

Oxfordshire Safeguarding Adults

Guidance for all staff





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Introduction

People find it hard to understand why anyone would want to abuse an older person, someone with a physical disability or learning disability, or someone who is unwell. But someone suffering from a mental and/or physical frailty is the perfect victim: they can't defend themselves, they can't get away, and even if they are able to communicate they may not be believed.

Abuse does not have to be deliberate, malicious or planned. It sometimes happens that people are trying to do their best but don't really know what is the right thing to do or find themselves at the end of their tether.

As a paid carer or care professional you have a duty to help prevent abuse and report it where you think it is happening. This booklet is intended to help you do that. Please take time to look at it and where you think a vulnerable person may be at risk of serious harm, abuse, mistreatment or crime – report it.

Reporting incidents/concerns

Adult social service department offices

Oxfordshire Social & Community Services Access Team
0845 050 7666

Oxfordshire Social & Community Out-of-hours emergency duty team
0800 833408

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Thames Valley Police

Emergency line
999

Non-emergency line
0845 8 505 505

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Who are vulnerable adults?

Some adults, often described as vulnerable adults, may be particularly at risk of harm or abuse. They may be entitled to help or support to help prevent or alleviate the risk of harm or impact of abuse.

A vulnerable adult is someone who is:

- aged 18 or over;
- receiving or in need of care, e.g. help with washing or dressing.
- unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

You don't need to be a client of Oxfordshire Social & Community Services to be entitled to help, but you may need to have an assessment by a social worker or care manager.

This could include:

- People with dementia
- People with learning disabilities
- People with mental health problems
- People with drug or alcohol problems
- People with sight, hearing or physical disabilities
- People who through age or illness are dependent on other people to help them
- People who care for others

Abuse may be perpetrated by anybody, although most commonly the abuser is well known to the victim, e.g. a friend, family member or carer; or a volunteer, paid carer or other care practitioner or professional e.g. care worker, social worker, nurse or doctor.

Abuse may also be carried out by someone who lives with the victim or shares a service with them e.g. another client at a care home or day service.

Remember: Abuse does not have to be deliberate or intentional. If a vulnerable person is frightened, harmed or placed at risk of harm either intentionally or unintentionally then you have a duty to report it.

What is Abuse?

Abuse includes all forms of harm and mistreatment. It may include:

- Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint or other restrictions.
- Sexual abuse. This includes all unwanted sexual acts or being made to do something that you don't want to, didn't or couldn't agree to.

Sexual abuse doesn't have to be physical, for example it could include jokes or comments or being made to watch, look at or listen to something that makes you feel uncomfortable or embarrassed.

- Emotional or psychological abuse, including verbal abuse, emotional abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks.

- Financial or material abuse, 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.
- Neglect and acts of omission, including ignoring medical or physical care needs or not taking action to alleviate the risk of harm e.g. from falls.

It can also include failure to access health, social care or educational services, or withholding of the necessities of life, such as medication, food and drink and heating.

- Discriminatory abuse, including racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.



Spotting the signs and indicators of abuse

It is everybody's responsibility to be alert to the possibility of vulnerable adult abuse and be aware of the signs and indicators.

Concerns may arise as a result of a single incident, allegation or disclosure; or an accumulation of indicators and/or signs.


The responsibility to report any suspicion, allegation or disclosure of an incident rests with the person who identifies the concern regardless of their place within the organisation or who they are employed by.

What might I be concerned about?

- A person not getting the help or care they need
- A person being hurt, bullied, frightened or intimidated
- A person being taken advantage of, or exploited because of their age, disability or illness
- A person not being allowed to make their own choices or decisions
- A person being made to do something against their will
- A person not being treated in a dignified or respectful manner
- Never being allowed to see the person on their own.



What might cause concern?

- You might see and/or hear something happen:
 - someone being bullied or intimidated
 - someone being made to feel frightened or unhappy
 - someone in a situation of unnecessary risk
 - The vulnerable adult might tell you or say something that worries you
 - The person might say things or behave in a way that causes you concerns:
 - the person may seem unhappy or distressed
 - the person may appear frightened, anxious or agitated without identifiable cause, or in relation to certain people
 - sleeping problems
 - constant visits to the toilet without a medical reason
 - other unexplained changes in how a person behaves
 - Somebody might tell you something or say something that gives cause for concern, for example:
 - a colleague
 - family member
 - member of the public
 - There might be physical signs, unexplained or unusual injuries or multiple injuries at different stages of healing:
 - bruises
 - slap marks
 - black eyes
 - bleeding
 - burns or scalding
 - cigarette marks
 - torn, stained or bloodstained clothes
 - There may be other signs such as:
 - Inappropriate, dirty or soiled clothes
 - no food or drink available for the person
 - bills not being paid or services, e.g. telephone or electricity, cut off
 - shortage of money
 - The behaviour of a colleague or other person:
 - dismissive or intolerant attitude
 - task/routine orientated rather than person focussed
 - not a team player; insists on doing tasks on their own or their way
 - secretive about contact with clients
 - oversteps their professional boundaries with clients and colleagues/overfriendly
 - neglects professional development
 - You may not know. It is enough that you are worried.
- 

What should I do if I see someone with an injury but I don't know what caused it, or I'm concerned about something?

- Don't jump to conclusions
- Ask the person, or if the person is not able to tell you, their carer, about what you are concerned about, e.g. how did you get that bruise?
- Follow the guidance for disclosures and allegations but remain open minded, you may not always be told the truth
- Record any physical signs or injuries using a body map (see page 19) or hand drawing if necessary
- Write down a description of any physical signs or injuries including size, shape and colour
- Make sure you sign and date it
- Report it (see page 14).

What should I do if someone discloses to me or makes an allegation?

- Take time to listen to the person rather than directly question him or her
- Don't interrupt a vulnerable adult who is freely telling you what has happened
- Accept what is being said without comment and remain open minded
- Do not make judgements or jump to conclusions
- Reassure the person
- Ask the person what they would like to do about what has happened
- Unless otherwise required in your own organisational or professional codes of conduct do not promise that you will be able to keep what the person says confidential. Make explicit the fact that you may need to share what you are told, but only to people who need to know
- Reassure the person that their wishes will be taken into account
- Make a note of what was said, where it was said and who was there, including any questions you have asked. Always remember to sign and date any notes you make.
- Report it (see page 14).

Recording and Preserving evidence

All individuals and agencies providing care, treatment and support are responsible for recording any concerns they have about a vulnerable adult.

They must also retain any evidence indicating present or past abuse.

Reporting suspected or actual abuse quickly will help preserve evidence.

How do I preserve evidence?

In most circumstances you may not need to do anything except record the events that have given cause for concern.

The best way to preserve evidence is to report the matter as quickly as possible.

However, there may be occasions when it is important to follow certain rules.

- Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them
- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place
- Don't tidy up, wash clothes, bedding or other items.
- Do not try to clear or tidy anything up
- Try not to touch anything unless you have to for the immediate wellbeing of the victim – if you have to try to make a record of what you have done
- If any sexual offence is suspected try to discourage the victim from washing, drinking, cleaning their teeth or going to the toilet until the police are present
- Preserve anything used to warm or comfort the victim e.g. a blanket
- Try to ensure that no one else enters the premises or alleged scene of crime until the police arrive
- If you can, try and ensure that the alleged perpetrator does not have any contact with the victim
- Record any physical signs or injuries using a body map (see page 19) or hand drawing. Write a description of any physical signs or injuries including size, shape, colour etc.
- Always remember to sign and date your notes and any other records you have made.
- Report it (see page 14).

What should I record and how?

It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as possible after an event. In some cases this will mean writing in a person's records or notes, in others it might be on a scrap piece of paper. All original notes must be retained.

- It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did
- Sign and date your records and make sure they are kept in a safe place
- Record any physical signs or injuries using a body map (see page 19) or hand drawing if necessary, make sure you sign and date it
- Where the vulnerable person has physical signs or injuries try and ensure they are seen by a qualified medical practitioner (e.g. doctor or nurse)
- Write down what is said to you, who said it including their relationship to the vulnerable adult or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it
- Include any details about what the vulnerable person wants to be done at this stage
- Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them
- Ensure you record what action you took and why
- Sign and date all your records and make sure they are kept in a safe place.
- Report it (see page 14).

Dealing with an emergency

If at any time

- A vulnerable person is in immediate danger or need of medical attention,
- A serious crime is in the process of being committed e.g. theft/rape/serious physical assault or
- A serious crime has just been committed/ the perpetrator still in the vicinity/others are at immediate risk of harm

Call the emergency services on 999

- If there is any possibility that forensic evidence exists preserve it, do not clean it up (see page 11).
- Make sure, as far as you are able to, that the person is safe from further harm and has the support they need.
- Never promise that you will be able to keep anything you are told confidential. Tell the person that you may need to share what you are told.

- Record in detail the reasons for your concerns including what was said, using the person's own words, any questions you have asked, details of any other witnesses who may have been present. Make sure you sign and date any notes you make.
- Ensure that the person with immediate responsibility for the safety and welfare of the vulnerable person is informed e.g. your line manager, the home manager, ward manager etc.
- Do not attempt to undertake any form of investigation yourself.

All non urgent calls to the police should be made to the Police Enquiry Centre on **0845 8 505 505**.

Reporting Concerns

People have the right to expect that information shared with a member of staff should be treated as confidential.

However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a vulnerable person and/or others they have to share the information with someone who is in a position to take action or responsibility.

The vulnerable adult should be told who the information is to be shared with, and that their views and wishes will be taken into account. Any views or wishes expressed by the vulnerable adult should be recorded and reported with their concerns by the staff member.

It is important that you make a note of who you told and what you told them. Where possible all reports of concerns should be followed up in writing.

Where concerns relate to a serious criminal offence e.g. sexual and/or physical assault, and or the person is believed to be at immediate and serious risk they should be reported to the police immediately.

All concerns should be reported within one day, or at the earliest possible opportunity.



Who should I report my concerns to?

All concerns that a vulnerable person has been harmed or placed at risk of harm as a result of abuse or neglect must be reported at the earliest possible opportunity.

Do not attempt to undertake any form of investigation yourself.

Who do you report to?

- 1 Emergency Services – where an immediate police or medical response is required e.g.:
Call 999
- 2 The responsible manager, e.g.
 - The home or acting manager where abuse/concern happens in a care home or nursing home
 - The duty or registered manager where you work for a domiciliary care or nursing agency
 - The ward manager or senior nurse if you work in a hospital or other health service, and

- 3 Your line manager, where this is different from above.
- 4 Their manager, where your concern is about your line manager.
- 5 The GP or other responsible medical officer – in all cases where injury has or may have occurred
- 6 The Social & Community Services Access Team.

You can contact Oxfordshire Social & Community Services by ringing **0845 050 7666**, or you can e-mail **access@oxfordshire.gov.uk** or use the online contact form at **www.oxfordshire.gov.uk**

What should I do if I'm not happy with the response I get?

- Ask the person you told what has happened, or why it has happened;
- Talk to someone else on the list.

Whistle-blowing

Where concerns are held about a vulnerable adult regarding malpractice or misconduct in a workplace or by employees of an organisation/agency, those concerns should in most circumstances be raised with the organisation/agency involved. This provides workers with the greatest degree of protection and the employer with a chance to address the concerns.

However, there may be some circumstances where the person feels at risk of being victimised, dismissed by their employer or has good reason to believe that the employer will not take the appropriate action, i.e. having already raised concerns with the employer and received an unsatisfactory response.

The provisions of the Public Interest Disclosure Act 1998 may protect a person for raising concerns outside the workplace providing:

- The disclosure is made in good faith
- The disclosure is substantially true
- The disclosure is not made for personal gain
- There is good reason to believe that they would be victimised, that a cover-up would occur or that the matter has already been raised.

Whistle-blowing do's and don'ts

Do

- Keep calm
- Think about the risks and outcomes before you act
- Remember you are a witness, not a complainant
- Phone "Public Concern at Work" (PCaW) for advice: **0207 404 6609**

Don't

- Forget there may be an innocent or good explanation
- Become a private detective
- Use a whistle-blowing procedure to pursue a personal grievance
- Expect thanks.

Timescales

- All records should be made as soon as possible after an event and stored in a safe place
- All concerns relating to a serious criminal offence e.g. rape and/or sexual assault must be reported immediately
- All cases in which there is reason to believe that a vulnerable adult is at immediate risk of being a victim of a serious criminal offence or serious harm must be reported immediately
- All concerns must be reported within 1 working day.

Useful telephone numbers or help-lines

Reporting incidents/concerns

Adult social service department offices:

Oxfordshire Social & Community Services Access Team
0845 050 7666

Oxfordshire Social & Community Out-of-hours emergency duty team
0800 833408

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Other:

Care Quality Commission (CQC)
03000 616161
www.cqc.org.uk

CQC inspect and report on care services and councils. They are independent but set up by Government to improve social care and stamp out bad practice.

Thames Valley Police
Non-emergency line
0845 8 505 505

Trading Standards
0845 051 0845
www.tradingstandards.gov.uk

Provides a range of consumer advice on issues such as: buying goods and services, holidays, cars and other vehicles, taking things further; credit and finance, scams and safety.

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Advice and information

Safe from Harm

www.oxonsafeguardingadults.org.uk
Oxfordshire's Safeguarding Adult's Board website for helping vulnerable people who are at risk of abuse.

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Action on Elder Abuse (AEA) 0808 808 8141

www.elderabuse.org.uk
Action on Elder Abuse (AEA) runs the UK's only national, freephone, helpline for anyone concerned in any way about the abuse of older people.

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Reducing the Risk National 24hr Helpline 0800 2000 247

Oxfordshire Domestic Abuse Helpline
0800 731 0055
www.reducingtherisk.org.uk
This web site provides local information for people who are suffering domestic violence.

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Public Concern at Work 0207 404 6609

www.pcaw.co.uk
Public Concern at Work (PCaW) is a charitable organisation providing legal advice and assistance to workers on how they can legitimately blow the whistle on such things as fraud, negligence, abuse in care and threats to public safety. The telephone number given is a confidential help-line.

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Voice UK 0845 122 8695

www.voiceuk.org.uk
Voice runs a helpline and provides support, advice and assistance to people with a learning disability who have experienced abuse or a crime. This is also open to their families, carers and professional workers.

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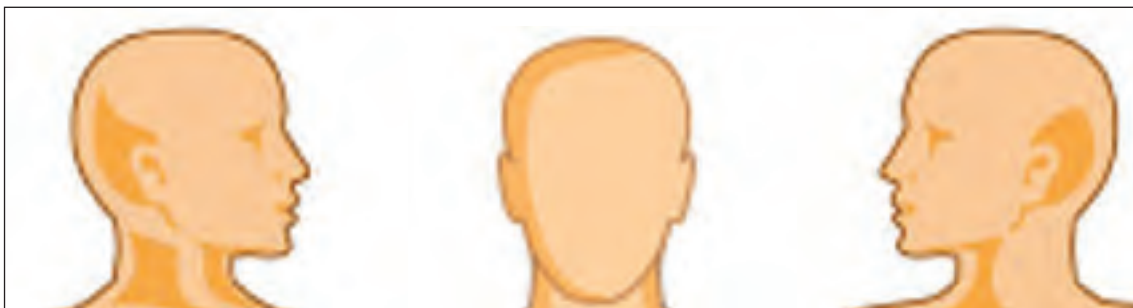
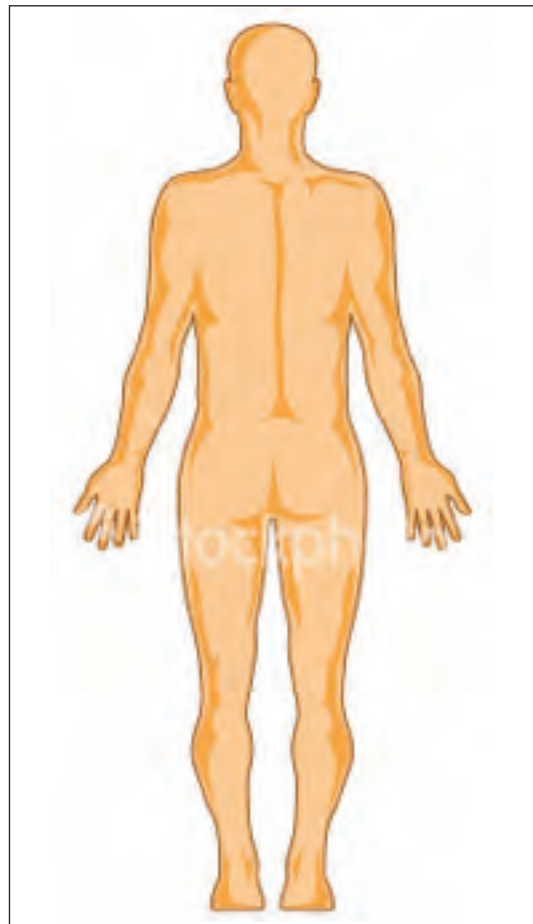
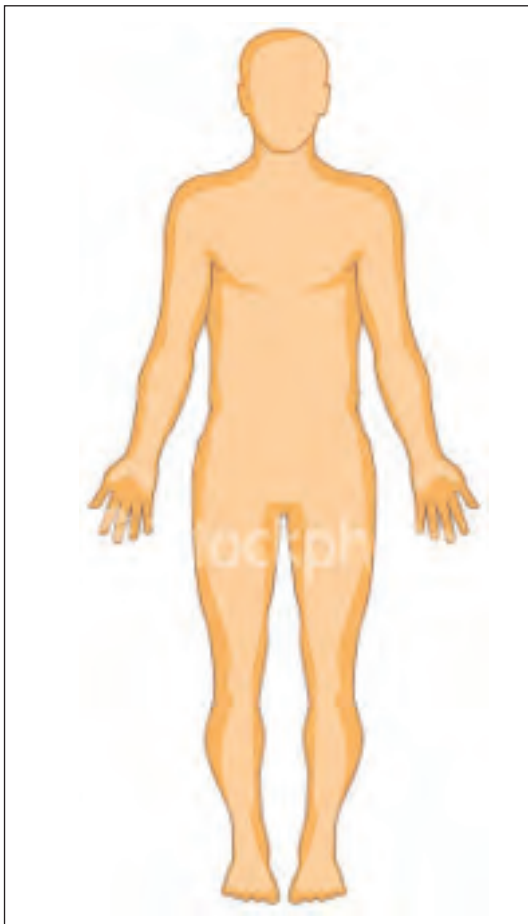


Body Map

Name of Vulnerable Adult _____

Name of person completing this form _____

These diagrams are designed for the recording of any observable bodily injuries that may appear on the person. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram. Label any internal injuries that may have been identified through medical examination. Visible injuries apparent in soft-tissue parts of the body, including the neck, under arms, stomach, genitals or inner thighs, are unlikely to manifest as a result of a fall or other accidents of this nature.



www.oxonsafeguardingadults.org.uk

আপনি যদি অনুরোধ করেন তাহলে এই পুস্তিকাটি বিকল্প ছাঁদে, যেমন, অন্য কোনও ভাষায়, বড় হরফে, ব্রেইলে, অডিও-ক্যাসেটে, কমপিউটারের ডিস্কে বা ইমেলের মাধ্যমে পেতে পারেন।

Bengali

“本刊物備有其他的格式可供索取。這些包括有其他語言版，大字版，盲人用版，錄音帶版，電腦磁碟版或電子郵件版。”

Chinese

प्रार्थना करने पर यह प्रकाशन दूसरे रूपों में प्राप्त किया जा सकता है। जिस में सम्मिलित है, दूसरी भाषाओं में, बड़े छापे में, ब्रेअल, सुनने की टेप पर, कम्प्यूटर की डिस्क पर या ई-मेल द्वारा।

Hindi

“ਇਹ ਪੁਸਤਕ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿਚ ਵੀ ਉਪਲਬਧ ਹੈ। ਜਿਵੇਂ ਕਿ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ ਤੇ, ਬ੍ਰੇਲ ਵਿਚ, ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ, ਕੰਪਿਊਟਰ ਡਿਸਕ ਜਾਂ ਈ ਮੇਲ ਤੇ।”

Punjabi

“اس اشاعت کو متبادل اشکال میں درخواست کرنے پر حاصل کیا جاسکتا ہے۔ اس میں دوسری زبانیں، براہرٹ، بریل (جسے اندھے چھو کر پڑھ سکیں)، آڈیو کیسٹ، کمپیوٹر ڈسک یا ای میل شامل ہیں۔”

Urdu

يمكن توفير نماذج بديلة من هذا المنشور عند الطلب. هذه تشمل اللغات الاخرى ، الطباعة الكبيرة ، وطريقة بريل ، الكاسيتات ، قرص الحاسوب او البريد الالكتروني.

Arabic

Na życzenie publikacja jest dostępna w innych formatach. Do nich należą wersje w innych językach, drukowane dużą czcionką, alfabetem Braille'a, na kasecie audio, na dysku komputerowym lub jako email.

Polish

Mediante pedido, esta publicação pode ser-lhe disponibilizada em formatos alternativos, os quais incluem outras línguas, letra grande, Braille, cassete audio, disquete e email.

Portuguese

**Alternative formats of this publication can be made available on request.
These include other languages, large print, Braille,
audio cassette, computer disk or email.
Please telephone 0845 050 7666.**