the person in charge must take whatever steps necessary to secure the safety of any person who may be at risk, by, for example, removing the person who is the subject of the allegation from any situation involving adults at risk.

Irrespective of action by local authority or the police, senior management must follow the appropriate disciplinary procedure and decide whether the member of staff should be suspended or removed from work pending investigation.

7. An Allegation against a Peer.

This procedure also applies in circumstances where a service user is the suspected or alleged perpetrator of an abusive act. Due consideration should be afforded to the particular circumstances and situation of the individual concerned.

8. Recording Information.

It is important that all concerns are properly recorded whether the local authority are involved or not. Records of concerns may reveal patterns, which may indicate abuse or identify unmet needs.

Certain information may not be available to you. Do not pursue the questioning of the person for this information if it is not given freely. Consult any files or documentation Nash College may have on the family for these details. Do not delay reporting the matter by waiting for all the information.

It is important to stick to the facts. However, your opinion may be crucial, but ensure that it is recorded as an opinion and that you can state evidence to support your thinking. Records pertaining to issues of safeguarding adults may be accessible to third parties, such as local authorities, police, the courts and solicitors.

All safeguarding incidents, concerns and allegations should be recorded on the Safeguarding Alert Forms (Appendix 2). Continuation sheets should be used, as necessary - title and number them in sequence. Forms should be completed electronically wherever possible. Hard copies should be completed in black ink.

The details of any action and outcome of a safeguarding investigation is confidential to the individual concerned and professionals who need to know. However it is appropriate to expect a level of feedback from the local authority, which tells you that action has been taken, and that the person is okay and safe.

Copies of all records relating to safeguarding issues must be kept in a locked cabinet. Copies of all safeguarding alert forms from all Directorates must be sent to the Safeguarding and Regulation Co-ordinator for entry on to the Livability Safeguarding database and reviewed by the Director of Operations.

9. Duty of Candour

On 1 April 2015, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 extended a new duty of candour to all service providers of regulated activities. This means that Nash College and Livability needs to put measures in place to ensure we can comply with the new duty.

The duty of candour requires Nash College and Livability to act in an open and transparent way in relation to care and treatment provided to service users. This duty applies to our dealings with the service user themselves, or, in limited circumstances, a person acting on their behalf. For us, what this means is, where the person lacks capacity regarding decisions relating to their overall care or treatment and how/where it is managed.

What are we required to do?

The new duty means that, as soon as reasonably practicable after becoming aware that a safeguarding incident has occurred which meets the notifiable safety incident criteria, the Designated Safeguarding Officer on duty (Member of Senior Curriculum Team, Registered Manager or Deputy Manager) must notify the relevant person (i.e. the service user or the person acting on their behalf as above) that the incident has occurred and provide reasonable support to them in relation to the incident. Link to letter: [Safeguarding acknowledgement letter \(Duty of Candour\)](#)

10. Training and Implementation

The local authority safeguarding team for the service will provide managers with advice and guidance about safeguarding adult processes and conferences in their area. There will be a local authority adult safeguarding procedure for each area. Each service must have a copy of the procedure for their local authority for reference.

Nash College and Livability will adopt a rolling programme of training to ensure that managers and staff are able to carry out the requirements of the procedures by:

- Being trained - according to relevant competencies.
- Being informed of relevant sources of support and information.
- Being motivated by clear understanding of the implications of poor practice and benefits of good practice.
- Being supported by other staff, and with any necessary resources.
- Being able to assess the requirement for training, and arrange for it be carried out. Ensuring periodic refresher briefings on the contents of the procedure (minimum of Biannual training for Designated Officers)
- Ensuring induction briefings / training for all new staff.
- Ensuring regular audits of the application of the procedure – by checking and monitoring mechanisms including record keeping, against the standards set out in the procedure.
- Publishing in all workplaces the flow diagram in the appendices.
- Ensuring that the Designated Safeguarding Officers, Head of College, Registered Manager, Hub Manager monitor the general awareness of staff of these issues, and implement checks, audits, etc.

Appendix 1 - SOVA Flowchart

What to do with a Safeguarding Concern (Page to be copied and put on notice board. Insert name of designated person below) Incident/concern raised or noticed and brought to the attention of staff member.

WHO	WHAT	WHEN
Alerter	<p>Step 1 Make sure everyone is safe. If not take immediate action – this may include calling the police.</p> <p>Step 2 Listen to service user.</p> <p>Step 3 If the service user wants to call the police immediately, support them to do so.</p> <p>Step 4 Tell the person in charge who must inform the local service on call.</p> <p>Step 5 Write account of what happened and complete protection alert form.</p>	Immediately
Designated Safeguarding Officer	<p>Step 1 Make sure everyone is safe</p> <p>Step 2 Collate information</p> <p>Step 3 Inform Hub Manager</p> <p>Step 4 Contact and inform Social services and CQC as appropriate for service</p> <p>Step 5 Follow any instructions given by local safeguarding team and/ or police and agree strategy for contacting key people. e.g. family</p> <p>Step 5 Complete required forms</p> <p>Step 6 Complete actions advised by Hub Manager</p>	Within 1 hour
Hub Manager	<p>Step 1 Make sure everyone is safe now</p> <p>Step 2. Ensure statutory services have been contacted and instructions from them have been understood and actioned including communicating with key people.</p> <p>Step 4 Decide whether any member of staff should be suspended or removed from work pending investigation in line with Livability disciplinary procedure.</p> <p>Step 5 Take lead on further action and longer term changes required.</p>	Within 1 hour

The local authority Safeguarding Team will decide whether they will investigate the concern or whether this can be carried out by Livability.

Name of Designated Person for Service:

Contact details:

Appendix 2 - Safeguarding Alert Form Part One

If you have a safeguarding concern to report you should do so immediately ensuring that you have informed the relevant Manager On Call.

This form should then be completed by the person making the report (this may be the alerter or the designated person as appropriate) and email this form to:

kpearson@livability.org.uk and your Hub Manager/Principal.

Please ensure that all relevant sections of the alert form are completed correctly.

Part One of Safeguarding Alert Form			
Location name		Location record number	
Unique Livability Identification number of the vulnerable Adult/Child		DOB of Adult/Child	
Ethnicity of Adult/Child		Disability of Adult/Child	
Location contact details			
Date & time concern was raised		Date and time of alleged concern	
Date & time notified of concern		Where was the concern noted/disclosure made	
Details of Suspicion / Concern			
Who reported/completed this alert form? Print Name and Position			
Details of Immediate Action Taken. What was said to service user/student and by whom? What was said to the next of kin and by whom?			

Does this link with any other concerns? If so, please give details including dates, who were involved, record number etc.

Does this incident meet the criteria for a notifiable safety incident under the Duty of Candour?
Yes/No

Others contacted: Please detail below which people / agencies have been informed. Please record the date/time and the name of the person spoken to.

Police	Social Services	CQC/Ofsted	Family	Social Worker
Adults at Risk	On Call	Designated Person	Other: Please state	Other: Please state

Date of Completion:

Time of completion:

SIGNED:

Appendix 2 - Safeguarding Alert Form Part Two

This form is to be completed by:

Education: Hub Manager/Principal/Designated Person

Care: Hub Manager/Designated Person

All forms are to be sent to the Safeguarding & Regulation Co Ordinator within 72 hours of the concern being raised. (This will be reviewed as the initial update).

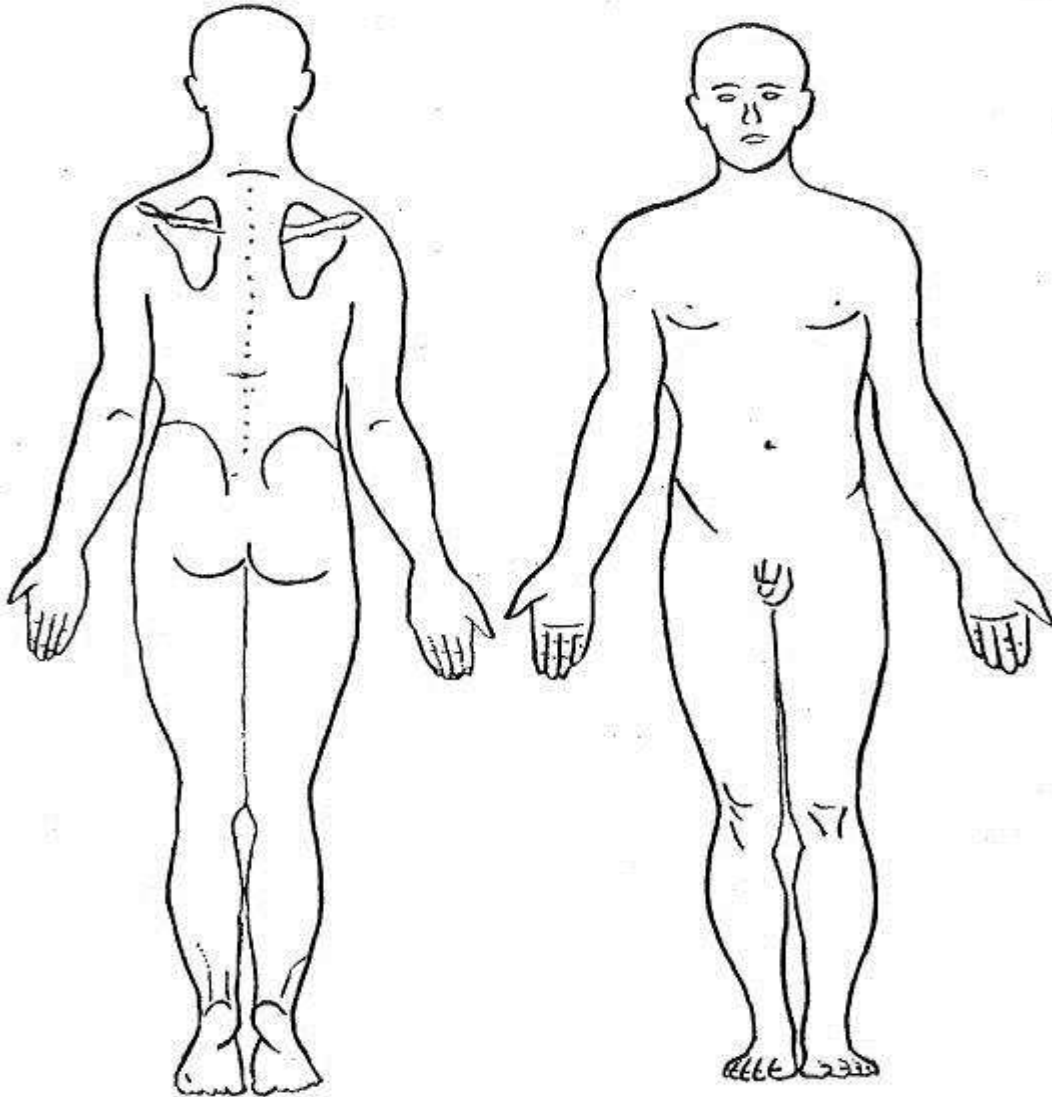
Hub Manager/ Principal/Designated Person/ Please print name and position			Location record number		
Initial actions/comments/advice given :					
Others contacted: Please detail below which people / agencies have been informed. Please record the date/time and the name of the person spoken to.					
Police	Social Services	CQC/Ofsted	Family	Social Worker	
Adults at Risk	On Call	Designated Person	Other: Please state	Other: Please state	
Date of Completion:					
Signed:					
A full written report must be sent to the Safeguarding Lead Person by the Hub Manager/Principal/Designated Person within 10 days.					

Date completed:

Time completed:

Completed by:

Time injury was observed:



IDENTIFY ON THE BODY MAP:

What/where is the injury? bruise, burn, cut or abrasion/s:

The size of the injury: (in centimetres):

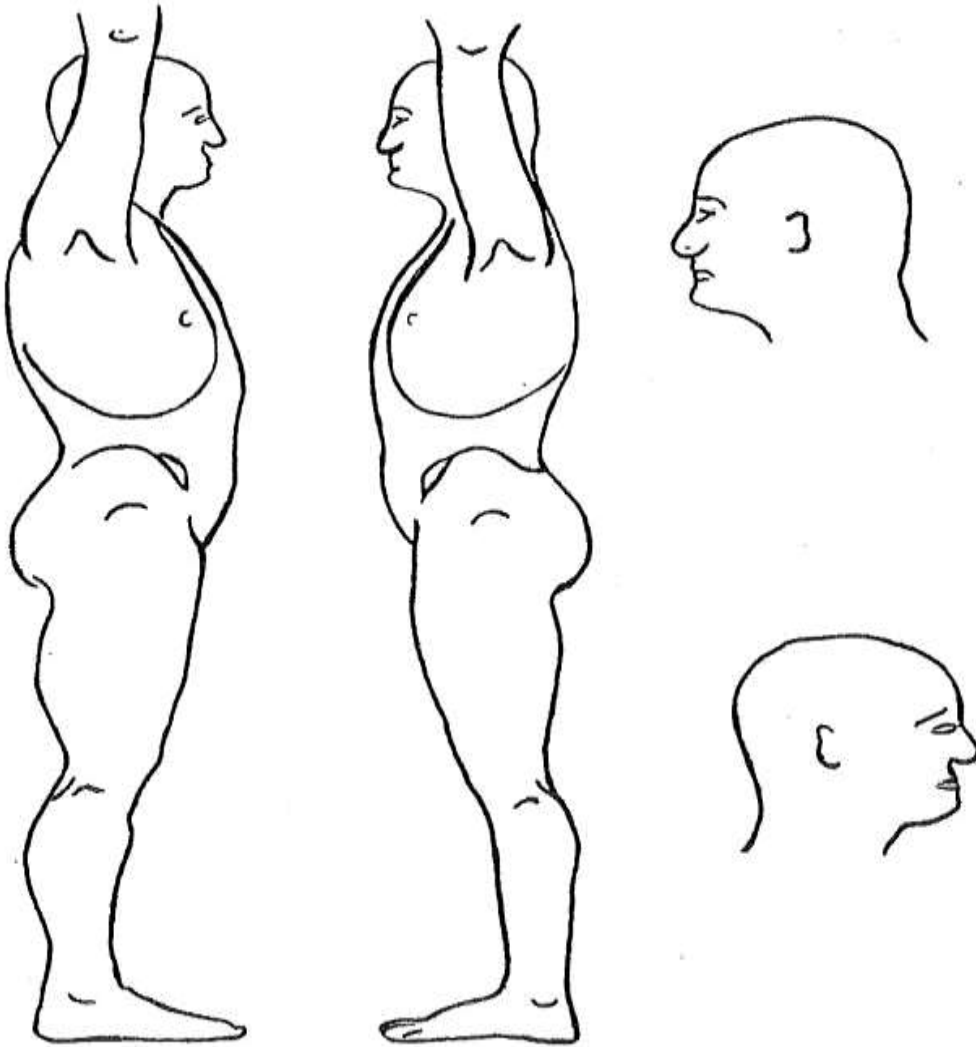
The colour of bruising:

Date completed:

Time completed:

Completed by:

Time injury was observed:



IDENTIFY ON THE BODY MAP:

What/where is the injury? bruise, burn, cut or abrasion/s:

The size of the injury: (in centimetres):

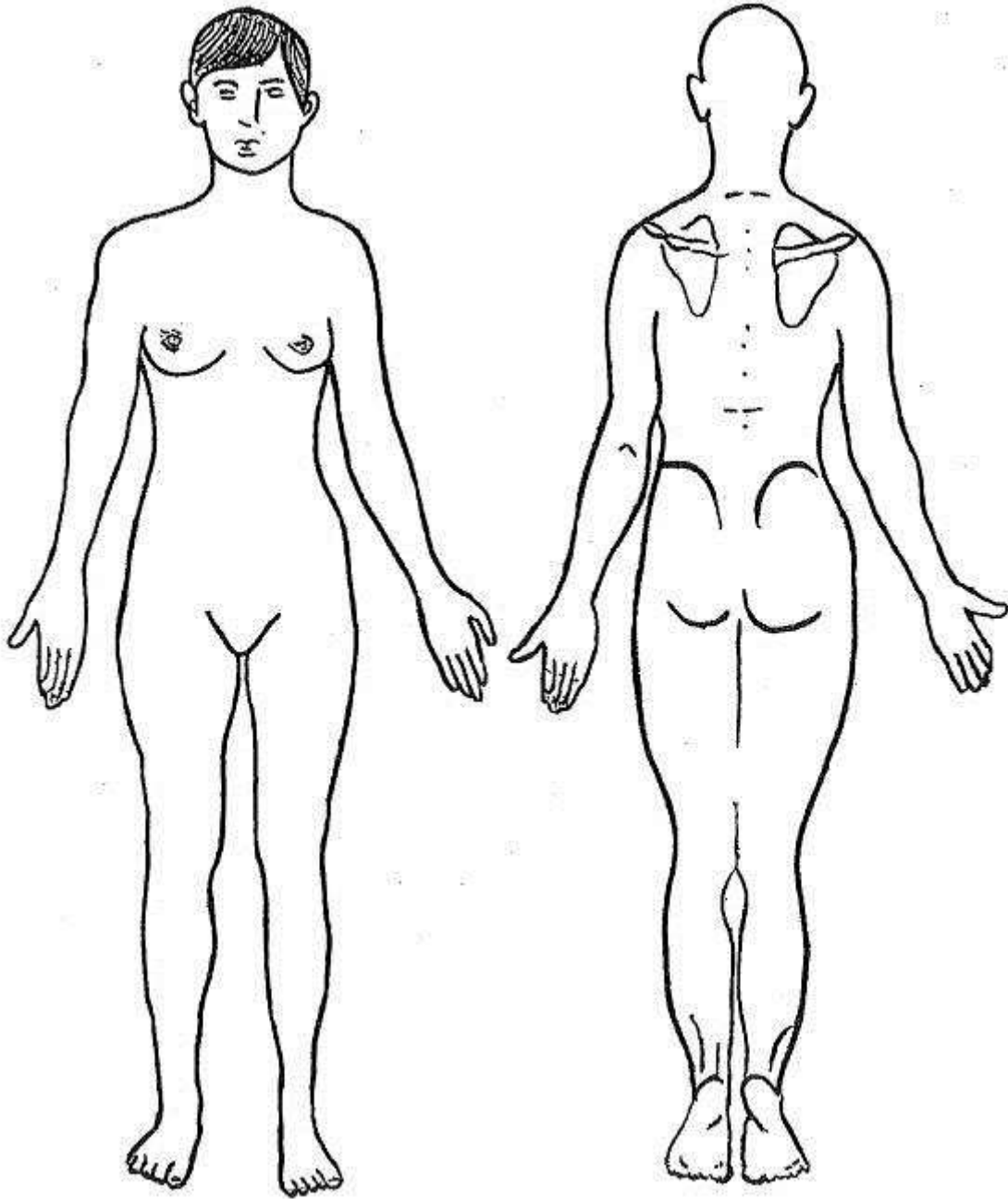
The colour of bruising:

Date completed:

Time completed:

Completed by:

Time injury was observed:



IDENTIFY ON THE BODY MAP:

What/where is the injury? bruise, burn, cut or abrasion/s:

The size of the injury: (in centimetres):

The colour of bruising:

Safeguarding case file record of evidence

When a Safeguarding Alert has been raised the following documentation (be it email or letter) should be forwarded to Kim Pearson - kpearson@livability.org.uk as soon as possible. This additional documentation will be added to each individual case file before closure.

Location	Unique Livability Identification number of vulnerable Adult/Child	Location record number
Document/information		Sent to Kim Pearson ✓
Copy of Notification sent to CQC		
Copy of Regulation sent to OFSTED (Schools and Colleges)		
Copy of H&S accident incident form (if applicable)		
Copy of hospital admission/discharge notices (if applicable)		
Copy of referral form sent to the local authority social services SOVA team		
Copy of referral response from the local authority social services SOVA team		
Copy of notification from social services if they are investigating (if applicable)		
Copy of notification from social services if they do not want to investigate		
Copy of any minutes/decisions made from social services own investigation		
Copy of any social services strategy meetings minutes		
Copy of any notification from CQC		
Copy of any notification from OFSTED		
Copy of the investigating officers report outcomes & recommendations (if applicable)		
Copy of staff suspension letters (if applicable)		
Copy of disciplinary outcome letters (if applicable)		
Copy of any signed off (by Manager) action plans		
Any other documentation that you may have that is relevant to this case file (PLEASE SPECIFY)		

Appendix 3 - Guidance Notes for Implementation of this Procedure

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An adult at risk is a person aged 18 years or over, who is or may be in need of community care services by reason of learning or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to safeguard him or herself against significant harm or exploitation.

At Nash College the students would be seen as adults at risk in potentially one or more of the following:-

- Have a physical disability or sensory impairment
- Have a learning disability
- Have an incapacitating physical illness
- Have a mental illness
- Are vulnerable through being the recipient of abuse within a domestic situation

Risk Factors

There are certain factors and situations that may place people at particular risk of being abused. The presence of one or more of these factors does not automatically imply that abuse will result, but may increase the likelihood.

- Where a person needs assistance in managing urinary and/or faecal continence.
- Role reversal and need for intimate personal assistance, for example,
- Living in the same household as a known abuser.
- Where there is a family history of abuse.
- Where an adult is dependent on others or others are dependent on them.
- Inappropriate or dangerous physical or emotional environment, e.g. lack of personal space.
- Where there is a change in the lifestyle of a member of the household, e.g. unemployment, employment, illness etc.
- A member of the household experiences emotional or social isolation.
- The existence of financial problems.
- The existence or readily available assets.
- Differences in communication or a breakdown in communication.

General Indicators of Abuse

Where abuse has occurred one or more of the following signs or indicators may have been, or may be present, for example:

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

- Dislike of being touched and flinching on being touched.
- Obsessive or challenging behaviour.
- Self-harm.
- Withdrawal.
- History of domestic violence.

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

Types of Adult Abuse and Indicators

Abuse that has been recognised in more recent years nationally includes:-

- bullying, including online bullying and prejudice-based bullying
- radicalisation and/or extremist behaviour
- impact of new technologies (on sexual behaviour, for example sexting)
- substance misuse
- issues that may be specific to a local area or population, for example gang activity and youth violence
- domestic violence
- female genital mutilation
- forced marriage
- fabricated or induced illness

Although it is recognised that the types of abuse listed above are less likely to occur with students with severe or profound and multiple learning disabilities who are cared for by a large and varied circle of support, students are still be monitored carefully and any concerns should be reported immediately.

Physical Abuse

This is the non-accidental infliction of physical force that could result in bodily injury, pain or impairment. Physical abuse includes hitting, slapping, pushing, kicking, and misuse of medication, restraint or inappropriate sanctions.

Signs of possible physical abuse

- Bruising, particularly in well protected and covered areas
- Fractures

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

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

- Injuries not consistent with information given by an adult at risk, carer or care worker
- Injuries in locations where accidental injury is implausible/unlikely
- Clusters of injuries and injuries at different stages of healing
- Repeated unexplained injuries
- Injuries inconsistent with known lifestyle/habits
- Failure or unexplained delays in seeking treatment
- Carer, care worker or third party defensive in explanation
- History of unexplained falls.
- Over/under use of medication

Sexual Abuse

- Direct or indirect involvement in sexual activity without consent. Sexual abuse includes rape and sexual assault or sexual acts to which an adult at risk has not consented, or could not consent, or was pressured into consenting. This also includes exposure to and the observation of sexual acts without informed consent. The potential victim may be male or female. The abuse may also take place within a marriage and sexual exploitation can also be linked to trafficking. New technologies can also have an impact on sexual behaviour, for example sexting.

Signs of possible sexual abuse:

- Repeated urinary infections, sexually transmitted diseases
- Incontinence/bed wetting
- Bruising/bleeding/soreness/cuts; in particular around breasts or vaginal or genital area

- Pregnancy
- Depression, unexplained behaviour changes
- Deliberate self-harm, Self-neglect, poor self-image, self-inflicted injuries
- Excessive masturbation
- Excessive washing
- Inappropriate dressing
- Panic attacks, disturbed sleep patterns
- Adults at risk appears withdrawn
- Overt sexual behaviour or language
- Reluctance to be alone with an individual unknown to them
- Fear of staff offering help with undressing, bathing, etc.

Non-contact sexual abuse may include:

- Looking. e.g. inappropriate examinations
- Photography, filming. e.g. inappropriate views
- Use of other technologies such as sexting
- Indecent exposure
- Serious teasing or innuendo

Psychological /Emotional Abuse

Psychological abuse impinges on the emotional health and development of the individual. Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks.

Signs of possible psychological/emotional abuse:

- Sudden changes in behaviour
- Anxiety/unease/silence
- Fear, withdrawal and inability to communicate when the alleged perpetrator is present
- Depression
- Deterioration in ability to exercise choice
- Irrational fears

- Onset of phobias

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

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

Financial/Material Abuse

This includes the unauthorised, fraudulent obtaining and improper use of funds, property or any resources of the adult at risk. Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Signs of possible financial / material abuse:

- Unexplained loss of funds/sudden large withdrawals from bank accounts
- Inability to pay bills, evidence of recent loans
- Marked change in lifestyle/standard of living
- Basic needs not being met
- Theft/loss of property
- Misuse of benefits
- Recent changes of deeds/title of house
- Evidence of unnecessary building work or repairs to property
- Preventing the sale of capital assets to provide appropriate care

In addition there are certain factors which may increase the risk of the person being financially abused:

- A guaranteed income and/or high capital asset base.
- Unable to administer own money due to physical or mental infirmity, lack of capacity or numeracy
- Dependent on others to administer money, either with Power of Attorney/Lasting Power of Attorney
- Several other people manage their money or are solely dependent on carer to manage financial affairs
- Exposed to pressure to undertake

Neglect and Acts of Omission

The repeated deprivation or failure to provide some assistance that the person needs for important activities of daily living. Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Signs of possible neglect and acts of omission:

- Poor hygiene - smell of urine / faeces
- Dehydration
- Weight loss or malnutrition
- Hypothermia - or abnormal body temperature
- Inappropriate clothing
- Failure to respond to prescribed medication
- Poor take up of health & social care services
- Infections
- Pressure sores
- Failure to protect

Discriminatory Abuse

Where an adult at risk is harassed, slandered or receives inappropriate treatment (both acts of commission and omission) because of his/her race, religion, culture, disability, gender, age or sexual orientation including homophobic or transphobic abuse.

Signs of Discriminatory Abuse:

Other forms of abuse towards adults at risk may be because of discrimination, in addition:

- Denial of religious or cultural needs/differences
- Failure to meet religious or cultural needs, e.g. religious worship or appropriate diet.
- Failure to provide appropriately sensitive services, e.g. interpretation and translation services
- Lack of respect for same sex relationships
- Prevention of appropriate non-abusive relationships/sexual relationships
- Not being given appropriate treatment due to age or mental capacity
- Gender-based violence/violence against women
- Bullying, including prejudice-based bullying

Institutional Abuse

Institutional abuse is mistreatment or abuse by a regime or individuals within an institution. Organisational culture can lead to activity that is centralised and tasks become routines. As a result, service user choice and rights can be eroded. Abuse can be perpetrated by an individual or by a group of staff embroiled in an accepted custom, subculture and practice. Abuse by professionals within the rituals of the setting is an abuse of an adult at risk's citizenship and is as serious as personal abuse. It can occur in residential and nursing homes, hospitals, day care facilities, clinics and supported and sheltered housing.

Signs of Institutional Abuse:

- inappropriate gender staff providing personal care
- no flexibility in bed time and/or deliberate waking
- one commode/toilet used by a number of people; people left on commode/toilet for long periods
- dirty clothing and bed linen; only changed when staff consider it necessary
- lack of and or missing personal clothing and possessions
- missing documents, e.g. pension books
- failure to protect/secure personal possessions
- inappropriate use of tip-back chairs and excessive use of safety rails or bed rail
- deprived environment and lack of stimulation
- excessive use of medication with regular pharmacological review
- inappropriate nursing or medical procedures (e.g. enemas or catheterization)
- failure to access key health services
- lack of individual care plans
- inappropriate confinement or restriction
- inappropriate use of power or control
- any form of restraint (including through use of drugs) that is not part of an agreed and regularly reviewed formal care plan
- no opportunity for drinks and snacks on demand.
- lack of choice and consultation over menus
- communal use of toiletries and personal items without consent
- lack of procedures in financial management, medical requirements. and other matters pertaining to the person's care
- lack of appropriate heating.
- lack of privacy in personal care, such as toileting, bathing, dressing, editing mail,

restricting visits.

- subject to derogatory remarks.
- public discussion of matters private to residents
- lack of action to deal with abuse
- staff entering flats/rooms without permission or not waiting for reply after knocking
- breaches of residents' confidentiality
- restrictive practices in the use of communal facilities

Abuse of Individual Rights

Rights abuse is when an adult at risk's human rights are not considered which results in harm or discrimination to that person. Abuse of an individual's rights takes place when an adult at risk is prevented from exercising the same civil rights and human rights as the rest of society.

Signs of abuse of individual rights:

- Withdrawn, afraid
- Purposefully isolated
- Deference in decision making
- Unwillingness to speak or communicate, fear of expressing needs

In addition the above signs could be heightened by the following:

- Carer/care worker or third party defensive in explanation
- Reluctance to talk about self or involve self in decision making
- Civil liberties violated

Organised or Multiple Abuse

Organised or multiple abuse may be defined as abuse involving one or more abusers and a number of related or non-related adults at risk. The abusers concerned may be acting in concert to abuse adults at risk, sometimes acting in isolation, or may be using an institutional framework or positions of authority to recruit adults at risk for abuse. The abuser may be a public figure.

Organised and multiple abuse occur both as part of a network of abuse across a family or community, and within institutions such as residential homes or colleges. Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the situations where the incidents occurred or where the alleged perpetrators

are also no longer linked to the setting or employment role.

Abuse Involving Carers

It should be recognised that in some instances the carer could be regarded as an adult at risk. Caring for an adult at risk is often very demanding and stressful and can lead to a conflict of interest between the carer and the cared for person. Research suggests that full time carers are rarely identified as abusers. However it is known that carers can be abusers or even abused by the person they care for. It is important, therefore, to consider this possibility in order to raise awareness of it to ensure that carers will receive appropriate and timely assistance and support to reduce the likelihood of them committing an abusive act. There are many contributing factors that may lead to a carer abusing an adult at risk they are caring for.

Signs of Abuse Involving Carers:

- Dependency on the adults at risk, e.g. financial, housing
- History of mental health problems, alcohol dependency, substance misuse, family violence
- Poor family relationships over the years and caring responsibility has been imposed
- Carer has had to change lifestyle, e.g. reduced income, no social life, personal ambition affected
- Carer has been abused in the past or abused in past
- Carer under extreme stress

In addition the above signs could be heightened by the following

- Carer rejecting assistance
- Carer refusing to allow the adult at risk to be visited without the carer present
- Adult at risk is rejecting or ungrateful
- Reversal of the usual parent/child roles
- Carer shows apathy, withdrawal, depression, hopelessness or suspicion
- Carer lacks appropriate knowledge required to provide appropriate care
- Carer seeking repeated medical assistance for the adult at risk without obvious medical problems

Abuse of one Adult at risk by Another – ‘Peer Abuse’

This abuse can be defined as the abuse of one adult at risk by another adult at risk both of whom are service users within a care setting.

Signs of Peer Abuse:

- Asserting power over others by means of anger, e.g. verbally or physically.
- Physical contact or use of body language causing disempowerment and inflicting pain and anguish intentionally or otherwise
- Voicing their opinions by means of shouting and swearing in order to intimidate.
- Making statements that humiliate and insult another person
- Theft, obtaining cash or assets.
- inflicting emotional pain or injury on others by their behaviour
- making unwanted approaches to another adult/adults at risk to involve them in sexual activity by force, fear
- Use of others' facilities without making any contribution.
- Creating emotional dependency to isolate a person from the rest of the group.
- Making another person feel persecuted or oppressed because of such behaviour