



**ASPECTS CARE**

**SAFEGUARDING ADULTS/ADULT PROTECTION**

**POLICY AND PROCEDURE**

## Introduction

Aspects Care Ltd aims to provide the best possible care and support throughout the areas it supports and cares for Service users. As part of this care and support Aspects Care Ltd is committed to ensuring the protection of those service users it assists. Our Service users can lack social understanding and have an inability to comprehend appropriate social roles in society and to articulate feelings of distress which makes them particularly vulnerable to abuse.

In March 2000 The Department of Health published “No Secrets” which gave Guidance to Local Authorities for developing and implementing multi-agency policies and procedures to protect vulnerable adults.

In 2005 the Association of Directors of Social Services (ADSS) published a Safeguarding Adults National Framework comprised of eleven sets of good practice standards for Local Authorities to follow.

Following this the Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill was published. This Safeguarding Vulnerable Groups Act (SVGA) 2006 was passed to help avoid harm, or risk of harm, by preventing people who are deemed unsuitable to work with children and vulnerable adults from gaining access to them through their work.

The main piece of legislation governing safeguarding adults is the Care Act 2014 which sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Therefore, although many local policies will be broadly similar, all staff need to be aware that in addition to the information provided within this policy document, detailed local guidelines also exist and are available to staff and service managers.

The procedures set out in this document refer to all individuals for whom Aspects Care Ltd provides a service. As a member of staff, you are required to abide by these procedures which are designed to:

- Safeguard all individuals who come into contact with Aspects Care Ltd
- Provide you with the information you need to be able to act if you suspect that an individual is, or may be, being abused
- Help you to operate within a framework of good practice which, in turn, will help to protect both you and Aspects Care Ltd

## Statement of Intent

The abuse of vulnerable adults constitutes a clear infringement of their rights and freedoms as Service users. This policy aims to protect vulnerable adults, who are at risk of all forms of abuse, receive a safe sound and supportive service, through the process of identifying, investigating, managing and preventing such abuse. As a service we are committed to promoting equality of opportunity to all members of our community.

- It is every adult's right to live in safety and to be free from abuse or fear of abuse from others.
- It is every adult's right to live an independent life as possible based on 'self-determination' and personal choice.
- An independent lifestyle may involve risk for vulnerable adults. Aspects Care Ltd respect this choice and will wherever possible support them in making such decisions.
- It is the responsibility of all Aspects Care Ltd staff to actively work together to help prevent abuse of vulnerable adults. This will be achieved by raising awareness, empowering people to make their own decisions and putting safeguards in place.
- When a situation is discovered where a vulnerable adult reports, or is thought to be at risk of abuse, then Aspects Care Ltd will react quickly in a coordinated manner to help them to overcome these difficulties.
- Aspects Care Ltd recognises that people are discriminated against on the basis race including ethnic origin, colour, service usership, nationality, national origin, culture, gender, sexual orientation, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity. We are committed to working with vulnerable adults in a positive manner that values them as individuals.
- Support Workers have a right for their needs to be considered.

Policies and procedures are used positively to enhance the overall quality of caregiving and thus aim to protect employees from accusations of poor work codes or misconduct.

## **Legal Framework**

### The Care Act 2014

The Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the Local Authority, Clinical Commissioning Groups and the Police. Safeguarding Adults Boards must arrange Safeguarding Adult Reviews (SARs) as per defined criteria, publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

### Mental Capacity Act (Including DoLS) 2005

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. These can be small decisions – such as what clothes to wear – or major decisions- such as where to live, or what happens if abuse has occurred. The Act sets out who can take decisions, in which situations, and how they should go about this.

In addition - in some cases, people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. Where this care might involve depriving vulnerable people of their liberty in either a hospital or a care home, extra safeguards have been introduced in law – Deprivation of Liberty Safeguards - to protect their rights and ensure that the care or treatment they receive is in their best interests.

### Human Rights Act 1998

The Act applies to all public authorities (such as central government departments, local authorities and NHS Trusts) and other bodies performing public functions (such as private companies operating prisons). These organisations must comply with the Act – and individual's human rights – when providing a service or making decisions that have a decisive impact upon an individual's rights. The Care Act (2014) extends the scope of the Human Rights

Act (1998). This incorporates registered care providers (residential and non-residential) providing care and support to an adult, or support to a carer, where the care and support is arranged or funded by the local authority (including Direct Payment situations (LGA, 2014)). It does not incorporate entirely private arrangements concerning care and support. Although the Act does not apply to private individuals or companies (except where they are performing public functions), sometimes a public authority has a duty to stop people or companies abusing an individual's human rights. For example, a public authority that knows a child is being abused by its parents has a duty to protect the child from inhuman or degrading treatment. The Human Rights act covers everyone in the United Kingdom, regardless of citizenship or immigration status. Anyone who is in the UK for any reason is protected by the provisions in the Human Rights Act

## **Modern Slavery Act 2015**

Modern Slavery is a violation of an individual's fundamental rights and is against the law. The Modern Slavery Act 2015 aims to put an end to all types of modern slavery in the UK. In particular, section 54 of the Act strives to make sure slavery and human trafficking doesn't take place in business and supply chains both here in the UK and overseas. The definition of Modern Slavery includes slavery, forced or coerced labour, human trafficking, child labour and inhumane or discriminatory treatment.

### **Definitions.**

#### **Introduction.**

This section provides commonly and nationally used definitions and should be used to guide all adult safeguarding work across all partner agencies and individuals.

#### **Adult(s) with care and support needs.**

The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Care and support are 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 include 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.

## **Wellbeing.**

The Care Act 2014 introduces a duty to promote wellbeing when carrying out any care and support functions in respect of a person. This is sometimes referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support.

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

Patterns of abuse vary and include:

- serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- opportunistic abuse such as theft occurring because money or jewelry has been left lying around.

Incidents of abuse may be one-off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns, it is important that information is recorded and appropriately shared.

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; • Domestic violence;
- Sexual abuse; • Psychological abuse;
- Financial or material abuse;
- Modern slavery;
- Discriminatory abuse;
- Organisational abuse;
- Neglect and acts of omission;
- Self-neglect.

These types of abuse or neglect are explored in more detail in the following sections.

### **Physical abuse.**

Physical abuse includes assault, hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

#### Possible indicators

- Unexplained or inappropriately explained injuries;
- Adult exhibiting untypical self-harm;
- Unexplained cuts or scratches to mouth, lips, gums, eyes or external genitalia;
- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object or which appear on several areas of the body;
- Unexplained burns on unlikely areas of the body (e.g. soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/ liquid), rope burns, burns from an electrical appliance;
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body;
- Medical problems that go unattended;
- Sudden and unexplained urinary and/or fecal incontinence. Evidence of over/under-medication;
- Adult flinches at physical contact;
- Adult appears frightened or subdued in the presence of particular people;
- Adult asks not to be hurt;
- Adult may repeat what the person causing harm has said (e.g. ‘Shut up or I’ll hit you’);
- Reluctance to undress or uncover parts of the body;
- Person wears clothes that cover all parts of their body or specific parts of their body;

- An adult without capacity not being allowed to go out of a care home when they ask to;
- An adult without capacity not being allowed to be discharged at the request of an unpaid carer/family member.

### **Domestic abuse.**

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

Family members are defined as: mother, father, son, daughter, brother, sister and Grandparents, whether directly related, in-laws or step-family.

### **Controlling behaviour**

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

### **Coercive behaviour**

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

### **Coercive or controlling behaviour offence**



A coercive or controlling behaviour offence came into force in December 2015. It carries a maximum 5 years' imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice.

The offence closes a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members.

The Home Office have published statutory guidance relating to controlling and coercive behaviour in an intimate or family relationship via [www.gov.uk](http://www.gov.uk)

### **Forced marriage**

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties' consent to the assistance of their parents or a third party in identifying a spouse.

In a situation where there is concern that an adult with care and support needs is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be coordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken.

The Anti-Social Behaviour, Crime and Policing Act 2014 means it is now a criminal offence to force someone to marry. In addition, the Forced Marriage (Civil Protection) Act 2007 may be used to obtain a Forced Marriage Protection Order as a civil remedy.

### **Honour-based violence**

This is a crime and referring to the police must always be considered. It has or may have been committed when families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family members and/or the community. Many of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help.

Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an adult safeguarding concern is raised, and there is

a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.

### **Female genital mutilation (FGM)**

FGM involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (FGMA) was introduced in 2003 and came into effect in March 2004. The Act makes it illegal to practice FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether it is lawful in another country. It also makes it illegal to aid, abet, counsel, or procure the carrying out of FGM abroad.

### **Sexual abuse.**

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.

It includes penetration of any sort, incest and situations where the person causing harm touches the abused person's body (e.g. breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice.

Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse (see section on position of trust).

#### Possible indicators

- Adult has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained;
- Adult appears unusually subdued, withdrawn or has poor concentration;
- Adult exhibits significant changes in sexual behaviour or outlook;
- Adult experiences pain, itching or bleeding in the genital/anal area;
- Adult's underclothing is torn, stained or bloody;
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant;

- Sexual exploitation.

The sexual exploitation of adults with care and support needs involves exploitative situations, contexts and relationships where adults with care and support needs (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing sexual activities, and/or others performing sexual activities on them.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images or videos on the internet or a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult have power over them by virtue of their age, gender, intellect, physical strength, and/or economic or other resources.

### **Psychological abuse.**

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting or swearing), cyber bullying, isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (e.g. information not being available in different formats/languages etc.).

### **Possible indicators**

- Untypical ambivalence, deference, passivity, resignation;
- Adult appears anxious or withdrawn, especially in the presence of the alleged abuser;
- Adult exhibits low self-esteem;
- Untypical changes in behaviour (e.g. continence problems, sleep disturbance);
- Adult is not allowed visitors/phone calls;
- Adult is locked in a room/in their home;

- Adult is denied access to aids or equipment, (e.g. glasses, dentures, hearing aid, crutches, etc.);
- Adult's access to personal hygiene and toilet is restricted; • Adult's movement is restricted by use of furniture or other equipment;
- Bullying via social networking internet sites and persistent texting.

### **Financial or material abuse.**

This includes 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.

#### Possible indicators

- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Lack of money, especially after benefit day;
- Inadequately explained withdrawals from accounts;
- Unexplained loss/misplacement of financial documents;
- The recent addition of authorised signatories on an adult's accounts or cards • Disparity between assets/income and living conditions;
- Power of attorney obtained when the adult lacks the capacity to make this decision; • Recent changes of deeds/title of house or will;
- Recent acquaintances expressing sudden or disproportionate interest in the adult and their money;
- Service user not in control of their direct payment or individualised budget;
- Mis-selling/selling by door-to-door traders/cold calling;
- Illegal moneylending.

### **Financial scams**

Financial scams come in many forms; uninvited contact is received by email, letter, and telephone or in person making false promises to con victims out of money.

There are many of these sorts of scams but some of the most common are fake lotteries, deceptive prize draws or sweep stakes, clairvoyants, computer scams, and romance scams. The criminals attempt to trick people with flashy, official looking documents or websites, or convincing telephone sales patter, with the aim of persuading them to send a processing or administration fee, pay postal or insurance costs, buy an overvalued product or make a premium rate phone call.

Doorstep Scams are crimes carried out by bogus callers, rogue traders and unscrupulous salespeople who call, often uninvited, at people's home under the guise of legitimate business or trade.

### **Modern slavery.**

Modern Slavery encompasses slavery, human trafficking, forced and compulsory 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.

A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist.

Someone is in slavery if they are:

- forced to work - through mental or physical threat;
- owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse;
- dehumanised, treated as a commodity or bought and sold as 'property';
- physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender, and races.

### **Human trafficking**

Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

If an identified victim of human trafficking is also an adult with care and support needs, the response will be coordinated under the adult safeguarding process. The Police are the lead agency in managing responses to adults who are the victims of human trafficking.

The Modern Slavery Act 2015 brings together the legislative response to modern slavery. Modern slavery encompasses human trafficking, slavery, servitude and forced or compulsory labour. The Act includes:

- Criminal offences;
- Law enforcement powers in relation to slavery and human trafficking;
- The Independent Anti-Slavery Commissioner;
- Protections for victims of slavery and human trafficking;
- Transparency in supply chains, which requires businesses above a certain size to report on the steps they are taking to ensure slavery and trafficking does not occur in their supply chain.

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism. Certain public bodies such as local authorities and chief officers of Police have a statutory duty to refer. More information about the National Referral Mechanism can be found here at [www.gov.uk](http://www.gov.uk)

Possible Indicators:

Signs of various types of slavery and exploitation are often hidden, making it hard to recognise potential victims. Victims can be any age, gender or ethnicity or nationality. Whilst by no means exhaustive, this is a list of some common signs:

- Adult is not in possession of their legal documents (passport, identification and bank account details) and they are being held by someone else;
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- The adult looks malnourished, unkempt, or appears withdrawn
- They have few personal possessions and often wear the same clothes
- What clothes they do wear may not be suitable for their work.
- the adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address where they live
- They appear under the control/influence of others, rarely interact, or appear unfamiliar with their neighbourhood or where they work. Many victims will not be able to speak English
- Fear of authorities
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.

### **Environmental indicators**

- Outside the property- there are bars covering the windows of the property or they are permanently covered on the inside. Curtains are always drawn. Windows have reflective film or coatings applied to them. The entrance to the property has CCTV cameras installed. The letterbox is sealed to

- prevent use. There are signs the electricity may have been tacked on from neighbouring properties or directly from power lines.
- Inside the property- access to the back rooms of the property is restricted or doors are locked. The property is overcrowded and in poor repair.

### **Discriminatory abuse.**

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment, slur or similar treatment. Hate crime can be viewed as a form of discriminatory abuse, although will often involve other types of abuse as well. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

#### Possible Indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse and harassment, so all the indicators listed above may apply to discriminatory abuse.

- An adult may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices or lifestyle choices
- An adult making complaints about the service not meeting their needs.

### **Organisational abuse.**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or where care is provided within their 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.

Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs.

Organisational abuse can occur in any setting providing health or social care. A number of inquiries into care in residential settings have highlighted that organisational abuse is most likely to occur when staff:

- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported in their work; • receive inadequate guidance;

or where there is:

- unnecessary or inappropriate rules and regulations;
- lack of stimulation or the development of individual interests;
- inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership;
- restriction of external contacts or opportunities to socialise.

### **Neglect and acts of omission.**

These include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a adult's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators

- Adult has inadequate heating and/or lighting;
- Adult's physical condition/appearance is poor (e.g. ulcers, pressure sores, soiled or wet clothing);
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated;
- Adult cannot access appropriate medication or medical care;
- Adult is not afforded appropriate privacy or dignity;
- Adult and/or a carer has inconsistent or reluctant contact with health and social services;
- Callers/visitors are refused access to the person; • Person is exposed to unacceptable risk.

### **Self-neglect.**



Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect it is also defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and sometimes to their community.

Indicators of self-neglect may be:

- living in very unclean, sometimes verminous, circumstances;
- poor self-care leading to a decline in personal hygiene;
- poor nutrition;
- poor healing/sores;
- poorly maintained clothing;
- long toenails;
- isolation;
- failure to take medication;
- hoarding large numbers of pets;
- neglecting household maintenance;
- portraying eccentric behaviour/lifestyles;

NOTE: Poor environments and personal hygiene may be a matter of personal or lifestyle choice or other issues such as insufficient income.

## **Exploitation**

Abuse of adults with care and support needs often occurs within a context of exploitation. Exploitation be seen as an act where someone will use another person for profit, labour, sexual gratification, or some other personal or financial advantage. As such, exploitation can take many forms and result in different forms of harm, such as financial, emotional/psychological or sexual. These types of abuse have been covered in the sections above, but some forms of criminal exploitation are explored below:

### **Criminal Exploitation**

Criminal Exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child, young person or an adult (including those with care and support needs) into any criminal activity:

- (a) In exchange for something the victim needs or wants, and/or
- (b) For the financial or other advantage of the perpetrator or facilitator (such as to support serious organised crime and/or terrorism), and/or

(c) Through violence or the threat of violence to ensure compliance.

The victim may have been criminally exploited even if the activity appears consensual. Criminal Exploitation does not always involve physical contact; it can also occur using technology and/or social media.

Because they are more likely to be easily detected, individuals who are exploited are more likely to be arrested and criminalised for criminal behaviour, than those individuals or groups who are exploiting them.

Individuals who are being criminally exploited can be involved, linked to or considered to be (by themselves or others) as part of a “gang”. It is important when children or adults (including those with care and support needs) identify or are identified as being affected or involved with gang-related activity that involves the use of actual or threatened violence and/or drug dealing that professionals also consider that they may be victims of criminal exploitation.

Criminal exploitation is broader than but often part of organised crime and county lines.

### **Organised Crime & County Lines**

Organised Crime is “serious crime planned, coordinated and conducted by people working together on a continuing basis. Their motivation is often, but not always, financial gain.”

Organised crime groups are “organised criminals working together for a particular criminal activity or activities.”

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”.

They are likely to exploit children and adults (including those with care and support needs) to move, [locally supply] and store the drugs and money. They will often use coercion, intimidation, violence (including sexual violence) and weapons.

### **Cuckooing.**

This term is “named after the nest stealing practices of wild cuckoos. It describes the situation where a county lines dealer ‘takes over’ accommodation located in the provincial drugs market, using it as a local dealing base.” (Coomber and Moyle: 2017).

An individual or group can do this by taking over the homes of local adults and families (including children and adults with care and support needs) through an abuse of power or vulnerability by coercion, control and/or force so that they can provide a base for the supply of drugs into the local community. This places the adult and/or families at an increased risk of eviction (if they are in social or privately rented housing) and isolation from their communities due to the anti-social activity it can create. Cuckooing often forms part of wider 'county lines' activity and is also a form of criminal exploitation.

### **The context of Criminal Exploitation**

Criminal exploitation (including cuckooing) can include several different types of abuse. The types of abuse that can often be present/relied upon include:

- Modern Slavery and human trafficking
- Domestic Abuse
- Sexual Abuse (including exploitation)
- Physical Abuse
- Psychological Abuse
- Financial Abuse
- Neglect (including self-neglect)
- Emotional Abuse

Criminal exploitation can involve complex and organised abuse involving one or more abusers and several children and/or adults (including those with care and support needs).

Criminal exploitation can take place outside of the family or home environment. It is often a combination of the interplay between the relationships and circumstances both inside and outside of the family/home environment that can lead to a child or adult (including those with care and support needs) being criminally exploited.

It is therefore important that a multi-agency contextual safeguarding approach is adopted which considers and addresses the individual needs, risks and protective factors within (including the needs and capacity of parents/carers) and outside (including the impact of social conditions) of the family/home. This approach should also be taken when a child or adult (including those with care and support needs) is being considered as a potential perpetrator.

### **Vulnerable Groups at Risk**

As with other types of exploitation, individuals (both adults and children) who fall into the following vulnerable groups are more likely to be at risk of being criminally exploited. Individuals or families who fall into more than one of the

groups, who have the presence of signs of criminal exploitation or cuckooing as outlined below, should be considered at the greatest risk:

- Teenage children and young adults;
- Have previously or are currently experiencing abuse or other Adverse Childhood Experiences (ACEs)
- Have a lack of a safe/stable home environment, now or in the past (for example due to domestic violence or parental substance misuse, mental health issues or criminality);
- Are homeless or have insecure accommodation status;
- Exposed to violent crime, gang-related activity and deprivation;
- Are socially isolated, lonely or experience social difficulties;
- Are economically vulnerable;
- Have a physical or learning disability;
- Experience mental health issues or substance misuse;
- Are or have been in care (particularly those in children's residential care and those with interrupted care histories).
- Children excluded from school (either permanently or temporarily); or who are not fully engaged/attending their educational provision or those in alternative learning provision (Tapper: 2018)
- Migrants.

### **Signs of criminal exploitation**

There are several signs that may indicate that an individual may be subject to criminal exploitation. The more signs outlined below that are present for an individual indicate a greater level of risk. Signs lists at the top of the list are most concerning in respect of risk:

- Persistently going missing from school or home and / or being found out-of area;
- Unexplained acquisition of money, clothes, or mobile phones
- Excessive receipt of texts / phone calls and/or having multiple handsets
- Relationships with controlling / older individuals or groups
- leaving home / care without explanation
- Suspicion of physical assault / unexplained injuries
- Parental concerns
- Carrying weapons
- Significant decline in school results / performance
- Gang association or isolation from peers or social networks
- Self-harm or significant changes in emotional well-being
- Refusal, resistance to or significant reduction in attendance and/or engagement with services or professional sources of support;
- Secretive behaviour

Any sudden changes or presence of the below signs should be discussed with the individual (where possible) in the first instance to explore with them the reasons behind the behaviour and try to improve their own understanding of the potential risks.

### **Signs of Cuckooing**

Cuckooing not only has an impact on the individual or family whose home has been taken over, but also the neighbours and neighbourhood of the property that has been cuckooed. Signs of cuckooing may therefore be more evident to neighbours than professionals in the first instance so comments and reports from them must be noted and considered by professionals working with individual or families.

Cuckooing can take place in rented or social housing, including multiple occupancy housing provision. However, individuals who own their own homes, particularly those in the vulnerable groups listed above may also be targeted.

The following signs may indicate that an individual or family's property has been cuckooed:

- Unknown people frequently staying at/moving into the property; often described by the individual or families as "friends";
- The individual or family moving out or regularly staying away from the property while the unknown individuals remain;
- New vehicles regularly parking or remaining outside the property;
- An increase in the number of comings and goings throughout the day and/or night, including people who/vehicles that have not been seen before;
- An increase in anti-social behaviour (such as property damage, littering, regular loud music or 'parties' evidence of verbal or physical aggression) in and around the property;
- The individual/family refusing entry to or restricting access to certain parts of the property to neighbours, friends or professionals (particularly if they have allowed it before).

As with all areas of exploitation, referral to the relevant agencies in a timely manner is essential. Such options could include:

- Salvation Army who can provide specialist support including access to confidential legal advice, health care, counselling, educational opportunities, financial support and support with accessing housing and employment
- Police involvement/intervention
- On-going support from Mental Health services.
- Housing

- Any physical health services • Community services and resources.
- Education services

### **Institutional Abuse**

This form of abuse can arise when the smooth running of the service or the needs of the staff are put before the needs of the people who they are required to support. It also occurs when poor work practices have become the normal and accepted way of working and no one appears to question them. This category of abuse can include:

- Not encouraging individuality among those being supported such as not allowing some flexibility in relation to the timing of mealtimes, bedtimes and times for getting up, style of haircut and dress.
- Giving medication to a person to control behaviours so as not to disrupt the smooth running of the home/house, rather than for valid reasons.
- People being prevented from doing things which are their right
- Open access to a person's bedroom without a valid reason or without first seeking permission.

### **Discriminatory Abuse**

Abuse motivated by discriminatory attitudes, feelings or behaviour towards an individual because of a range of things including disability e.g. physical or learning disability, mental illness or sensory impairment, race, gender, age, religion, cultural background, sexual orientation, political convictions or appearance. Examples may include:

- Making derogatory remarks to or about a person either directly or indirectly based on stereotypical beliefs.
- Using inappropriate terminology which may be considered offensive such as racial remarks.
- Ignoring preferences in relation to diet, e.g. not providing halal meat where requested for religious or cultural reasons.

Safeguarding action may be needed to protect adults from:

- Bullying, including online bullying and prejudice-based bullying
- Racist, disability and homophobic or transphobic abuse
- Digital Risks by using IT / Digital Resources
- Gender-based violence/violence against women and girls
- Peer-on-peer abuse, such as sexual violence and harassment
- Radicalisation and/or extremist behavior
- Serious violent crime

- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalization; and risks of accessing and generating inappropriate content, for example 'sexting'
- Teenage relationship abuse
- Upskirting
- Substance misuse
- Issues that may be specific to a local area or population, for example gang activity and youth violence
- Domestic abuse
- Female Genital Mutilation (FGM)
- Forced marriage
- Fabricated or induced illness
- Poor parenting
- Homelessness or risk of homelessness
- So-called honor-based violence
- Other issues not listed here but that pose a risk to vulnerable adults.

### **Who might abuse?**

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the adult with care and support needs. A wide range of people may harm adults. These include:

- a spouse/partner;
- an adult with care and support needs;
- other family members;
- neighbours;
- friends;
- local residents;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- paid staff or professionals;
- volunteers and strangers.

A lot of attention can be paid to targeted fraud or internet scams perpetrated by complete strangers; however, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power

### **Some Common Indicators of Abuse and the Complexities of Mental Health**

As someone who is supporting someone with a Mental illness it is essential to be aware of the signs and indicators of abuse in order to effectively safeguard

adults. For each of these different types of abuse there may be one or more indicators which may be present. For example, dislike of being touched, disturbed sleep patterns, self-harm, unexplained injuries or bruises, anxiety attacks, unexplained reactions towards people or settings, depression or withdrawal, isolation, excessive washing, self-neglect sudden relapse and so on. You may also have concerns about the behaviour of someone who has contact with vulnerable adults, e.g. a member of staff appears to try to find more opportunities than usual to be alone with the person and professional boundaries are ignored.

You should also be aware however, that even if you have identified some signs and symptoms of abuse, it does not mean that abuse is definitely taking place. There may be another explanation – so take care not to jump to conclusions.

### **Signs and Indicators of Abuse**

Some of the potential indicators of abuse are behaviours which, confusingly, are frequently observed in people with a mental illness; because of their lack of social understanding of society's expected codes of conduct when their mental illness is compromising their ability to speak up, inform others and relying on others during this time and long term. These factors together with the manipulative behaviour of potential abusers conspire to make the identification of abuse particularly difficult in this very vulnerable group.

There might be, for instance, deterioration in the person's appearance, or a weight gain or loss. There may be no connection with abuse – some people with mental illness are not interested in their appearance or in basic hygiene. Fads and obsessions about food can lead to sudden weight fluctuation. The explanation may, however, be that abuse is occurring. There must be a reason for the change, so please use your knowledge of the individual when trying to assess the situation, and remember, whenever possible to discuss your concerns with your line manager.

The examples given below are not a complete list and they are only signs and indicators – not confirmation. Perhaps more than one will be present – perhaps only one.

1. You might, for instance, become concerned because of something you hear. For example, an individual says that she or he is being abused, or a colleague says that they believe abuse is occurring. However, be aware that people with a mental illness can have difficulties in expressing emotional states. Distress may be communicated obscurely, for example, by reference to a previously known and disliked situation or activity. They may also confuse pronouns, e.g. 'you' with 'me' with the result that although they are making a statement about themselves it will appear



that they are talking about someone else. This, in turn, might lead to allegations against persons which have no basis in fact.

2. Another person says they have concerns about the present or past behaviour of another individual. Alternatively, your concerns might stem from something you see and hear. Although abuse may be occurring it is important to note that on occasions a person with a vulnerable adult may develop a particular dislike or fear of a member of staff or fellow service user. Or it may be that the person refuses to allow the person to become involved with them in any way. On the surface there may appear to be no rational explanation for this, but it is possible for the basis of this behaviour to be related to an idiosyncratic response to the member of staff, for example, dislike of tone of voice or perfume.
3. The individual has frequent injuries or bruises. Although this is a possible indicator of abuse, people with a mental illness may frequently self-harm or self-stimulate, leading to unexplained bruising or other types of injury. If the bruising/injury is occurring regularly, however, it would indicate that closer observation is required. Hand shaped marks, bruising in straight lines indicating the use of an implement such as a hairbrush or belt, or a 'fingertip' pattern of marks on the skin, are causes for concern.
4. The individual is found to have a medical condition or an injury which requires, but has not received, medical attention. Remember, however that in such circumstances people with mental illness may not indicate that anything is wrong, even if they are in severe pain.
5. Behaviour changes, over time or perhaps quite suddenly whereby the individual becomes quiet and withdrawn, or alternatively becomes aggressive. Remember, all behaviour has a meaning. A sudden fear demonstrates in situations such as getting dressed/undressed or at shower/bath times is cause for concern as is the development of wetting or soiling. The unpredictable, often withdrawn behaviour of those with a vulnerable adult can however be confusing for those trying to interpret it due to an inability to communicate what may be the underlying cause. Nevertheless, when looking at potential underlying factors contributing to behaviour which presents a challenge, the possibility of abuse must always be considered.
6. The pattern of interaction with another person has changed. People with a mental illness find difficulty in forming 'two-way' relationships with staff, peers and even family members. They usually relate to people when they have gained the trust of the person/staff or family member. Again, the reason for the change in the relationship may be extremely idiosyncratic. For example, a person with a mental illness may refuse to talk to a

previously liked member of staff because the staff member has inadvertently 'upset' them, for example, when the service user has a fear of pregnant woman, or by changing the colour of their car and the service user only likes only silver cars. However, any sudden change in social interaction should still be acknowledged and recorded as there may be a cause for concern.

7. The person shows inappropriate sexual awareness and sometimes behaves in a sexually explicit way. A lack of social understanding together with an inability to realise the impact of their actions on others, can lead in inappropriate and uninhibited behaviour in some individuals. There may be an obsession regarding their expression of some aspect of their sexuality, e.g. genitalia. Soreness may be due to excessive masturbation.
- 8.
9. The person appears to have 'lost' skills and abilities which they were previously able to demonstrate. Some adults with a mental illness may lose previously learned skills and abilities and have fluctuating levels of motivation and this may have no connection with abuse.

In summary, recognising abuse is not always easy – even for the most vigilant. Additionally, the implications of the impairments apparent within those who have a vulnerable adult often make the interpretation of potential signs and indicators even more complex. However, in order to safeguard people using our service the advice of Aspects Care Ltd is that to protect people using our services you should act on all issues of concern immediately.

#### Deprivation of Liberty Safeguards.

The Deprivation of Liberty Safeguards (DoLS) provides protection to people in hospitals and care homes. DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment.

Care homes and hospitals must make requests to their Local Authority supervisory body for authorisation to deprive someone of their liberty if they believe it is in their best interests. Some organisations may operate joint supervisory boards. All decisions on care and treatment must comply with the MCA and the DoLS codes of practice. Be mindful that case law is evolving in this area and there have been some significant cases that have been brought to the attention of the Court of Protection.

In March 2014 a judgment was made in the Supreme Court regarding two cases which have had a significant effect on the application of the Deprivation of Liberty Safeguards. The two cases are:

- “P v Cheshire West and Chester Council and another”
- “P and Q v Surrey County Council”

The full judgments can be found on the Supreme Court website.

The judgment is significant in the determination of whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty.

A deprivation of liberty for such a person must be authorised in accordance with one of the following legal regimes: a deprivation of liberty authorisation or Court of Protection order under the Deprivation of Liberty Safeguards (DoLS) in the Mental Capacity Act 2005 or (if applicable) the Mental Health Act 1983.

Key points from the Supreme Court judgment

Revised test for deprivation of liberty The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

- The person is under complete or continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

The Supreme Court held that factors which are NOT relevant to determining whether there is a deprivation of liberty include the person’s compliance or lack of objection and the reason or purpose behind a particular placement. It was also held that the relative normality of the placement, given the person’s needs, was not relevant. This means that the person should not be compared with anyone else in determining whether there is a deprivation of liberty. However, young persons aged 16 or 17 should be compared to persons of a similar age and maturity without disabilities.

Deprivation of liberty in “domestic” settings

The Supreme Court has held that a deprivation of liberty can occur in domestic settings where the State is responsible for imposing such arrangements. This will include a placement in a supported living arrangement in the community. Hence, where there is, or is likely to be, a deprivation of liberty in such placements that must be authorised by the Court of Protection.

Relevant staff should:

- Familiarise themselves with the provisions of the Mental Capacity Act, in particular the five principles and specifically the “least restrictive” principle.
- When designing and implementing new care and treatment plans for individuals lacking capacity, be alert to any restrictions and restraint which may be of a degree or intensity that mean an individual is being, or is likely to be, deprived of their liberty (following the revised test supplied by the Supreme Court)
- Take steps to review existing care and treatment plans for individuals lacking capacity to determine if there is a deprivation of liberty (following the revised test supplied by the Supreme Court)
- Where a potential deprivation of liberty is identified, a full exploration of the alternative ways of providing the care and/ or treatment should be undertaken, in order to identify any less restrictive ways of providing that care which will avoid a deprivation of liberty
- Where the care/ treatment plan for an individual lacking capacity will unavoidably result in a deprivation of liberty judged to be in that person’s best interests, this **MUST** be authorised.

Local Authorities should in addition

- Review their allocation of resources in light of the revised test given by the Supreme Court to ensure they meet their legal responsibilities

### **Authorising a deprivation of liberty**

The DoLS process for obtaining a standard authorisation or urgent authorisation can be used where individuals lacking capacity are deprived of their liberty in a hospital or care home.

The Court of Protection can also make an order authorising a deprivation of liberty; this is the only route available for authorising a deprivation of liberty in domestic settings such as supported living arrangements. This route is also available for complex cases in hospital and/ or care home settings. Individuals may also be deprived of their liberty under the Mental Health Act if the requirements for detention under that Act are met.

### **Consent.**

It is always essential in adult safeguarding to consider whether the adult is capable of giving informed consent in all aspects of their life. If they are able,

their consent should be sought. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), this apparent consent should be disregarded;
- An adult safeguarding Enquiry going ahead in response to a concern that has been raised. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.
- The recommendations of an individual safeguarding plan being put in place.
- A medical examination.
- An interview.
- Certain decisions and actions taken during the adult safeguarding process with the person or with people who know about their abuse and its impact on the adult.

If, after discussion with the adult who has mental capacity, they refuse any intervention, their wishes will be respected unless:

- there is an aspect of substantial public interest (e.g. not acting will put other adults or children at risk).
- there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been or may be committed)

### **Guidelines for Creating a Culture of Prevention**

The more that is learned about the abuse of vulnerable people is that it becomes clearer that a significant part is played by the predominant values and beliefs of the organisation, the norms of behaviour, the atmosphere and the power relationships and pressures that come to bear upon service users in any given setting. However, if you follow these practice pointers you can help to safeguard individuals, Aspects Care Ltd and yourselves.

### **Acknowledgement of the Possibility of Abuse**

The most important strategy of all is acknowledgement that abuse **could** happen. Unless this is fully accepted, the potential for abuse going undetected is high. Therefore, it is never wise to become complacent. However, there are a number of prevention strategies currently in operation including the following:

Clear policies and procedures should be followed in the following areas:

- Intimate and personal care

- Personal and sexual relationships
- Management of challenging behaviour
- Physical intervention
- Administration of medication
- Handling Service users' personal finances
- Staff recruitment and selection and a clear policy for the use of agency workers
- Induction and ongoing supervision
- Training for all staff regardless of job role regarding adult protection
- A clear complaints procedure

### **Record Keeping and Assessment**

- Ensure that each individual within the service has a detailed Risk Assessment which will assess their level of vulnerability and the potential areas of risk.
- Record any unexplained injuries, no matter how small, on the appropriate recording chart and document any behaviours which appear out of character for that person in the Service user Engagement Sheets.
- Ensure Risk Assessments and Tenancy Agreement are followed at all times and accurate and up-to-date records are kept.

### **Physical Contact between Staff and Service Users**

Whilst supporting those with a mental illness within our services it is acknowledged that over a period of time both staff and Service users may develop very close relationships. However, it is important to remember that we have a duty to ensure that the relationships that we have can be on a professional level only and any physical contact which takes place which does not fall within the remit of carrying out a PCP must not become the norm. Such practices may serve to increase the vulnerability of Service users and staff. For example, if a staff member routinely kissed a particular service user upon arrival at work, even if the intentions of the staff member were entirely honourable and were based upon genuine affection, the service user would not be able to discriminate if this same action took place by an unscrupulous staff member. It must also be remembered that many people with a mental illness dislike physical contact and it cannot be presumed that such contact would be welcomed.

Whilst it is not policy of Aspects Care Ltd to prohibit all physical contact the following good practice guidelines must be adhered to at all times to maintain a balance between protection and meeting Service users' basic needs for physical contact:

- If there is any physical contact between staff and Service users this must only be initiated when people involved agree with the contact and it is

necessary to do so i.e. sadness, distress, comforting, or reassurance. However, whilst it is not openly encouraged such contact must at all times remain professional. It must be acknowledged that cultural differences may exist, and we may know Service users who may kiss as a greeting. If appropriate and as a staff member you are happy with this particular form of gesture, this will be considered acceptable.

- If physical contact is initiated by a service user, it is important to remember that on no occasion is this contact acceptable in a private area or when alone with a Service user. For example, if as a staff member you were supporting a Service user in their bedroom during their morning ablutions and the Service user asked for a hug it would not be appropriate to comply with this request. If, however, this same request was made in a communal area with other staff present your actions would be less likely to be misconstrued.
- It is possible that the service user may intentionally or unintentionally be deriving some sexual pleasure from physical contact. Those with a dual diagnosis are likely to have little understanding of appropriate/ inappropriate physical contact and relationships and therefore not understand that such contact is not acceptable. Therefore, if you believe that this may be the case, physical contact must be tactfully discouraged whilst ensuring dignity for the Service users. For example, if you became aware during physical contact that a person was becoming sexually aroused, it may be necessary to discreetly change your physical proximity to the individual.
- For those Service users who indiscriminately hug and kiss both staff and members of the public, consider the need to develop and record a consistent strategy for managing this behaviour so that all staff and the service user are aware of particular boundaries which exist. This is for the protection of both parties.

General good practice guidelines which can help to safeguard vulnerable adults

- Try to minimise situations where you must be alone with a person with a mental illness. Aspects Care Ltd accepts that there will be times when it is unavoidable; indeed, it may even be essential to a planned piece of work. Make sure it only happens with the knowledge of your line manager, or a colleague.
- Devise ways of teaching people with a mental illness to express themselves.

- Be vigilant; look out for strangers who seem to be spending a lot of time with a particular person, particularly if the person is otherwise alone. 'Stranger danger' is potentially a great risk as people with a mental illness may well be exploited by people they do not know.

## Whistleblowing Procedures

Responses to allegations and concerns

*What if an adult communicates to you that he or she is being abused?*

*What if you think that an individual is being abused or has been abused?*

*What if someone tells you they have been abused in the past?*

People sometimes reveal that they have been abused months, or even years, after the alleged incidents have taken place. Therefore, it is important that staff are made aware of a person's past history. Current actions or situations may trigger memories that relate to previous abuse. If you receive such information, as a matter of urgency report it to your line manager. Aspects Care Ltd asks you to do this because there is a very real possibility that other people may be at risk.

*What if you have concerns about the past or present behaviour of an adult towards an individual?*

You may hear of allegations or have concerns about the past or present behaviour of members of staff towards Service users. Such information should be passed on as quickly as possible to your line manager.

*What if an allegation is made against you?*

Tell your line manager about the allegation as quickly as possible. If a colleague was present when the allegation was made ask him/her to report the matter as well. As stated earlier, make a note of any allegation, either oral or behavioural, made against you and inform your line manager. Remember that the allegation, though apparently directed at you, may relate to something that happened previously in the person's life but has been triggered by something happening now. Vulnerable adults of either gender, may behave in a sexually inappropriate manner and this behaviour may be directed at you or at one of their peers. Stay calm and tell the individual to do something else, i.e. distract them. As soon as possible, however, discuss what has happened with your line manager. Please remember that if Aspects Care Ltd makes a referral to a Social Services Department, it will not automatically lead to an adult protection investigation or other protective action. Social Services' role initially in these circumstances is to make enquiries in order to ascertain whether the person has been 'significantly harmed' or if it is likely that she or he will be so harmed. Please remember it is **not** your responsibility to decide whether a person is being abused, but Aspects



Care Ltd is asking you to act on your concerns. Under the Public Interest Disclosure Act this provides a framework within which the organisation can promote whistleblowing which carried out responsibly and in good faith. The law does not require irrefutable evidence to support a claim but places the responsibility in the hands of the people investigating. However, although the act will protect whistleblowers from victimization it does not offer protection to anyone making false, vindictive, or rash disclosures to the media, for example, rather than the proper channels.

## **Responsibilities**

### **All staff**

It is the responsibility of ALL staff working for Aspects Care Ltd to record and report abuse. This responsibility extends to all staff, not just those specifically working with children, young people and vulnerable adults. Therefore, it is the responsibility of all staff to;

- Adopt safeguarding guidelines including the Code of Conduct and Staff Behaviour Policy and Procedure for staff
- Act upon any concern, no matter how small or trivial it may seem, in accordance with Aspects Care Ltd Procedures
- Promote safe practice and challenge poor and unsafe behaviour
- Ensure all health and safety procedures are adhered to
- Ensure they are aware of safeguarding procedures and are appropriately trained

### **Designated Safeguarding Lead**

- The Designated Member of staff with responsibility for vulnerable adult safeguarding issues is **Dawn Brookes – Director of Care/Registered Manager**
- The designated member of staff is responsible for liaising with all Director's / Governors (if applicable) of Aspects Care Ltd over these matters including:
  - Ensuring that Aspects Care Ltd has procedures and policies which are consistent with the protecting vulnerable adult's procedures in line with CQC guidance within The Care Act 2014.
  - Ensuring that the Directors of Aspects Care Ltd reviews this policy on adult protection each year
  - Ensuring that each year the Directors of Aspects Care Ltd are informed of how Aspects Care Ltd and its staff have complied with the policy, including but not limited to a report on the training that staff have undertaken.

## **Assistant Designated Safeguarding Manager**

The Assistant Safeguarding Manager will assist and support the Safeguarding Lead in their role. The Assistant Safeguarding Managers are **Sadif Javaid & Kelly Morgan- Deputy Care Managers**

### **The role of the individual the safeguarding concern is being reported too:**

- 1) Complete the safeguarding reporting concern document
- 2) Ensure the time and date of the event is documented
- 3) Note down the location of where the safeguarding concern has taken place
- 4) Document key details of the safeguarding concern
- 5) Provide feedback of the learners' behaviour and appearance at the time of the reporting
- 6) Detail the action taken if any i.e. statement taken from any witnesses
- 7) The date and time the report has been passed to the Safeguarding Lead (immediately)
- 8) The report to be handed to Safeguarding Lead immediately

### **The Role of the Designated Safeguarding Leads are to:**

1. Receive information from any staff, carers or adults who have safeguarding concerns and record it by completing the safeguarding reporting form or formal discussion document and report to the allocated Safeguarding Lead (Manager) immediately.
2. Our staff will advise any staff, carers or adults on safeguarding policy, procedures and record keeping including maintaining confidentiality
3. They will assess the information promptly and carefully, clarifying and obtaining more information about the matter as appropriate and gather any evidence relevant to the concern identified.
4. Make a formal referral to the appropriate statutory protection agency or the police for adults
5. Record statements from any member of staff who feels a person has indulged in inappropriate behaviour or made sexually suggestive comments or approaches including harassment, discrimination and bullying.
6. Store all information and recording in a secure manner and in accordance with Data Protection Act 2018 and GDPR
7. The Safeguarding Lead will support any staff, carers or adults from any further Safeguarding concerns
8. Each step of the referral and investigation will be kept strictly private and confidential, and you will be made aware of each process during the cause of the investigation / referral

## **Responding to an allegation about a member of staff**

Any suspicions, allegations of actual abuse of a vulnerable adult by a member of staff must be reported to the Designated Lead member of staff and the Manager or Assistant Manager immediately. On being notified of any such matter, the designated member of staff shall:

**Notify:** the Manager who will initiate an investigation of this incident in line with the disciplinary procedure; take such steps as he/she considers necessary to ensure the safety of the person in question and any other person who might be at risk.

**Report:** Ensure that a report of the matter is completed by the person who reported the original concern. If the complaint is made against any member of the Senior Management Team or a Designated Safeguarding Officer, then the person dealing with the complaint must be the **Director of Services who is Paul Graham**, Tel: 0121 443 2500 or e-mail [paulgraham@aspectscare.co.uk](mailto:paulgraham@aspectscare.co.uk)

## **Human Resources**

### **The Human Resources Department will:**

- Ensure the safe recruitment and induction of all staff including all appropriate DBS checks
- Advice management on staff disciplinary investigations if any concerns, disclosures or allegations of abuse by a staff member are made
- Plan, deliver and monitor the appropriate level of training required by all staff
- Report serious 'relevant conduct' and concerns to appropriate authorities or police
- Regularly review and update its own policies to reflect vulnerable adult safeguarding needs

If you require further guidance in relation to this policy, please contact Rebecca Gritton – HR Manager. Tel: 0121 433 2500 [rebeccagritton@aspectscare.co.uk](mailto:rebeccagritton@aspectscare.co.uk)

**Action to be taken by a member of staff**



Make a detailed note of what you have heard or seen, but do not delay passing on the information quickly to your line manager or 'on-call' member of staff if out of hours. If the concerns relate to your line manager, you must contact your second line manager.



Do not promise to keep what you have been told to yourself – try to communicate what you will have to do if the person has a degree of understanding.

Stay calm and ensure the person is not in any immediate danger. Do not assume that someone else will deal with the matter.



Pay close attention to what is being communicated to you and take it seriously. When you respond, take into account the person's developmental stage and preferred method of communication.



Do not ask leading questions or enquire about specific details which may prejudice the outcome of any investigation. Only put questions if you need to clarify what is being communicated. It is extremely important to remember that vulnerable adults are very open to suggestion.



Under no circumstances must you question anyone who is suspected to be the perpetrator or discuss the issue with anyone other than your line manager.



Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident. This should be preserved.



### **COMPLETE THE SAFEGUARDING REPORTING FORM – APPENDIX 3**

Aspects Care Ltd understands that it may be very difficult for you to take these steps, particularly if you are unsure whether your concerns have any substance. In these circumstances we suggest you discuss this situation with your line manager. Aspects Care Ltd will support anyone who in good faith reports his or her concerns that an individual has been or is at risk of being abused. Equally we

adhere to the principle that an accused individual has the right to be presumed innocent until guilt is proven, even if it is necessary to suspend a member of staff from participation in our work on a temporary basis. Suspension should not be equated with guilt.

### **The Mental Health and Capacity Act 2005 and Confidentiality**

Staff members must never promise absolute confidentiality to anyone – where there are concerns about abuse. They can guarantee that they will only pass the information to the minimum number of people necessary to ensure that appropriate action is taken. Where a vulnerable adult expresses a wish for concerns not be pursued then this should be respected whenever possible. However, decisions about whether to respect the person's wishes must have regards to the level of risk to the individual and/or others and their capacity to understand the decision in question and to make decisions relating to it. Any decision taken not to proceed with a referral to another agency and the reasons why must be recorded.

### **What to do if nothing appears to have happened following your alert.**

If you have followed Aspects Care Ltd procedures to report abuse, neglect, unsafe practices or operational difficulties and you feel that no action has been taken or nothing has changed, then your concerns can be reported to an external body such as the Care Quality Commission (CQC). This is a very serious step to take and it is possible that in order to ensure the investigation can be carried out unhindered you may not have been kept informed about the progress or outcome of the investigation that has taken place or actions which may have been taken without your knowledge. You can contact CQC on 03000 616161 or you may complete an online form: <https://surveys.cqc.org.uk/contactus.aspx>

Alternatively an organisation known as Public Concerns at Work (020 7404 6609 [helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk)) can offer information and advice about public interest whistleblowing. The organisation promotes compliance with the law and good practice and offer free advice to people concerned about danger or malpractice in the workplace but is unsure how to raise the matter.

Alternatively you may contact Paul Graham who is the Director of Aspects Care Ltd on 0121 433 2500 or email [paulgraham@aspectscare.co.uk](mailto:paulgraham@aspectscare.co.uk)

### **Action to be taken by the Line Manager**

If an obvious and acceptable explanation is not immediately forthcoming the line manager as appropriate will decide upon the action to be taken after consulting with a member of the Senior Management Team from Aspects Care Ltd. As a guide for managers the following quote taken from Birmingham City Council Multi-Agency Guidelines (2005) may be helpful:

“Minor violations of rights occur inevitably throughout daily life resulting in little harm or distress. It is not the purpose of the Adult protection Procedures to control every detail of behaviour towards vulnerable adults, but rather to draw a line beyond which any further violations of rights becomes unacceptable in a civilized society” (Page 6).

It goes on to state that;

“Adult Protection Procedures should be reserved for abuses which ‘cross a significant threshold of seriousness’. It is important to recognise that judging this threshold is extremely difficult.” (Page 7)

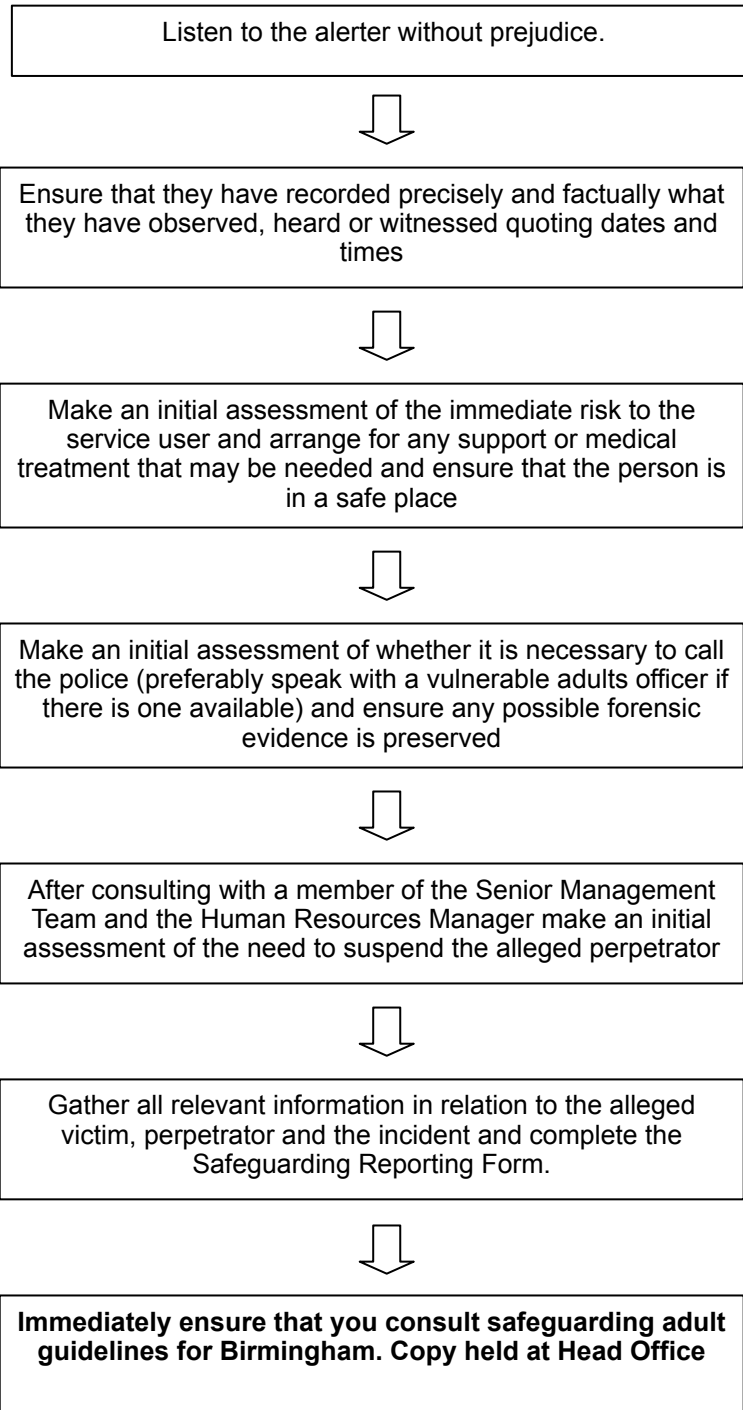
The guidelines go on to state that if any doubt the advised course of action is to seek advice from the Care Quality Commission or Social Work Team to consider what action is appropriate if these protocols do not seem appropriate.

Detailed overleaf is a flow chart which reflects the Safeguarding Adults National Framework which should be followed in the event of there being an Adult Protection issue.

Complete a safeguarding adult’s multi-agency referral form provided by the Birmingham City Council. This form should include the nature of the concerns and the date and time of any specific incidents



## The Response of the Senior Manager



## Who to Contact

Date Policy Implemented September 2004 by Paul Graham – Director of Services  
Reviewed in line with Mental Capacity Act 2005  
Policy Reviewed & Amended August 2022 by Rebecca Gritton- HR Manager

## **During Office Hours**

If there is already a social work team involved with the vulnerable adult, then this team should be the first point of contact. If a team is not involved, then the social work team as specified in local guidelines should be contacted. Telephone and fax numbers are included within Appendix A of this policy.

State clearly that the contact is in relation to the possible abuse of a vulnerable adult. Completion of a referral form will ensure that you have all the relevant details. You must then confirm all telephone contact in writing or by fax. Although the sponsoring authority for a Service user must be contacted, even if the Service user has been placed outside of the local area, it is the preference of Aspects Care Ltd for the investigation to be undertaken locally.

## **Funding Authority Contracts Department**

There is a contractual obligation to inform BCC Vulnerable adult Contracts Team responsible for the individuals placed under the Preferred Providers List. The contact details are contained within Appendix 2.

## **Out of Office Hours**

Take the same steps as above but your first point of contact will be the Birmingham Emergency Duty Team (EDT). The telephone number for the Birmingham EDT is also contained within Appendix 2.

Having made the telephone referral, ensure you fax the form to the Birmingham Social Services Office to confirm your information. You will also need to submit a detailed safeguarding Form to your line manager immediately.

The following action must then be taken

Ensure the Directors of Aspects Care Ltd or a member of the Senior Management Team has been informed either by you or another. Confirm all telephone contact in writing.



The Senior Management Team will ensure that all the Directors are aware and been informed of the action which has been taken



**It is not the role of the line manager to investigate or speak with parents or carers about the adult protection issues – your task is to convey information (i.e. the concerns) to the agencies which are legally authorised to enquire into these matters**



Inform the alerter and if appropriate the alleged victim of the action to be taken and what will happen next



In consultation with the Human Resources Manager, Senior Management Team and the lead agency for the investigation, consider whether it is advisable at this stage to call the team together to give them a basic summary of the situation on a need to know basis.

## **What Happens Next?**

Date Policy Implemented September 2004 by Paul Graham – Director of Services  
Reviewed in line with Mental Capacity Act 2005  
Policy Reviewed & Amended August 2022 by Rebecca Gritton- HR Manager



The Social Work Team Manager will make a decision as to whether an adult protection investigation will proceed and will ensure that you are notified of their decision.

If an investigation is to proceed there will be a pre-investigation strategy discussion to plan who will be involved and what role they will play. You may be asked to participate in the investigation, particularly if you are well known to the vulnerable adult.

There will always be two workers involved in any investigation. It may involve interviews with the individual and other relevant people and also the checking of records

Following the investigation there will be a post-investigation strategy discussion as to what information has been gathered and the best way to proceed. If there are still concerns that the person is at risk then a Case Conference will be organised in order to plan how to protect the vulnerable adult from abuse and to decide if they should be placed on the Adult Protection Register.

A lead worker will be appointed to co-ordinate the activities required in the Adult Protection plan and to review the person's situation and the concerns which have arisen.

### **What if the alleged perpetrator is a staff member?**

Date Policy Implemented September 2004 by Paul Graham – Director of Services  
Reviewed in line with Mental Capacity Act 2005  
Policy Reviewed & Amended August 2022 by Rebecca Gritton- HR Manager



When the alleged perpetrator is a staff member this inevitability is bound up with emotion and confusion for both work colleagues and managers. However, it must be remembered that the alleged perpetrator is precisely that – alleged i.e. the person is innocent until proven guilty. For the majority of situations there is often no alternative but to suspend the member of staff, usually on full pay, pending the outcome of an investigation. This is in order to protect the alleged Service user and staff member and to allow an unbiased investigation to take place as soon as possible.

If a member of staff is suspended it will be explained to them that an allegation of abuse has been made against them, but no further details can be given to them at the present time. They will need to be advised that the suspension will be on full pay and the reason for the suspension will be confirmed in writing. They will also need to be informed verbally that they are viewed by the service as innocent until proven guilty and that they are entitled to support and representation.

### **What about support for the alleged perpetrator?**

If the person is a member of a union this may be one potential area of support. Alternatively, Aspects Care Ltd will designate a member of the Head Office team who will act as the point of contact for the staff member.

When the nature of the allegation is confirmed in writing there will also be confirmation of the agency who will be carrying out the investigation and also the fact that the intention will be to hold a disciplinary hearing. The matter may also need to be brought to the attention of the Secretary of State as it is possible that the staff member's name will be added to the Safeguarding Adults list or any other appropriate external body which has been established by government agencies. If it is the police who will be carrying out the investigation the person will need to be advised to take legal advice. It may be that the internal disciplinary hearing may have to await the outcome of the formal external investigation.

Following the investigation and/or disciplinary hearing the alleged perpetrator will receive immediate notification of the outcome and information regarding the right to appeal. If a staff member is found guilty, it is possible, that their contract of employment will be terminated, and they will remain on the list of those who are deemed unsuitable to work with vulnerable adults. If found not guilty the person will be re-instated and steps will need to be taken by the member of staff to commence the process of removing their name from the any list onto which it has been placed. If requested the person will be offered re-deployment elsewhere. In cases where under an Adult Protection Investigation the facts are unproven either way, then Aspects Care Ltd will still have the option regarding taking disciplinary measures 'on the balance of probabilities.'

## **The Implications of the Mental Capacity Act 2005**

This Act came into force during April 2007 and sets out what should happen when someone lacks capacity to make choices and decisions. The Act introduced a new criminal offence of ill-treatment or willful neglect of a person who lacks capacity. If convicted people can be imprisoned or fined. This covers a failure to provide adequate care, restraining someone unreasonably against their will and any type of abuse or neglect.

### **Sharing information with staff when dealing with an allegation of abuse**

Managers will have a very difficult task in terms of considering carefully the merits of informing or not informing staff of events. Confidentiality is not about secrets but is about confining information to 'who needs to know'. This situation raises the question – does the team need to have some basic explanation for the upheaval taking place, in order to carry out their job role to the highest standard? Therefore dependent upon the situation in consultation with the agency responsible for leading the investigation, the Senior Management Team for Aspects Care Ltd and the Human Resources Manager, it is the policy of Aspects Care Ltd that the service on some occasions may give staff a concise and basic summary of the situation providing this is not going to compromise any investigation. However, there will be an expressed preference for people not to discuss the matter with their suspended colleague(s).

### **References**

Association of Directors Social Services, 2005. Safeguarding Adults: A National Framework of Standards for good practices and outcomes in adult protection work.

Birmingham Adults Protection Committee, 2005, Multi-Agency Guidelines. Protecting Vulnerable Adults. Birmingham City Council

Department of health, 2003. Care Homes for Adults (18-65) and Supplementary Standards for Care Homes Accommodating Young People Aged 16 and 17. National Minimum Standards – Care Homes Regulations. The Stationery Office.

Department of Health and Home Office, 2000. No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Mental Capacity Act 2005. London: The Stationery Office

## **Appendix 1:**

### **Definitions of Abuse (Vulnerable Adults)**

#### **Physical Abuse**

Physical abuse is the physical ill treatment of an adult, which may or may not cause physical injury and causes harm to the individual's person. It may involve pushing, slapping, pinching, punching, hitting, shaking, throwing, poisoning, burning, scalding, drowning or suffocating, force feeding, improper administration of medicines or denial of prescribed medicines, forced isolation and confinement, including a person being locked in a room or inappropriate sanctions or restraint, or inappropriate manual handling. It may be the result of a deliberate failure to prevent injury occurring.

#### **Psychological and Emotional Abuse**

Psychological abuse may involve the use of harassment, bullying, intimidation, indifference, hostility, rejection, threats, humiliation, name-calling, other degrading behaviours, shouting, swearing, discrimination or the use of oppressive language, mobile phone texting abuse, email, emotional abuse and all forms of cyber abuse. It can result in feelings of low self-worth. Some level of psychological or emotional abuse is present in all forms of abuse.

#### **Sexual Abuse**

Sexual abuse involves a vulnerable adult participating in, or watching, sexual activity to which they have not consented or were pressured into consenting, or to which they cannot give informed consent. It is not necessary for the individual to be aware that the activity is sexual. The activities may include: physical contact, including penetrative or non-penetrative acts, e.g. rape, buggery, indecent assault or inappropriate touch, incest, and situations where the perpetrator touches the abused person's body (e.g. breasts, buttocks, genital area); Non-contact activities, e.g. exposing genitals to the abused person, or coercing the abused person into participating in or watching pornographic videos or photographs.

#### **Neglect**

Neglect is the deliberate withholding or unintentional failure to provide help or support, which is necessary for the adult to carry out activities of daily living. It also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk. Neglect may involve: failing to provide adequate food, shelter and clothing; failure to ensure access to appropriate medical care or treatment; neglect of basic emotional needs

**Financial/Material Abuse**

Financial/Material Abuse is the exploitation, inappropriate use or misappropriation of a person's financial resources or property. It occurs when the individual is deprived of their own financial assets, for example; by holding money back from the individual, obtaining money by deception, or stealing money. It includes the withholding of money or the improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs.

**Institutional Abuse**

Institutional abuse can be defined as abuse or mistreatment by a regime as well as by individuals within any building where care is provided. Examples include lack of flexibility and choice, lack of consultation, public discussion of personal matters, inadequate or delayed responses, staff overly controlling service users' relationships and activities.

**Discriminatory Abuse**

Repeated, ongoing or widespread discrimination on the grounds of age, race, disability, religion, sexual preference or gender, slurs, harassment, name-calling, breaches in civil liberties, unequal access to health or social care.

**Significant Harm**

Sometimes, a single traumatic event may constitute significant harm, e.g violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the adult's physical and psychological development.

**Your Designated Safeguarding Lead is:**

**Dawn Brookes**

**Director of Care/Registered Care Manager**

**Tel:** 0121 433 2500

**Email:** [dawnbrookes@aspectscare.co.uk](mailto:dawnbrookes@aspectscare.co.uk)

**Address:** Aspects Care Ltd 32 Pershore Road South, Cotteridge, Birmingham, B30 3EJ

**Your Assistant Designated Safeguarding Lead is:**

**Sadif Javaid & Kelly Morgan**

**Tel:** 0121 433 2500

**Email:** [sadifjavaid@aspectscare.co.uk](mailto:sadifjavaid@aspectscare.co.uk) [kellymorgan@aspectscare.co.uk](mailto:kellymorgan@aspectscare.co.uk)

**Address:** Aspects Care Ltd 32 Pershore Road South, Cotteridge, Birmingham, B30 3EJ

**If your concern is regarding the Safeguarding Leads, then you may contact  
The Director of Care:**

**Paul Graham**

**Director of Services**

**Tel:** 0121 433 2500

**Email:** [paulgraham@aspectscare.co.uk](mailto:paulgraham@aspectscare.co.uk)

**Address:** Aspects Care Ltd 32 Pershore Road South, Cotteridge, Birmingham, B30 3EJ

## Children & Young Persons

Aspects Care Ltd aims to promote the welfare of and to safeguard all children and young people who use its services in or come in contact with its clients and/or staff. Aspects Care Ltd works to the principles embodied within the Children Act 1989, Guidance published by DfES Safeguarding Children –Guidance about Child Protection arrangements for the Education Service (2019), the Framework for the Assessment of Children in Need and their Families (2000) and Working Together to Safeguard Children (2018).

The Director of Service is the Senior Officer with responsibility for ensuring that Aspects Care Ltd meets its statutory obligations relating to the protection of children. Delegated lead responsibility for developing policy and procedures across the Company lies with the Directors who liaise on issues related to child in need/child protection. This includes contributing to the development of inter-agency policy, procedures and training in support of other agency or Service Purchaser Child Protection training strategies.

The role of Aspects Care Ltd in child protection is to provide a safe environment in which children can interact with clients and/or staff and ensure that safeguarding risk assessments are undertaken when considering community activities and client activities. Activity should be based on three paramount principles

- to protect from harm
- to prevent abuse
- to promote welfare

Aspects Care Ltd also has a duty to assist the Social Services Directorate, acting on behalf of children in need or at risk of abuse, by referring concerns, providing information for assessments of need and child protection enquiries and contributing to child in need or child protection plans of work with children and their families. The Company will contribute to a co-ordinated approach to child protection and will work in close collaboration with schools and other agencies including Social Services, Health and Police where required.

Child abuse and neglect can take many forms. The four categories of abuse described in 'Working Together to Safeguard Children 2018' and adopted for use in Aspects Care Ltd are:

**Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect, Psychological, Financial**

All staff employed by Aspects Care Ltd;

- have a professional and legal responsibility for the welfare and safety of children with whom they work and/or interact;
- have a responsibility to 'whistle blow' if they become aware of an abusive situation within the work setting;
- must be aware of, and alert to, signs of child abuse and must respond in accordance with the Company Guidelines;
- Be alert to the potential of young abusers and challenge bullying in any form.
- know how to respond to a child's disclosure of abuse and know what to do with the information;
- Are required to follow the procedures in this policy and must therefore familiarise themselves with this document.

The Company also recognises the importance of developing relationships with parents and carers that promote working in partnership in all aspects of a child's interaction with the company. Parent's and carers views will be sought and taken into account in all situations where there are concerns for a child's welfare unless it is believed that this might compromise the safety of the child, another person or a criminal investigation. In line with existing guidance parental consent to pass information to Social Services will be sought in all but the most urgent or grave situations.

Children's wishes and feelings will also be taken into account according to their age and understanding. Children's right to confidentiality will be respected and information will only be shared in the interest of the child.

This child protection policy based on these principles must also be consistent with the policies on race equality, equal opportunities, managing behaviour and bullying. This will also include the procedures for safeguarding any children in our care. The use of proactive measures to prevent child abuse will be promoted, with the aim of enhancing each child's self-confidence and esteem to enable them to protect themselves and develop self-awareness and resilience, taking into account their ethnicity, ability and disability where appropriate.

Aspects Care Ltd recognises that professionals, including health care professionals in certain settings may subject children to abuse. Procedures for protecting children from harm including the appointment of staff and handling allegations of abuse made against staff can be found in the Aspects Care Ltd's Allegations of Abuse Against a Staff Member Made by a Child Policy.

As part of the Company's recruitment and vetting process enhanced DBS checks will be sought on all staff who have substantial unsupervised access to children.

This Policy Statement will be reviewed on at least an annual basis.



## 11. Key Contacts

### Appendix 2

You are also able to contact the MASH and Local Authorities Teams (Safeguarding Boards) for general advice and support about Safeguarding.

<b>Local Authority</b>	<b>Adults</b>	<b>MASH (Multi-Agency Safeguarding Agency)</b>
<b>Birmingham City Council</b>	<p>Complete the Birmingham City Council Safeguarding Adults online referral via on line portal at <a href="https://www.birmingham.gov.uk/safeguardingadults">https://www.birmingham.gov.uk/safeguardingadults</a>.</p> <p><b>Birmingham City Council Adults and Communities Access Point (ACAP)</b></p> <p>Phone: 0121 303 1234</p> <p>Out of hours you can contact the Emergency Duty Team on 0121 675 4806</p>	<p>Birmingham MASH, 1 Lancaster Circus, Queensway, Birmingham, B4 7DJ Email: MASH@birmingham.gov.uk Tel: 0121 303 1888</p>
<b>Solihull Metropolitan Borough Council</b>	<p>Call 0121 704 8007 <b>or</b> 0121 704 8007 (outside office hours in an emergency: 0121 605 6060)</p> <p>Alternatively you are able to make a referral online by visiting: <a href="https://eservices.solihull.gov.uk/SMBCWebForms/?Form=Report_Abuse">https://eservices.solihull.gov.uk/SMBCWebForms/?Form=Report_Abuse</a></p>	<p><b>Solihull Local Safeguarding Children Partnership</b> C/o Solihull MBC The Bluebell Centre West Mall Chelmsley Wood Solihull B37 5TN</p> <p>Telephone during Working Hours (Monday—Thursday 8.45am-5.20pm, Friday 8.45am-4.30pm): 0121 788 4300 Evenings and Weekends (including Bank Holidays): 0121 605 6060</p>

<b>Coventry City Council</b>	<b>Coventry Safeguarding Adults Board (CSAB)</b> Floor 4 Broadgate House Broadgate Coventry CV1 1FS  <b>Email:</b> CoventrySAB@coventry.gov.uk  <b>Tel:</b> 024 7697 5477 / 024 76833003  <b>Out of Hours:</b> 02476832222  <b>Visit:</b> <a href="http://www.coventry.gov.uk/csab">http://www.coventry.gov.uk/csab</a>	<b>Multi Agency Safeguarding Hub (MASH)</b> Coventry City Council Customer Service Centre 3 Upper Precinct Broadgate Coventry CV1 1FS  <b>Email:</b> mash@coventry.gov.uk  <b>Tel:</b> 024 7678 8555  <b>Out of Hours:</b> 02476832222
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**Other useful contacts:**

**Birmingham Children’s Information and Advice Service** on 0121 303 1888, Outside office hours, you can call the emergency team 24 hours a day, 7 days a week on 0121 675 4806

The **NSPCC** provide a number of ways to report concerns about a Child and Young Person quickly and discreetly. You can text 88858, Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk) or visit: [www.nspcc.org.uk/helpline](http://www.nspcc.org.uk/helpline)

To gain advice about an adult you can contact **ACAP** on 0121 303 1234 alternatively visit: [www.acap@birmingham.gov.uk](http://www.acap@birmingham.gov.uk) to access further guidance and support.

**Emergencies:** In case of emergencies please dial 999 or 101

**Other Useful Contacts**

User Group	Type of Team	Contact Information
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<p>Older People's Access Service</p> <p>Physical Disabilities Access Service</p> <p>Learning Disability</p>	<p>Adult and Communities</p>	<p><b>Adult Social Care Direct Tel No: 024 7683 3003</b>  <b>Email: <a href="mailto:ascdirect@coventry.gov.uk">ascdirect@coventry.gov.uk</a></b>  <b>Minicom: 0800 731 1888 / 0800</b></p> <p><b>Tel No: 0121 303 3335</b>  <b>Fax No: 0121 303 8877</b></p> <p><b>Tel No: 0121 303 2202</b>  <b>Fax No: 0121 303 6244</b></p>
<p>Mental Health</p>	<p>Community Mental Health Teams</p>	<p><b>North Community CMHT Tel No: 024 7624 5800</b></p> <p><b>South Community CMHT Tel No: 024 7647 2662</b></p> <p><b>Rugby Community CMHT Tel No: 017 8851 3700</b></p> <p><b>Leamington Spa CMHT Tel No: 019 2633 9261</b></p>
<p>Adults in hospital</p>	<p>Hospital Social Work Teams</p>	<p><b>University Hospital in Coventry Tel No: 024 7696 4000</b></p> <p><b>Hospital of St. Cross in Rubery Tel No: 017 8857 2831</b></p>

Take the same steps as above but your first point of contact will be the BCC Emergency Duty Team (EDT). The telephone number for the BCC EDT is also contained within Appendix A.

Having made the telephone referral, ensure you fax the form to the BCC Social Services Office to confirm your information.

