Warwickshire Inter-Agency
Safeguarding Vulnerable Adults
Procedures

Section 1-
The Safeguarding Alert
(Alerter’s Guide)
The “Safeguarding Alert” refers to the process where someone is first alerted to the issue of Vulnerable Adult abuse or neglect, and responds & reports the issue correctly.

1.1. Recognising Vulnerable Adult Abuse - Definitions

1.1.1 Abuse

Defining abuse is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. However, abuse is defined in No Secrets as:

“the violation of an individual's human and civil rights by any other person or persons”.

It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Whilst it is acknowledged that abuse can take different forms, a consensus view is that it can be determined in the following ways:

a. Physical abuse - including hitting, slapping, pushing, kicking, misuse of medical/chemical restraint or inappropriate sanctions

b. Sexual abuse - including rape and sexual assault or sexual acts to which the vulnerable adult has not or could not consent and/or was pressured in to consenting.

c. Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, verbal or racial abuse, isolation or withdrawal of services or supportive networks.

d. Financial or material abuse - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

e. Neglect and acts of omission - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

f. Discriminatory abuse – including racist, sexist, that based on a person’s disability, and other forms of harassment, slurs or similar treatment.

g. Institutional abuse - repeated instances of poor care of individuals or groups of individuals through neglect or poor professional practice as a result of structures, policies, processes and practices within an organisation.
1.1.2 “Vulnerable Adult”
For the purpose of this procedure, a “Vulnerable Adult” is defined as a person aged 18 or over:

“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”.

(No Secrets, DoH 2000)

This may include:

- people with a learning disability;
- people who experience mental ill health;
- disabled people;
- older people;
- people who are experiencing short or long term illness.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly vulnerable.

1.1.3 “Significant Harm”

“Significant harm” means not only ill treatment, but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social, or behavioural development.

1.1.4 ‘community care services’

No Secrets states “community care services…will be taken to include all care services provided in any setting or context”.

Clarification of this definition is offered through the “Government’s response to the recommendations and conclusions of The Health Select Committee’s Inquiry into Elder Abuse” (2004), which notes that the No Secrets definition is:

“wide and includes individuals in receipt of social care services, those in receipt of other services such as health care, and those who may not be in receipt of care services”.

For the purposes of this procedure, this includes people who are assessed as being able to purchase all or part of their community care services (“self-funding”), as well as those people who are eligible for direct or self managed care service provision.
1.2. Responding to Vulnerable Adult Abuse – What to do.

1.2.1 Location of abuse

Abuse can take place in any context. It may occur when a vulnerable adult lives alone or with a relative. It may occur in nursing, residential or day care settings, in hospitals, custodial situations, support services into people's own homes and other places previously assumed safe, or in public places.

Intervention will partly be determined by the environment or the context in which the alleged abuse has occurred. Assessment of the environment or context is relevant as it may be important for the vulnerable adult to be interviewed away from the sphere of influence of the alleged abuser or the setting in order to be able to make a free choice as to how to proceed.

1.2.2 Disclosures.

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

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

Good Practice Guide – Responding to Disclosures

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

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don’t ‘interview’ the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once, or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don’t promise the person that you’ll keep what they tell you confidential or “secret”. Explain that you will need to tell another person but you’ll only tell people who need to know so that they can help.
1.2.3 Responsibilities at the Safeguarding Alert Stage
There are some key responsibilities and actions for anyone who identifies the possibility of abuse. These responsibilities must be addressed on the same day as the Alert is raised.

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

ii. Listen, Reassure & Support.
   If the Vulnerable Adult has made a direct disclosure of abuse or is upset and distressed about an abusive incident, listen to what they have to say, and ensure they are given the support they need.

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

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

   - Refer to adult social care as soon as possible, and in all circumstances on the same day as the Alert is raised.
   - Refer to Children's Services as soon as possible if a child is identified at being at risk of harm.
   - If you are a paid employee, inform your manager. Report the matter internally through your internal reporting procedure (e.g. incident or serious untoward incident reporting procedures).
   - If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.
   - Consider and take required actions under employment vetting schemes- e.g. the ISA scheme.
   - Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. (See www.riddor.gov.uk).
Good Practice Guide – Recording

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

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

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

Good Practice Guide – Preserving Physical Evidence

What to do?

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

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

In addition, in cases of sexual assault –
- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the alleged perpetrator. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or alleged perpetrator can cross contaminate evidence.
1.3. Reporting Vulnerable Adult Abuse

1.3.1 All referrals of Vulnerable Adult abuse should be reported to Warwickshire County Council by telephone on the Safeguarding Adults single point of referral contact number: -

01926 41 20 80

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

Warwickshire Police:
To report abuse or raise a concern about a crime, dial non-emergency - 01926 415 000.
If a crime is in progress or life is at risk, dial emergency - 999.

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

1.3.3 Referrals outside office hours will be directed to the Warwickshire County Council Emergency Duty Service. The EDS can be contacted directly outside office hours on 01926 886922.

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

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

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

Warwickshire Children’s Services - 01926 410 410.
1.3.6. **Flowchart - Referral Pathways for the Safeguarding Alert**

This flowchart gives an overview summary only of referral pathways. Please note it does not include other responsibilities which need to be considered through this process, such as preserving evidence and providing appropriate support to victims.

- **Recognising Vulnerable Adult Abuse**
- **Responding to Vulnerable Adult Abuse**
- **Reporting Vulnerable Adult Abuse**

**Flowchart**

**SAFEGUARDING ALERT**

1. **An abusive act is witnessed**
2. **Vulnerable Adult makes a disclosure**
3. **Disclosure from a third party**
4. **A growing awareness that something is not right**
5. **Possible evidence of abuse seen, e.g. bruising**

**Someone becomes aware of the issue of Vulnerable Adult Abuse**

**Is the Vulnerable Adult in immediate danger?**

- **Yes**
  - Take any immediate actions to safeguard anyone at immediate risk of harm, including calling emergency services or summoning medical assistance

- **No**
  - **Is the abuse very serious, or has a criminal offence occurred, or be likely to occur?**
    - **Yes**
      - **Contact the Police immediately**
    - **No**
      - **Refer to Children’s Services if a child is identified as being at risk of harm**

**SAFEGUARDING REFERRAL**

- **Refer the abuse concern to Adult Social Care**

  - Adult Social Care* will guide the formation of the assessment strategy, and will inform the referrer of the outcome & next steps

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*for certain groups of Vulnerable Adults with mental health needs, Warwickshire County Council has formally transferred the responsibility to lead the Safeguarding Adults procedure into the Coventry & Warwickshire NHS Partnership Trust Integrated Mental Health Services.*