

Safeguarding in the Home Support Scheme

1. Types of abuse and what to look for

- a. Abuse is the violation of an individual's human and civil rights by any other person or persons. It can vary from the seemingly trivial act of not treating someone with dignity and respect - to extreme punishment, cruelty or torture.
- b. The commonly recognised forms of abuse are Physical, Emotional, Financial, Sexual, Neglect and Institutional.
- c. Anyone can be vulnerable to harm as a result of abuse or neglect at some time in their lives. Both men and women, rich and poor, and from any ethnic background can be at risk of being abused.

2. Abuse may:

- a. Happen anywhere
- b. Consist of a single act or repeated acts
- c. Be physical, verbal or psychological, or
- d. Occur when a person is persuaded to enter into a financial arrangement or sexual act which he or she has not or cannot consent to
- e. Occur in any relationship and may result in serious harm to, or exploitation of the person subjected to it
- f. Not always be deliberate
- g. Often be a crime.

3. Definition

Some adults, often described as vulnerable adults, may be particularly at risk to abuse and may have a right to, or be entitled to help or support to help prevent or alleviate the impact of abuse. The broad definition of a vulnerable adult is a person:

- a. "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation".
- b. This could include:
 - i. People with dementia
 - ii. People with learning disabilities
 - iii. People with mental health problems
 - iv. People with drug or alcohol problems
 - v. People with sight, hearing or physical disabilities
 - vi. People who through age or illness are dependent on other people to help them
 - vii. People who care for others
- c. Abuse may be perpetrated by anybody, although most commonly the abuser is well known to the victim, e.g. a friend, family member or carer, or a volunteer, paid carer or other care practitioner or professional e.g. care worker, social worker, nurse or doctor.
- d. Abuse may also be perpetrated by someone who lives with the victim or shares a service with them e.g. another client at a care home or day service.

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

4. Risk Factors

There are certain characteristics that might mean that a person is more likely to be a victim of abuse or more likely to perpetrate abuse. The following are general indicators that, if present, may make the risk of abuse occurring more likely but do not on their own show that abuse has occurred or will occur.

The risk of abuse is greater where the vulnerable adult

- a. Has communication difficulties
- b. Rejects help
- c. Has unusual or offensive behaviours
- d. Has abusive or aggressive behaviours
- e. Does not consider the needs of the carer and other family members
- f. Is socially isolated i.e. does not have other friends or visitors
- g. Is dependent on the carer for financial purposes
- h. Is highly dependent on the carer for physical and/or psychological care
- i.

However, often it is not the behaviour of the victim or vulnerable person that matters but the way the way it is perceived and the quality of the relationship. The risk is greatest where the relationship or prevailing climate is cold or clinical or the abuser has little or no insight or understanding of the person's needs or condition.

For instance, increasing deafness may be understood by one person as a sign of a person's condition or age; by another as a sign that that the person is deliberately ignoring or provoking them.

The stresses of caring can sometimes give rise to abuse. This is generally more likely where one or more of the following apply.

- j. The risk of abuse by a carer occurring may be greater where the carer
 - i. Has unmet or unrecognised needs of their own
 - ii. Is themselves vulnerable
 - iii. Has little insight or understanding of the vulnerable person's condition or needs
 - iv. Has unwillingly had to change his or her lifestyle
 - v. Is not receiving practical and/or emotional support from other family members
 - vi. Is feeling emotionally and socially isolated, undervalued or stigmatised
 - vii. Has other responsibilities e.g. family, work
 - viii. Has no personal or private space or life outside the caring environment
 - ix. Has frequently requested help but the problems have not been solved
 - x. Is being abused by the vulnerable person
 - xi. Feels unappreciated by the vulnerable person or exploited by relatives or services
 - xii. Is reliant on the vulnerable person for financial assistance or has financial difficulties
 - xiii. Is under stress due to poor income or housing conditions
 - xiv. Roles have been reversed, where, for example, a domineering parent becomes dependent

- xv. Suffers severe stress or is exhausted through lack of sleep and or heavy physical demands

- k. Other predisposing factors may include:
 - i. A mental health or personality problem
 - ii. Addiction to alcohol or drugs
 - iii. A history of violence or abuse including domestic abuse
 - iv. Previous relationship problems
 - v. Poor family relationships where violence is the norm
 - vi. Financial problems because of low income or debt problems

Where an incident of abuse has occurred in the home or family environment the outlook is generally far better if the incident is isolated, there are no indicators of other forms of abuse and the relationship is genuinely warm and caring. The outlook is poorer where the relationship or environment is cold, punitive or unreliable.

Where possible consideration should be given to the needs of the carer and their circumstances when thinking about how the risk of abuse can be minimised.

5. Dealing with an emergency

- a. Call the emergency services on 999 at any time if:
 - i. a vulnerable person is in immediate danger or need of medical attention,
 - ii. a serious crime is in the process of being committed e.g. theft / rape / serious physical assault or
 - iii. a serious crime has just been committed/ the perpetrator still in the vicinity/others are at immediate risk of harm

6. What should/shouldn't you do:

- a. If there is any possibility that forensic evidence exists preserve it, do not clean it up.
- b. Make sure, as far as you are able to, that the person is safe from further harm and has the support they need.
- c. Never promise that you will be able to keep anything you are told confidential. Tell the person that you may need to share what you are told.
- d. Record in detail the reasons for your concerns including what was said, using the person's own words, any questions you have asked, details of any other witnesses who may have been present. Make sure you sign and date any notes you make.
- e. Ensure that the person with immediate responsibility for the safety and welfare of the vulnerable person is informed e.g. your line manager, the home manager, ward manager etc.
- f. Do not attempt to undertake any form of investigation yourself

7. Report your concerns

To:

- a. Your line manager or other senior manager or trustee in Age Concern Okehampton and Torrington
- b. If you cannot contact any of the above then report your concern to

8. Preserving Evidence

In most circumstances you may not need to do anything except record the events that have given cause for concern. The best way to preserve evidence is to report the matter as quickly as possible.

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

- a. Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them
- b. Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place
- c. Don't tidy up, wash clothes, bedding or other items.
- d. Do not try to clear or tidy anything up
- e. Try not to touch anything unless you have to for the immediate wellbeing of the victim - if you have to try to make a record of what you have done
- f. If any sexual offence is suspected try to discourage the victim from washing, drinking, cleaning their teeth or going to the toilet until the police are present
- g. Preserve anything used to warm or comfort the victim e.g. a blanket
- h. Try to ensure that no one else enters the premises or alleged scene of crime until the police arrive
If you can, try and ensure that the alleged perpetrator does not have any contact with the victim
Record any physical signs or injuries using a Body Map – page 7 or hand drawing.
Write a description of any physical signs or injuries including size, shape, colour etc.
Always remember to sign and date your notes and any other records you have made
- i.

9. Causes for concern

- a. You may become concerned that someone is being abused in a number of ways
- b. The person may tell you
- c. The person may say something that worries you
- d. You may see something - an incident or an injury or other sign
- e. What might cause concern?
- f. You might see and/or hear something happen
- g. Someone being bullied or intimidated
- h. Someone being made to feel frightened or unhappy
- i. Someone in a situation of unnecessary risk
- j. The vulnerable adult might tell you or say something that worries you
- k. Somebody might tell you something or say something that gives cause for concern, for example
- l. A colleague
- m. Family member
- n. Member of the public
- o. There might be physical signs or unexplained or unusual injuries
- p. Bruises

- q. Slap marks
- r. Black eyes
- s. Bleeding
- t. Burns or scalding
- u. Cigarette marks
- v. Torn, stained or bloodstained clothes

10. There may be other signs such as:

- a. Inappropriate dirty or soiled clothes
- b. No food or drink available for the person
- c. Bills not being paid or services, e.g. telephone, cut off
- d. Shortage of money
- e. The person might say things or behave in a way that causes you concerns
- f. The person may seem unhappy or distressed
- g. The person may appear frightened, anxious or agitated without identifiable cause, or in relation to certain people
- h. Sleeping problems
- i. Constant visits to the toilet without a medical reason

11. Other unexplained changes in how the person behaves

- a. The behaviour of a colleague or other person
- b. Dismissive or intolerant attitude
- c. Task/routine orientated rather than person focussed
- d. Not a team player; insists on doing tasks on their own or their way
- e. Secretive about contact with clients
- f. Oversteps their professional boundaries with clients and colleagues/overfriendly
- g. Neglects professional development
- h. You may not know. It is enough that you are worried.

12. Responding

- a. Ask the person about what it is that is worrying you; or if they cannot tell you their carer e.g. how did you get that bruise:
- b. Keep calm
- c. Don't jump to conclusions or make accusations; there may be a perfectly reasonable explanation
- d. Give the person the chance to talk. Take time to listen to them.
- e. Avoid asking questions. If you have to, keep them to a minimum and record any questions you ask.
- f. Stay calm. It may be difficult for the person to talk; they may be worried about how you will react
- g. The person may ask you not to tell anyone else about the abuse. Always be honest and never make promises you can't keep. Explain that you may need to share what you are told, but only to people who need to know. Never promise to keep anything confidential.
- h. Ask the person what they would want to happen
- i. If the person has physical signs or injuries try and ensure they are seen by a qualified medical practitioner (e.g. doctor or nurse)
- j. Preserve any other evidence that may be available (preserving evidence)

- k. Write down what was said, where it was said and who was there, include any questions you have asked.
- l. Record any physical signs or injuries using a Body Map or hand drawing. Write a description of any physical signs or injuries including size, shape, colour etc.
- m. Always remember to sign and date your notes and any other records you have made and make sure they are kept in a safe place

13. Report your concerns

- a. Remember you may not always be told the truth. Where you have concerns you must always report them.
- b. It can take people a long time and a lot of courage before they speak out and seek help. Few of them are likely to make decisions about what to do overnight.
- c. Remember that abuse is not always deliberate. It may be that someone is trying to do their best in a difficult situation. They may be a relative, friend or carer who needs help or support in difficult circumstances.

14. Do

- a. Keep calm
- b. Ask the person about what is worrying you
- c. Listen & observe
- d. Remember you are a witness not a complainant
- e. Remember there may always be a reasonable explanation
- f. Record your concerns

15. Don't

- a. Make accusations or allegations
- b. Try to be a private detective
- c. Promise to keep anything a secret
- d. Forget there may be an innocent or good explanation
- e. Expect things to change straight away
- f. Expect to be told what is happening
- g. Keep things to yourself

16. When should you report?

- a. All concerns that a vulnerable person has been harmed or placed at risk of harm as a result of abuse or neglect must be reported.
- b. All concerns must be recorded in writing. Reports of concerns should be:
- c. Brief
- d. Factual (Who, what, when, where, how)
- e. Supported by available evidence e.g. summary of disclosure, body map etc
- f. All concerns, incidents, allegations etc must be reported to the responsible manager/agency/ies at the earliest opportunity where possible in writing.

17. Who do you report to?

- a. Emergency Services - where an immediate police or medical response is required e.g.:
 - i. when immediate medical or police assistance is needed to help them, protect property or protect evidence,

- ii. a serious crime is in progress, has just occurred or the person is at significant risk of harm.
 - iii. The safety of the vulnerable person and those of others in the environment is the priority
- b. Call 999
 - c. Your line manager or other responsible manager, e.g. the Chief Officer or trustee of Age Concern Okehampton and Torrington
 - d. The responsible home or acting manager where abuse/concern happens in a care home or nursing home

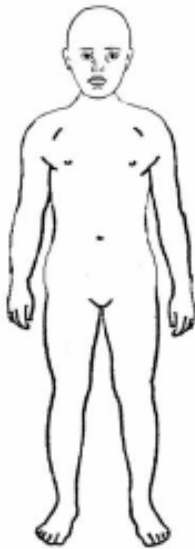
BODY MAP

Name of Vulnerable Adult _____

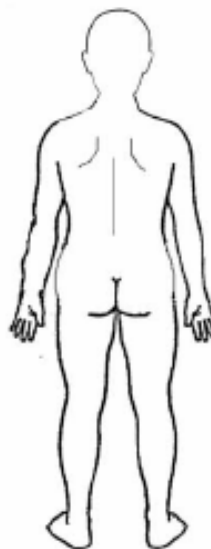
Name of person completing this form _____

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

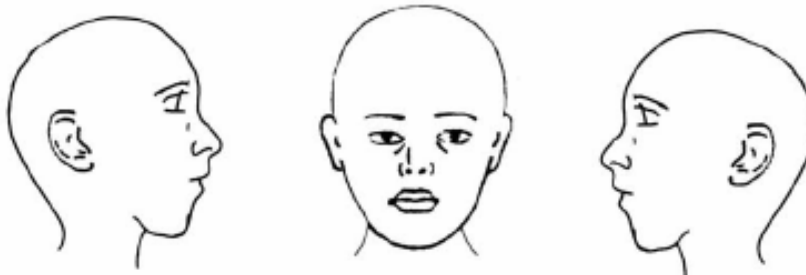
Front



Back



Face



Date and time: _____

Signature: _____