

# Peninsula Medical Practice

## Safeguarding adults

The Health Centre

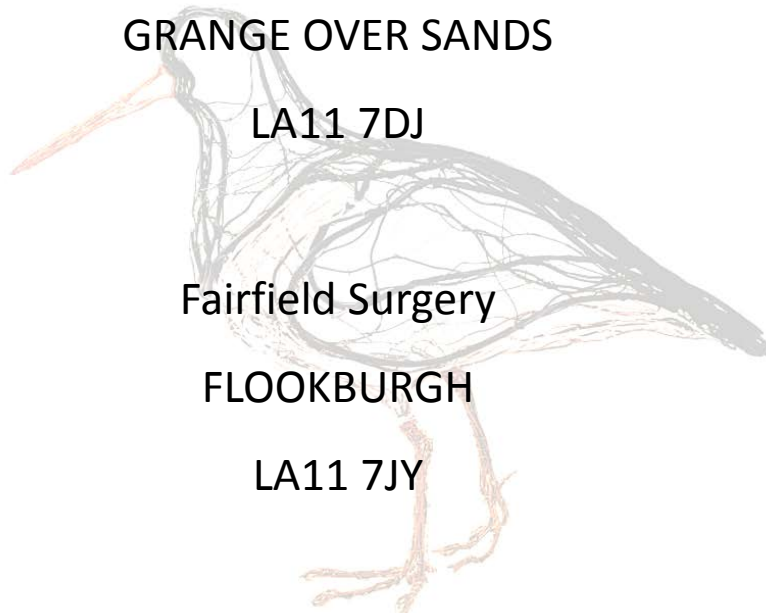
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LA11 7DJ

Fairfield Surgery

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LA11 7JY



Practice Policy Document No. 14

V2.0

Incorporating Cumbria multi-agency advice

March 2019

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## Purpose

The purpose of the policy is to set out the Practice's policy on safeguarding vulnerable adults in conjunction with the relevant statutory service.

## Introduction

Best practice in safeguarding adults is set out in the Department of Health guidance 'Safeguarding Adults: the Role of Health Services' (2011), which supplements the DH 'No Secrets' (2000) guidance and framework for action, and the enhanced advice 'Safeguarding Adults, a National framework of Standards' (2005); and the duties enshrined in the Care Act (2014)

Cumbria Social Service are the lead organisation for the safeguarding of adults for the Practice's patients and have issued advice on the implementation of this guidance locally.

## Policy

Safeguarding Adults work requires strong partnerships and co-operation between agencies. Strong partnerships built on agreed policy and strategy and a good understanding of each other's roles and responsibilities.

The Practice will comply with all national and local standards, comprising the four generic areas of:

1. Joint Planning and Capability
2. Prevention of Abuse and Neglect
3. Responding to Abuse and Neglect
4. Access and involvement

Training will be provided for all relevant members of staff; such training will be recorded by the Practice on staff training records.

## Joint planning and capability

Cumbria CC is the designated local authority; it has established a multi-agency partnership to lead the Safeguarding Adults work.

The Practice agrees to be accountable to Cumbria CC for the safeguarding function that it owes to its patients.

## Prevention of abuse and neglect

The Practice acknowledges and respects every person's right to live a life free from abuse and neglect.

The Practice will not tolerance abuse of any persons by its staff. Any occasions of abuse being discovered will be reported to the Cumbria CC Safeguarding Partnership, and other relevant organisations, including the police, and if proven, will result in disciplinary action. Unless there are exceptional circumstances proven cases of abuse will normally result in dismissal.

The minimum safety criteria for safe recruitment of all staff that work at the Practice are:

- have been interviewed face to face by senior staff to include at least the practice manager or one of the partners;
- have 2 references that have been followed up;
- have been DBS (formerly CRB) checked to an appropriate level.

All staff are required to have been trained in good safeguarding practice to a level appropriate to the position that they hold.

## Responding to abuse and neglect

The Practice will make available information about how to gain safety from abuse and violence, including information about the local Safeguarding Adults Procedures to any patient requesting it.

Any member of staff suspecting that an adult is at risk of being harmed, or who is likely to be harmed, will report their concerns immediately to the Practice's Safeguarding Lead Dr Michael BUNTER.

The Practice will support the work of the Cumbria CC multi-agency Safeguarding Team to investigate and protect any individuals about whom the Practice has concerns throughout all the stages of the response process (Alert, Referral, Decision, Safeguarding Assessment Strategy, Safeguarding Assessment, Safeguarding Plan, Safeguarding Review, Recording and Monitoring).

The responsibilities within the Practice are:

Stage	Activity	Internal Responsibility	Timescale
<i>1 Raising the Alert</i>	<ul style="list-style-type: none"> <li>• Act to protect the adult at risk</li> <li>• Deal with immediate needs</li> <li>• Report to your Safeguarding Practice Lead</li> <li>• Report to police if a crime</li> <li>• Record all actions</li> </ul>	<ul style="list-style-type: none"> <li>• All staff to report any concerns to the Practice lead, or, in the absence of the Practice lead another Partner</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate if an emergency</li> <li>• Before the end of the working day in all other cases</li> </ul>
<i>2 Reporting the Alert</i>	<ul style="list-style-type: none"> <li>• Report to Adult Social Care Team</li> </ul>	<ul style="list-style-type: none"> <li>• Practice lead or deputy</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate if an emergency</li> <li>• Before the end of the working day in all other cases</li> </ul>
<i>3 Decision</i>	<ul style="list-style-type: none"> <li>• Provide information to multi-agency team</li> </ul>	<ul style="list-style-type: none"> <li>• Member of staff identifying issue together with the Practice lead</li> </ul>	<ul style="list-style-type: none"> <li>• Before the end of the working day</li> </ul>

Stage	Activity	Internal Responsibility	Timescale
<i>4 Strategy meeting</i>	<ul style="list-style-type: none"> <li>Share information / attend meetings with multi-agency team, or investigator acting on behalf of team, to enable decisions to be made</li> </ul>	<ul style="list-style-type: none"> <li>Member of staff identifying issue together with the Practice lead</li> </ul>	<ul style="list-style-type: none"> <li>Timescale to be determined by Safeguarding Practice Lead from Adult Social Care Team</li> </ul>
<i>5 Investigation</i>	<ul style="list-style-type: none"> <li>Share information / attend meetings with investigator acting on behalf of Adult Social Care Team</li> </ul>	<ul style="list-style-type: none"> <li>Member of staff identifying issue together with the Practice lead</li> </ul>	<ul style="list-style-type: none"> <li>Timescale to be determined by Safeguarding Practice Lead from Adult Social Care Team</li> </ul>
<i>6 Planning meeting</i>	<ul style="list-style-type: none"> <li>Share and receive information / attend meetings with investigator acting on behalf of Adult Social Care Team</li> </ul>	<ul style="list-style-type: none"> <li>Member of staff identifying issue together with the Practice lead</li> </ul>	<ul style="list-style-type: none"> <li>Timescale to be determined by Safeguarding Practice Lead from Adult Social Care Team</li> </ul>
<i>7 Review</i>	<ul style="list-style-type: none"> <li>Contribute information to review process to enable new evaluation of risk and actions needed</li> </ul>	<ul style="list-style-type: none"> <li>Member of staff identifying issue together with the Practice lead</li> </ul>	<ul style="list-style-type: none"> <li>Timescale to be determined by Safeguarding Practice Lead from Adult Social Care Team</li> </ul>
<i>8 Closure</i>	<ul style="list-style-type: none"> <li>Complete any process elements required; ensure that notes are up to date.</li> </ul>	<ul style="list-style-type: none"> <li>Member of staff identifying issue together with the Practice lead</li> </ul>	<ul style="list-style-type: none"> <li>As determined by local process</li> </ul>

Further details are to be found under 'useful publications' at:

<https://www.cumbria.gov.uk/healthsocialcare/keepingsafe.asp>

The Cumbria Urgent Care Team may be contacted on 0300 303 2704 (Emergency Duty Team out-of-hours 01228 526690).

## Access and involvement

The Practice will cooperate and support the development of Cumbria CC Safeguarding Partnership in all aspects of its work. This includes participation in its membership, monitoring, development and implementation of its work, training strategy and the planning and implementation of any recommendations that they may make to the Practice's safeguarding assessment and plans.

## Relationship to safeguarding children policies

The Practice has a separate explicit policy on the safeguarding of children, whereby if a child or young person is thought to be at risk or there are concerns, the Practice will contact Cumbria CC Children's Services in accordance with the agreed local multi-agency policy.

The Practice will, where the allegation relates to historical abuse that happened when the adult at risk was a child, also make a referral under Child Protection Procedures as well as instituting proper action under its safeguarding adults policy.

## Review

This policy will be reviewed within three (3) years of its implementation, or sooner if any significant changes in best practice are advised by Cumbria Social Service Department, the Department of Health, or other appropriate advisory body.

## Declaration

This policy will be binding upon all employees of the Peninsula Medical Practice from the 1st January 2013.

We, the partners, have reviewed and accepted this policy.

Dr Diane Ruell  
Dr Michael Bunter  
Dr Nick Gent

20<sup>th</sup> December 2012

Reviewed and amended

1<sup>st</sup> March 2014

Reviewed and amended

1<sup>st</sup> March 2019

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## Appendix: Cumbria multi-agency guidance to be applied by Peninsula Medical Practice

The following policy is extracted from the extant Cumbria multi-agency advice, with adaptations, where necessary, to primary care practice.

Advice on any aspect of safeguarding can be obtained from the Cumbria Safeguarding Adults Team on 01539 71 33 98.

The aim of this guidance is to minimise the risk by early intervention once abuse has occurred, by providing information about possible indicators and signs of abuse.

The presence of one or more indicators does not confirm that abuse or neglect has occurred. A cluster of several signs and indicators may suggest a potential for abuse or neglect and will identify the need for further assessment of the situation.

It should also be noted that many psychological or emotional signs and indicators may be evident in several types of abuse.

### Definition of adult(s) at risk

The term 'adult at risk' is used to replace 'vulnerable adult' as used throughout No Secrets (DH 2000).

It should be assumed that adults have the mental capacity to make informed decisions about their lives.

If someone has been assessed as not having the mental capacity, to make informed decisions about their lives, then decisions will be made in their best interests through the means set out in the Mental Capacity Act 2005.

Adults at risk should be given information, advice and support in a form that they can understand and have their views included in all discussions and meetings where decisions are being made that affect their lives.

An adult at risk is defined as:

- 'A person aged 18 years or over who appears to have health and social care needs and appears to be at risk of harm.'
- Harm can include:
  - ill treatment
  - neglect
  - impairment of health or development
  - unlawful conduct which adversely affects property, rights or interests

An adult at risk may therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment

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

Of course not all individuals from these groups would see themselves, or be seen by others, as an adult at risk.

In the context of Safeguarding Adults, vulnerability to abuse and neglect is related to how able an adult at risk is to make and exercise their own informed choices free from duress, pressure or undue influence, and to protect themselves from abuse, neglect and exploitation.

The vulnerability of an adult at risk is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

### Factors determining vulnerability

<p><b>Personal characteristics of adult at risk that increase vulnerability may include:</b></p> <ul style="list-style-type: none"> <li>• not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions</li> <li>• communication difficulties</li> <li>• physical dependency on others for personal care and activities of daily living</li> <li>• low self esteem</li> <li>• experience of being harmed</li> <li>• childhood experience of abuse</li> </ul>	<p><b>Personal characteristics of the adult at risk that decrease vulnerability may include:</b></p> <ul style="list-style-type: none"> <li>• having mental capacity to make decisions about their own safety</li> <li>• good physical and mental health</li> <li>• having no communication difficulties or, if so, having the right equipment/support</li> <li>• no physical dependency or if needing help, able to self direct care</li> <li>• positive former life experiences</li> <li>• self confidence and high self esteem</li> </ul>
<p><b>Social/situational factors that increase the risk of abuse may include:</b></p> <ul style="list-style-type: none"> <li>• being cared for in a care setting, that is, more or less dependent on others</li> <li>• not getting the right amount or right kind of care that they need</li> <li>• isolation and social exclusion</li> <li>• stigma and discrimination</li> <li>• lack of access to information and support</li> <li>• being the focus of anti-social behaviour</li> </ul>	<p><b>Social/situational factors that decrease the risk of abuse my include:</b></p> <ul style="list-style-type: none"> <li>• good family relationships</li> <li>• active social life and circle of friends</li> <li>• able to participate in the wider community</li> <li>• good knowledge and access to the range of community facilities</li> <li>• remaining independent and active</li> <li>• access to sources of relevant information</li> </ul>

### Definition of 'abuse'

Cumbria Safeguarding Adults Board has adopted the recommendations of the Law Commission Report 2011 which sets out the duties and powers of local authorities to safeguard adults at risk of harm.

### Definition of harm

Harm includes any of the following:



- ill treatment (including sexual abuse, exploitation and forms of ill treatment which are not physical)
- the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural)
- neglect
- unlawful conduct which adversely affects property, rights or interests (for example, financial abuse)

## Abusive acts

Abusive acts that result in harm may be:

- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts, for example, an adult at risk may be neglected and also financially abused

Intent is not an issue at the point of deciding whether an act or a failure to act is abusive; it is the impact on the person concerned and the harm or risk of harm to that individual.

A number of abusive or harmful acts are crimes and the police must be informed where there is reason to believe that a crime has been committed.

All suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults Policy and Procedures.

The following factors should be considered when assessing the seriousness of the risk to the person:

- the vulnerability of the person
- the nature and extent of the abuse/neglect
- the length of time the abuse or neglect has been occurring
- the impact of the alleged abuse on the adult at risk
- the risk of repeated or increasingly serious acts of abuse or neglect
- the risk that serious harm could result if no action was taken
- the illegality of the act or acts

Abusive or harmful acts can take different forms:

- physical
- sexual
- psychological/emotional
- financial and material
- neglect and acts of omission
- discriminatory
- institutional

## Physical abuse

This may be defined as 'the use of force which results in pain or injury or a change in a person's natural physical state or the non-accidental infliction of physical force that results in bodily injury, pain or impairment'; including; hitting, slapping, pushing, kicking, shaking, scalding, misuse of medication, restraint, or inappropriate sanctions.

## ***Restraint***

Unlawful or inappropriate use of restraint or physical interventions and /or deprivation of liberty are forms of physical abuse. There is a distinction to be drawn between:

- restraint
- restriction
- deprivation of liberty

A judgement as to whether a person is being deprived of their liberty will depend on the particular circumstances of the case, taking into account:

- the degree of intensity,
- type of restriction,
- duration,
- the effect and manner of the implementation of the measure in question.

In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence.

Someone is using restraint if they use force or threaten to use force to make someone do something they are resisting, or where a person's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions and includes the use of active or passive means to ensure compliance. Appropriate use of restraint can be justified to prevent harm to a person who lacks capacity so long as it is a proportionate response to the likelihood and seriousness of the harm.

Providers of health and social care must have in place, internal procedures covering the use of physical interventions and restraint which incorporate best practice guidance and which reference:

- The Mental Capacity Act 2005,
- The Mental Capacity Act Code of Practice and
- The Deprivation of Liberty Safeguards (DoLS)

## ***Sexual abuse***

Examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in any sexual activity or relationship which:

- they do not want or have not consented to
- they cannot understand and lack the mental capacity to be able to give consent to
- they have been coerced into because the other person is in a position of trust, power or authority

This can include; rape and sexual assault or sexual acts to which the adult at risk has not consented, or is incapable of giving informed consent or was pressured into consenting; this may involve contact or non-contact abuse (e.g. touch, masturbation, being photographed, teasing, inappropriate touching).

The key principles of managing any instances of suspected sexual abuse are:

- ensuring that any urgent medical and welfare requirements of the adult at risk are met

- preserving any potential forensic evidence
- recording verbatim any disclosure made by the adult at risk
- sexual abuse is a crime and must be reported to the police immediately, before any internal investigation/ interview
- sexual relationships or inappropriate sexual behaviour between a member of staff and a service user are not acceptable and will lead to disciplinary action in addition to any criminal action that may be taken
- a sexual relationship between a service user and a care worker is a criminal offence under Sections 38-42 of the Sexual Offences Act 2003

### *Psychological / emotional abuse*

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- Mental distress
- The denial of basic human and civil rights such as self-expression, privacy or dignity
- Negating the right of an adult at risk to make choices and undermining their self esteem
- Isolation and over dependence that has a harmful effect on the person's emotional health, development and well-being

It is the wilful infliction of mental suffering by a person who is in a position of trust and power towards an adult at risk and can result from:

- Threats of harm or abandonment
- Being deprived of social or any other sort of contact
- Humiliation, blaming, controlling
- Intimidation, coercion, harassment
- verbal abuse and bullying
- It is behaviour that undermines the adult's self-esteem and results in them being less able to protect themselves.

This kind of harm often occurs as a result of other forms of abusive behaviour.

Behaviour that can be linked to deliberately causing serious psychological and emotional harm may constitute a criminal offence. Specialist advice should be sought from the police.

### *Financial or material abuse*

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any other resources without their informed consent or authorisation.

It includes:

- Theft
- Fraud
- Exploitation
- Undue pressure in connection with wills, property or inheritance or financial transactions
- Misuse or misappropriation of property, possessions or benefits
- Misuse of an enduring or a lasting power of attorney, or an appointee-ship

## *Neglect and acts of omission*

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide.

Behaviour that can lead to neglect 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, hydration and heating.

Neglect can be intentional or unintentional. Intentional neglect would result from:

- the wilful failure to provide care
- wilfully preventing an adult at risk from getting the care they need
- being reckless about the consequences of the person not getting the care they need

If the individual responsible for the neglect is aware of the consequences and the potential harm that would be a result of the lack of action(s) by him/her, then the neglect is intentional.

Unintentional neglect could result from a carer failing to meet the needs of an adult at risk because:

- they do not understand the needs of the person concerned,
- may not know about services that are available or
- because their own needs prevent them from being able to give the care needed.

It may also occur if the individuals are unaware or do not understand the possible effect of the lack of action on the adult at risk.

## *Discriminatory abuse / Disability Hate Crime*

Discriminatory abuse can be a feature of any form of abuse of an adult at risk. This type of abuse can be motivated by the age, gender, sexuality, disability, religion, social class, culture, language, race or ethnic origin of the adult at risk.

It can result from situations that exploit a person's vulnerability by treating them in a way that excludes them from opportunities they should have as equal citizens.

## *Disability Hate Crime*

A disability hate crime is a criminal offence motivated by hatred or prejudice towards a person because of their actual or perceived disability. It is also a criminal offence if immediately before, after or during the offence the perpetrator demonstrates hostility towards a person because of their actual or perceived disability. (See s.146 Criminal Justice Act 2003)

Disability hate crime is a direct attack on a person's identity and an infringement of their human rights. It is pervasive and a regular feature of the lives of many people with disabilities. Research by Mencap (Living in Fear, 2000) found that nearly nine out of ten people with learning disabilities had

been harassed or attacked within the last year, with 32% saying they experienced harassment or attacks on a daily or weekly basis. 23% had been assaulted.

### *Domestic abuse*

Some forms of abuse and neglect may be classed as domestic abuse. Domestic abuse is defined as:

- any incident of threatening behaviour, violence or abuse between adults aged 18 and over who are or have been intimate partners or family members, regardless of gender or sexuality
  - can be perpetrated by family or extended family members
  - rarely a one-off incident
- whatever form it takes, domestic abuse is rarely a one-off incident
- Forced Marriage must be dealt with as a safeguarding adults concern.

Multi-Agency Risk Assessment Conferencing arrangements are in place in Cumbria (MARAC) to address these issues. See [www.caada.org.uk](http://www.caada.org.uk) for more details.

### *Institutional abuse*

Institutional abuse occurs in care settings when individual service user's needs and wishes are sacrificed in favour of the organisation's agenda or staff regime.

Neglect and poor professional practice may take the form of isolated incidents through to pervasive ill treatment or gross misconduct. Repeated incidents of poor care may be an indication of more serious problems. In reality, abusive situations are rarely as tidily or straightforwardly described as these categories suggest, so remember to listen carefully when being told something and where there is any doubt about defining a situation of adult abuse or neglect discuss it with your Line Manager or with the Safeguarding Adults Team on 0300 303 2704

### *Self-neglect*

The remit of the Cumbria Safeguarding Adults Policy does not include self-neglect. It is acknowledged that this is a serious challenge to all care providers and should be addressed by organisations through the use of the multi-agency meetings.

Self-neglect is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets.

Self-neglect can happen as a result of an individual's choice of lifestyle, or the person may:

- be depressed
- have poor health
- have cognitive (memory or decision making) problems, or
- be physically unable to care for self

Self-neglect includes:

- Living in unsanitary conditions
- Suffering from an untreated illness, disease or injury

- Suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets, and
- Suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of the assets

If it is suspected that a patient is self-harming then a referral should be made to the appropriate local psychiatric service in the first instance

Risks arising from self-neglect or a person's own behaviour:

- Situations where an a person refuses help and services, and is seen to be at grave risk as a result often give rise to great concern
- Where the individual concerned has the capacity to make an informed decision, he/she has the right to refuse services
- It would be good practice for agencies to discuss their concerns at a multi-agency meeting.
- The person concerned must be involved in any meeting and should only be excluded in exceptional circumstances
- If he/she continues to refuse all assistance, this decision must be recorded and retained on the file along with a record of all efforts made and actions taken by the agencies concerned. A copy must be sent to the person concerned

## Indicators of Abusive Acts

### Discriminatory abuse

Including discrimination and harassment that focuses on an individual's:

- culture
- race
- gender
- religion
- sexual orientation
- age
- physical or mental disability
- mental ill health
- and may be indicated by:
  - lack of respect shown to an individual
  - signs of a sub-standard service offered to an individual
  - repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status.

### Physical abuse

Is pain or injury which is either caused deliberately or through lack of care, including:

- hitting
- slapping
- pushing
- kicking

- misuse of medication
- the inappropriate use of restraint
- the use of inappropriate sanctions
- the use of inappropriate moving and handling techniques

Physical abuse may be indicated by:

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the vulnerable adult
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- clusters of injuries forming regular patterns
- burns
- friction burns, rope or electric appliance burns
- multiple fractures
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body, including slap marks, finger marks
- injuries at different stages of healing
- medication misuse

## Sexual abuse

Is the involvement in any sexual act to which the person has not consented, could not consent or was pressured into consenting. Including;

- rape
- sexual assault
- may involve contact or non-contact abuse (e.g. touch, masturbation, being photographed, teasing, inappropriate touching)

Sexual abuse may be indicated by:

- significant change in sexual behaviour or attitude
- pregnancy
- wetting or soiling
- poor concentration
- adult or adults at risk appearing withdrawn, depressed, stressed
- unusual difficulty in walking or sitting
- torn, stained or bloody underclothing
- bruises, bleeding, pain or itching in genital area
- sexually transmitted diseases, urinary tract or vaginal infection, love bites
- bruising to thighs or upper arm

## Psychological abuse

is described as any act or behaviour that can cause emotional distress or anguish including:

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation, blaming, controlling



- intimidation, coercion, harassment
- verbal abuse
- isolation or withdrawal from services or supportive networks may be indicated by:
  - change in appetite
  - low self-esteem, deference, passivity and resignation
  - unexplained fear, defensiveness, ambivalence
  - emotional withdrawal
  - sleep disturbance
  - appearing intimidated or subdued in the presence of certain people

## Financial or material abuse

is theft and fraud. Including;

- theft
- fraud
- exploitation
- pressure in connection with wills, property or inheritance or financial transactions
- or the misuse or misappropriation of property, possessions or benefits may be indicated by:
  - unexplained sudden inability to pay bills or maintain lifestyle
  - unusual or inappropriate bank account activity
  - withholding money
  - recent change of deeds or title of property
  - unusual interest shown by family or other in the person's assets
  - person managing financial affairs is evasive or uncooperative
  - misappropriation of benefits and/or use of the person's money by other members of the household
  - fraud or intimidation in connection with wills, property or other assets

The Office of the Public Guardian publishes useful information leaflets, found at:

[www.guardianship.gov.uk](http://www.guardianship.gov.uk)

## Neglect and acts of omission

include;

- 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, fluids and heating may be indicated by:
  - physical condition of person is poor e.g. pressure ulcers, unwashed, clothing in poor condition e.g. unclean, wet, ragged
  - inadequate physical environment
  - inadequate diet
  - untreated injuries or medical problems
  - inconsistent or reluctant contact with health or social care agencies
  - failure to engage in social interaction
  - malnutrition when not living alone
  - inadequate heating



- failure to give prescribed medication
- poor personal hygiene
- failure to provide access to key services such as health care, dentistry, prostheses

## Institutional abuse

May take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications and norms of an institution compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution. Repeated instances of poor care may be an indication of more serious problems.

Institutional abuse may be indicated by:

- inappropriate or poor care
- misuse of medication
- restraint
- sensory deprivation e.g. denial of use of spectacles, hearing aid etc
- lack of respect shown to personal dignity
- lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing or possessions
- lack of privacy
- lack of adequate procedures e.g. for medication, financial management
- controlling relationships between staff and service users
- poor professional practice

Consideration should also be given to:

- 1 The behaviours, actions and decisions of managers
- 2 The behaviours and actions of staff
- 3 The behaviours and actions of adults at risk
- 4 Isolation
- 5 Service design, placement planning and commissioning
- 6 Fundamental care and the quality of the environment

