

A guide to-
Recognising & responding to the
abuse or neglect of
adults with care & support needs.

This is local guidance that should be read in conjunction with the Gloucestershire Safeguarding Policy & Procedures.

This guidance covers how to recognise and what to do when you think an-

- adult with care & support needs...

- is experiencing, or at risk of, abuse & neglect...
 - and who, because of their care & support needs, is unable to protect themselves from abuse or neglect.

1. Recognising Abuse or Neglect - Definitions

1.1. Adults with care & support needs-

This describes adults aged 18 or over who need extra help to manage their lives and be independent. This may include:

- people with a learning disability or physical disability;
- people with mental health needs;
- people with sensory needs;
- people with cognitive needs, e.g. acquired brain injury;
- people who are experiencing short or long term illness.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect.

The Care Act guidance 2014 describes “care & support” as-

“The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.”

1.2. Abuse or neglect-

Defining abuse or neglect is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable

person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and

support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

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

This list is not exhaustive.

2. Responding to abuse or neglect – What to do.

2.1 Address any immediate safety and protection needs.

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP, or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- Consider if there are other adults with care & support needs who are at risk of harm, and take appropriate steps to safeguard them.
- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

2.2. Dealing with disclosures.

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the adult;
- a passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- a growing awareness that "something is not right";
- an allegation of abuse by a third party,
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse.

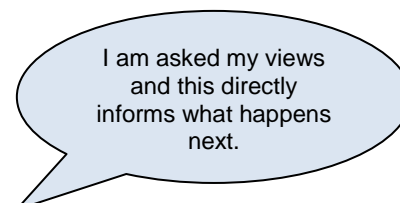
Good Practice Guide – Responding to Disclosures

It is often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the person to tell you that something has happened and fear of not being believed can cause people not to tell.

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.

2.3. Speak to the adult who is experiencing, or is at risk of, abuse or neglect

From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

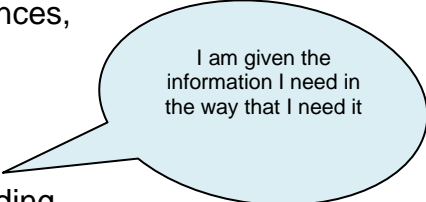


There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management, or from an external agency as appropriate.

2.4. When speaking to the adult –

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances,
- Get the adult's views on the concern and what they want done about it,
- Give the adult information about the adult safeguarding process and how that could help to make them safer,
- Explain confidentiality issues, how they will be kept informed and how they will be supported,
- Identify communication needs, personal care arrangements and access requests,
- Discuss what could be done to make them feel safer.



I am given the information I need in the way that I need it

2.5. Responding to Adult Safeguarding Concerns – a summary of what to do.

There are some key responsibilities and actions for *anyone* who identifies the possibility of abuse or neglect.

These responsibilities must be addressed on the same day as the Alert is raised.

i. Immediate protection.

Take any immediate actions to safeguard anyone at immediate risk of harm, including summoning medical assistance.

ii. Speak to the adult wherever it is safe to do so.

Get the views of the adult on the concern or incident, and see what they would like to happen next. Listen to what they have to say, and ensure they are given the support they need.

iii. Detection & Prevention of crime.

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately.

iv. Record & Preserve evidence.

Preserve evidence through recording, and take steps to preserve any physical evidence (see Good Practice Guides on next page).

v. Report & Inform.

- REPORT TO ADULT SOCIAL CARE AS SOON AS POSSIBLE, AND IN ALL CIRCUMSTANCES ON THE SAME DAY AS THE CONCERN IS RAISED.

- REPORT TO CHILDREN'S SERVICES AS SOON AS POSSIBLE IF A CHILD IS IDENTIFIED AS BEING AT RISK OF HARM.
- If you are a paid employee, inform your manager. Report the matter internally through your internal reporting procedure (e.g. incident or serious untoward incident reporting procedures).
- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.
- Consider and take required actions under employment vetting schemes- e.g. the DBS scheme.
- Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (See www.riddor.gov.uk).

Good Practice Guide – Recording

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, person's own words, keeping it factual and not interpreting what you saw or were told,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible and of a photocopiable quality,
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report/s confidential, storing them in a safe and secure place until it will be needed.

Good Practice Guide – Preserving Physical Evidence

What to do?

In cases of physical or sexual abuse, **contact the Police immediately**. Ask their advice about what to do to preserve physical evidence.

As a guide-

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and alleged perpetrator. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault –

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the alleged perpetrator. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or alleged perpetrator can cross contaminate evidence.

3. Reporting Adult Safeguarding Concerns

- 3.1 All abuse or neglect concerns relating to adults with care & support needs should be reported to Gloucestershire County Council by telephone to the Adult Help Desk single point of referral contact number :-

01452 426868

3.2. If the abuse or neglect is very serious, or a criminal offence has occurred or may occur, contact the Police immediately-

Gloucestershire Police:

To report abuse or raise a concern about a crime, dial non-emergency - **101**

If a crime is in progress or life is at risk, dial emergency - **999**.

Then make the referral to Adult Social Care- as above.

3.3. Referrals outside office hours will be directed to the Gloucestershire County Council Emergency Duty Team. The EDT can be contacted outside office hours on

01452 614758

The Emergency Duty Team will-

- Respond to Safeguarding Adults referrals out of hours and make a decision whether the referral requires an immediate response or whether they will transfer to the appropriate Adult Social Care the next working day,
- Respond to the immediate support and protection needs of adults referred out of hours,
- Report suspected criminal offences to the Police without delay.

3.4 Referrals relating to adults (aged 18-65) who have mental health needs will be signposted to the appropriate Integrated Adult Mental Health Service to respond to the concern.

3.5. If a child is identified at being at risk of harm, refer to Children's services as soon as possible.

Gloucestershire Children's Services – **01452 426565**

1.3.6. Flowchart - Referral Pathways

The following flowchart gives an overview summary of referral pathways.

Please note it does not include other responsibilities which need to be considered through this process, such as preserving evidence and providing appropriate support to victims.

Referral Pathways for the Safeguarding Concern

