



Outdoor Mobility

SAFEGUARDING VULNERABLE ADULTS POLICY AND PROCEDURES

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| ADOPTED | 16/11/2021 |
| REVIEW | 16/11/2023 |

POLICY AND GUIDANCE DOCUMENT CONTENT

1. Aim
2. Objectives
3. Outdoor Mobility approach
4. Role of staff, volunteers and trustees
5. Legal framework
6. Definition of adult
7. Definition of a vulnerable adult
8. Examples of a vulnerable adult
9. Safeguarding
10. Safeguarding adults
11. Abuse and harm
12. Procedure for reporting concerns
13. Concerns against a member Outdoor Mobility staff
14. Responding to an allegation of abuse
15. Do's and don'ts
16. Confidentiality
17. Police
18. Safe recruitment procedure
19. References
20. Appendix A Contacts
 - Appendix B Cause for concern incident form
 - Appendix C Six safeguarding principles
 - Appendix D Types of abuse

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| 1. AIM | |
| 1.1 | Outdoor Mobility staff do not routinely come into contact with vulnerable adults. Our Development Officer may meet vulnerable adults at networking events or if they assist the charity as volunteers. Therefore the Development Officer is DBS checked. |

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| | The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of Outdoor Mobility in relation to safeguarding vulnerable adults. |
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| 2. OBJECTIVES | |
| 2.1 | To explain the responsibilities the organisation and its staff, volunteers and trustees have in respect of vulnerable adult protection. |
| 2.2 | To provide trustees, staff and volunteers with an overview of vulnerable adult protection. |
| 2.3 | To provide a clear procedure that will be implemented where vulnerable adult protection issues arise. |
| 2.4 | This policy should be read in conjunction with other Outdoor Mobility policies including: <ul style="list-style-type: none"> ▪ Confidentiality ▪ Whistle blowing ▪ Disciplinary and grievance ▪ Data protection ▪ Safeguarding children |

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| 3. OUR APPROACH | |
| 3.1 | Outdoor Mobility is committed to safeguarding and promoting the safety & welfare of vulnerable adults. Through this policy we aim to adopt the highest possible standards and take all reasonable steps in relation to the safety and welfare of the vulnerable adults with whom we come into contact in relation to our work within Outdoor Mobility. |
| 3.2 | All adults have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation. |
| 3.3 | <i>The Care Act (2014)</i> states that 'It is everybody's responsibility to protect vulnerable adults from abuse, harm and omissions of care' |
| 3.4 | Therefore, it is the responsibility of all Outdoor Mobility trustees, staff and volunteers to do their best to prevent the physical, sexual and emotional abuse of vulnerable adults and to report any abuse, alleged or suspected. |
| 3.5 | Outdoor Mobility will respond without delay to any complaints made that a vulnerable adult for whom we have come into contact with may have been or are at risk of harm. |
| 3.6 | Outdoor Mobility will ensure that staff and volunteers are carefully selected, screened, trained and supervised. Outdoor Mobility observes the principles set out by The Care Act that underpin the safeguarding of adults: Empowerment People are supported and encouraged to make their own decisions and informed consent. Prevention It is better to take action before harm occurs. Proportionality The least intrusive response appropriate to the risk presented. |

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| | <p>Protection Support and representation for those in greatest need.</p> <p>Partnership Services offer local solutions through working closely with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</p> <p>Accountability Accountability and transparency in delivering safeguarding.</p> |
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| 4. THE ROLE OF STAFF, VOLUNTEERS AND TRUSTEES | |
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| 4.1 | All staff, volunteers and trustees working on behalf of the organisation have a duty to promote the welfare and safety of vulnerable adults. |
| 4.2 | Staff, volunteers and trustees may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues. |
| 4.3 | Staff, volunteers and trustees need to be aware of confidentiality, consent, ethics and respect and where to go to find further information or support |
| 4.4 | All staff volunteers and trustees must be able to recognise potential problems and take suitable action. They should be able to communicate and record information appropriately with awareness of when to involve others. |

| 5. LEGAL FRAMEWORK | |
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| 5.1 | <i>Data Protection Act (1998), Freedom on Information Act (2000), Safeguarding Vulnerable Groups Act (2006), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008), The Care Act (2014), The Human Rights Act (1998).</i> |
| 5.2 | <i>The Human Rights Act (1998), gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights.</i> |
| 5.3 | <i>The Public Interest Disclosure Act (1998), created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.</i> |
| 5.4 | <i>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. It sets out who can take decisions, in which situations, and how they must go about this</i> |

| 6. DEFINITION OF ADULT | |
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| 6.1 | For the purpose of this policy 'adult' means a person aged 18 years or over. |
| 6.2 | Adults have a legal right to make their own decisions, even if they are unwise, as long as they have capacity to make that decision and are free from coercion or undue influence |

| 7. DEFINITION OF A VULNERABLE ADULT |
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| 7.1 | <p>An Adult (a person 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.</p> <p>An Adult (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 or exploitation'. (<i>Definition from 'No Secrets' March (2000) Department of Health</i>)</p> <p>Under (<i>Section 59 Supporting Vulnerable Groups Act (2006)</i>) a person aged 18 years or over is also defined as a vulnerable adult where they are 'receiving any form of health care' and 'who needs to be able to trust the people caring for them, supporting them and/or providing them with services'</p> |
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| 8. EXAMPLES OF A VULNERABLE ADULT | |
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| 8.1 | <ul style="list-style-type: none"> ● Has a learning disability ● Is elderly and frail due to ill health, physical disability or cognitive impairment ● Has a physical disability and/or sensory impairment ● Has mental health needs, including dementia or a personality disorder ● Has a long term illness/condition ● Misuses substances or alcohol ● Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse ● Is unable to demonstrate the capacity to make a decision and is in need of care and support ● Is a victim of domestic abuse ● A persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, challenging behavior, drug or alcohol problems, social or emotional problems, poverty, or homelessness. ● Many vulnerable adults may not realise that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse. |

| 9. SAFEGUARDING AND RISK ASSESSMENT | |
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| 9.1 | The term safeguarding means protecting a person's right to live in safety, free from abuse and neglect. |
| 9.2 | Effective safeguarding is about seeking to promote an adult's rights as well as about protecting their physical safety and taking action to prevent the occurrence or reoccurrence of abuse or neglect. It enables the adult to understand both the risk of abuse and actions that she or he can take, or ask others to take, to mitigate that risk. |
| 9.3 | Risk assessments must include, where relevant, the hazards and control measures associated with safeguarding. Risk assessments must be reviewed and, where appropriate, amended when any part of OM's safeguarding processes and procedures are changed. |

| 10. SAFEGUARDING ADULTS | |
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| 10.1 | Living a life that is free from harm, neglect and abuse, is a fundamental human right for every person and an essential requirement for health and well-being. Safeguarding adults is |

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| | not only about safety and well-being but also about providing additional measures for those least able to protect themselves from harm or abuse. |
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| 11. ABUSE AND HARM | |
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| 11.1 | Abuse is a violation of an individual's human and civil rights by any other person or person's" |
| 11.2 | <i>The Law Commission, in its consultation document 'Who Decides,' issued in Dec (1997), suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), 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.'</i> |
| 11.3 | Abuse and harm of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be physical, verbal or psychological, It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. |
| 11.4 | Abuse and harm can occur in any relationship and may result in significant harm to, or exploitation of, the individual |

| 12. PROCEDURE FOR REPORTING CONCERNS | |
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| 12.1 | It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously. |
| 12.2 | Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the person. |
| 12.3 | Where there are any concerns or suspicion of abuse (sexual, physical, emotional, neglect) against a vulnerable adult, this must be reported in confidence without delay |
| 12.4 | It must be reported on that working day where possible and the Cause for Concern Incident Form Appendix B completed within 48 hours of the nature of the allegation or incident and any other relevant information. |
| 12.5 | If the matter is reported over the phone a written record of the date and time of the report must be made and the report must include the name and position of the person to whom the matter was reported. |
| 12.6 | Information that should be recorded on the incident form should include where possible, date, the time, the place where the alleged abuse happened, the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation. |
| 12.7 | Confidentiality must be maintained. Staff, trustees and volunteers will not, at any time, discuss an allegation or suspicion with another person unless relevant to the case and except where, in the broader public interest and duty of care, the information needs to be shared with statutory bodies or other persons/organisations. |

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| 12.8 | Where these concerns relate to a vulnerable adult living in their own home or at risk of homelessness, with family or with informal carers their case must be referred to the social services agency. |
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| 13. CONCERNS RAISED AGAINST A MEMBER OF OUTDOOR MOBILITY | |
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| 13.1 | Where there are any suspicion, allegation or incident of abuse or concerns that a member of staff, either directly or non directly employed, is behaving in a way that demonstrates unsuitability for working with children, young people or vulnerable adults, in their present position, or in any capacity, this must be reported in confidence without delay to the Chairman of the Board of Trustees who acts as OM's Safeguarding Officer. |
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| 13.2 | Where a member of the trustee board, staff or a volunteer is involved in an allegation of abuse the Outdoor Mobility Disciplinary and Grievance Policy and Procedures in relation to gross misconduct should be invoked. In serious cases this could involve immediate suspension of the trustee, staff member or volunteer; in less grave instances it could be sufficient to ensure that the person concerned does not work with vulnerable adults or the vulnerable individual concerned. |
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| 13.3 | During an investigation due regard will be paid to the rights of the vulnerable adult; the person alleged to have carried out the abuse and the person making the allegation (if it is not the person being abused). All those involved can expect to be treated in a fair and unbiased way and to receive the appropriate level of support and information throughout the investigation. Confidentiality will be maintained except where, in the broader public interest and duty of care, the information needs to be shared with statutory bodies or other persons/organisations. |
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| 13.4 | <p>Allegations or concerns against a member of Outdoor Mobility may arise either in the individuals/professional's work or private life. Examples include:</p> <ul style="list-style-type: none"> ● Commitment of a criminal offence against or related to children, young people or vulnerable adults. ● Failing to work collaboratively with social care agencies when issues about care of children, young people or vulnerable adults for whom they have caring responsibilities are being investigated. ● Behaving towards children, young people or vulnerable adults, in a manner that indicates they are unsuitable to work with this client group. ● Where an allegation or concern arises and it relates to the individual's private life such as perpetration of domestic abuse; behaviours to his/her own children; or behaviour to others which may impact upon the safety of children/adults at risk. ● Where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse and neglect. |
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| 14. RESPONDING TO AN INCIDENT OR ALLEGATION OF ABUSE | |
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| 14.1 | It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the Safeguarding Lead Trustee. |
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| 14.2 | <p>There are four likely scenarios that people should be aware of and be prepared to deal with if necessary. These are:</p> <ul style="list-style-type: none"> ● There is suspicion or evidence that a vulnerable adult is being abused by a member of staff or other person associated with Outdoor Mobility. ● An individual accuses a member of staff or other person associated with Outdoor Mobility of abusing them. ● Abuse takes place or is suspected on Outdoor Mobility premises or at a Outdoor Mobility event by individuals unrelated to Outdoor Mobility. |
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| | <ul style="list-style-type: none"> ● It is disclosed that abuse is happening elsewhere e.g. at home in a care setting. |
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| 15. DO'S AND DON'TS | |
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| 15.1 | <p>DO</p> <ul style="list-style-type: none"> ● Make sure the individual is safe ● Assess whether emergency services are required and if needed call them ● Listen. ● Show acceptance of what you are being told, even when the story seems to be unlikely ● Keep calm, and ensure your body language remains reassuring ● Explain that the best way you can help them is to tell someone else, but make it clear that you will only tell people who need to know. ● Reassure the person that they have done the right thing in telling you ● Establish the basic facts ● Never push for information, if you feel a vulnerable adult was about to tell you something and then changes their minds, it is important to accept that they have decided not to tell you at this time, however it is important that the person is left knowing that you are always ready to listen. ● Make careful notes and obtain agreement on them. ● Record the information using the persons own words. ● Ensure dates, time and persons present are correct and agreed ● Take all necessary precautions to preserve forensic evidence ● Without delay speak to the Charity Development Officer for support and guidance |
| 15.2 | <p>DON'T</p> <ul style="list-style-type: none"> ● Confront the alleged abuser ● Be judgmental or voice your own opinion: <ul style="list-style-type: none"> ○ · “I am shocked!” ○ · “Why did you not tell anyone before?” ○ · “I can’t believe it!” or “Are you sure this is true?” ● Be dismissive of the concern ● Investigate or interview beyond that which is necessary to establish the basic facts ● Disturb or destroy possible forensic evidence ● Consult with persons not directly involved with the situation ● Ask leading questions ● Assume Information ● Make promises ● Ignore the allegation ● Elaborate in your notes ● Panic |

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| 16. CONFIDENTIALITY | |
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| 16.1 | Vulnerable adult protection raises issues of confidentiality which must be clearly understood by all. |
| 16.2 | Staff, volunteers and trustees have a responsibility where appropriate to share relevant information about the protection of vulnerable adults with other professionals, particularly the police and adult social services. |
| 16.3 | Clear boundaries of confidentiality will be communicated to all. |

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| 16.4 | All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form. |
| 16.5 | When a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result. |
| 16.6 | Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority. |
| 16.7 | Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it. |
| 16.8 | If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies. |
| 16.9 | Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account. |

17. POLICE

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| 17.1 | If a criminal act has been alleged or committed the police will be informed. |
| 17.2 | The police play a vital role in safeguarding adults with cases involving alleged criminal acts. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols. |
| 17.3 | Where an alleged disclosure of abuse has been given and the perpetrator of abuse against a vulnerable adult is not a trustee, member of staff or a volunteer the Charity Development Officer or Trustees should call the police. |

18. SAFE RECRUITMENT PROCEDURE

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| 18.1 | Outdoor Mobility aims to ensure that any vulnerable adults are protected and kept safe from harm while they are with staff and volunteers. In order to achieve this we will ensure our staff and volunteers are carefully selected, screened, trained and supervised. |
| 18.2 | Outdoor Mobility will ensure that all staff and volunteers involved in recruitment, training and supervision, are aware of this policy and have received appropriate training and support to ensure its full implementation. |
| 18.3 | <p>Selection</p> <ul style="list-style-type: none"> ● Applicants to Outdoor Mobility will complete an application form. ● Short listed applicants will be asked to attend an interview. ● Short listed applicants will be asked to provide references and these will always be taken up prior to confirmation of an appointment. ● The successful applicant will be asked to complete a self declaration form prior to a Disclosure Record being accessed. |

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| 18.4 | <p>Screening</p> <p>Where relevant to the post, the successful applicant will complete a DBS (formerly CRB) check for the role. Outdoor Mobility will ensure clearance is obtained before the applicant commences employment.</p> <p>Applicants who are waiting for a DBS certificate to be returned may start working for Outdoor Mobility but must be supervised while working with young people and vulnerable adults until the DBS is returned. This means that they must always be within eyeshot or earshot of someone who has been DBS checked; and should not be left alone with a child or vulnerable person</p> |
| 18.5 | <p>Training</p> <p>The successful applicant will receive induction training, which will give an overview of Outdoor Mobility to ensure they know its purpose, values, services and structure.</p> <p>Relevant training and support will be provided on an ongoing basis, and will cover information about their role, and opportunities for practicing skills needed for the work.</p> <p>Training will be given to staff and regular volunteers on:</p> <ul style="list-style-type: none"> • OM's Safeguarding policy and procedures. • Identifying and reporting abuse, and confidentiality. <p>All training must be recorded on training records and signed by the recipient. Safeguarding training must be refreshed every three years.</p> |
| 18.6 | <p>Supervision</p> <p>Every member of staff will attend an annual appraisal, where their performance, skills, motivation and expectations will be discussed. Annual appraisals will be minuted and copies made available to the member of staff/volunteer.</p> |
| 18.7 | <p>Equality and diversity</p> <p>We aim to be a charity that values, recognises and responds to the diverse needs of members and those we serve. We adhere to the Equality Act 2010, which provides that a person shall not be discriminated against, i.e. treated less favourably, on grounds of nine protected characteristics, these are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.</p> |

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| 19. Monitoring and Review | |
| 19.1 | The Board of Trustees, will review this policy whenever there is a change to safeguarding risk assessments, guidance, legislation or best practise, or every two years, whichever comes first. |

19. REFERENCES

- Safeguarding children and adults at risk policy NHS Cumbria Commissioning Group
<http://www.northcumbriaccg.nhs.uk/about-us/safeguarding/PDFs/Useful-Documents/safeguarding-children-and-adults-at-risk-policy---jan-2017.pdf>
- <https://www.cumbria.gov.uk/healthsocialcare/keepingsafe.asp>
- [http://www.cofesuffolk.org/uploads/safeguarding/021_Who_are_Vulnerable_Adults_SVGA\(2006\)_S_59.pdf](http://www.cofesuffolk.org/uploads/safeguarding/021_Who_are_Vulnerable_Adults_SVGA(2006)_S_59.pdf)
- <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguard-policy.pdf>
- Local Safeguarding Adults Board Policies, procedures and practice guidance accessible at:
<http://www.cumbria.gov.uk/healthandsocialcare/adultsocialcare/safe/multiagency.asp>
- DH (May, 2011) Statement of Government Policy on Adult Safeguarding
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126748
- Disclosure and Barring Service <http://www.homeoffice.gov.uk/agencies-public-bodies/db>
- The Care Act 2014 <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>
- Safe Guarding Vulnerable Groups Act 2006 section 59
[http://www.cofesuffolk.org/uploads/safeguarding/021_Who_are_Vulnerable_Adults_SVGA\(2006\)_S_59.pdf](http://www.cofesuffolk.org/uploads/safeguarding/021_Who_are_Vulnerable_Adults_SVGA(2006)_S_59.pdf)
- <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguard-policy.pdf>
- Basingstoke Voluntary Action Safeguarding Vulnerable Adults Policy
<http://www.bvaction.org.uk/policy-and-procedures-downloads/>
- Cumbria Safeguarding Hub
<https://www.cumbria.gov.uk/childrenservices/childrenandfamilies/intervention.asp>

APPENDIX A: CONTACTS

IF A PERSON'S LIFE OR HEALTH IS IN IMMEDIATE DANGER CALL 999 OR TAKE TO NEAREST ACCIDENT & EMERGENCY CENTRE

CHARITY DEVELOPMENT OFFICER

If you have any concerns about an vulnerable adult due to their involvement with Outdoor Mobility, then please contact Phil Wake, Charity Development Officer.

Phil will refer all issues of concern to the Chair of the Board of Trustees and an action plan will be developed on how best to approach the specific issue that has arisen within Outdoor Mobility.

Mobile Number:07843 754239

Email address phil@outdoormobility.org

If Julia Walker is absent then the following trustee should be contacted

TRUSTEES

Andrea Waite andrea@thewaites.plus.com

POLICE

If a criminal act has occurred then the police must be contacted

CUMBRIA ADULT SOCIAL SERVICES

Cumbria Safeguarding Adults Board <https://cumbriasab.org.uk/>

APPENDIX B: CAUSE FOR CONCERN INCIDENT FORM

CONFIDENTIAL DOCUMENT

| | |
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| Details of vulnerable adult | |
| Print name | Gender |
| Address | |
| Telephone number | |

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| Any relevant information about this vulnerable adult |
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| Details of person making this report |
| Print name |
| Position in Outdoor Mobility |
| Telephone number |

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| Describe what happened or what has been alleged. Please attach a copy of the notes you took at the time- including any hand written notes. |
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Documentation of any signs of bruising, injury etc

Details of any other witness (name(s), address(es), telephone number(s))

Action taken by Outdoor Mobility

Continue on separate sheet if necessary

Outdoor Mobility Development Officer

Print name

Signature

Date:

Outdoor Mobility Safeguarding Trustee

Print name

Signature

Date

APPENDIX C: SIX SAFE GUARDING PRINCIPLES

The Government has issued six principles for safeguarding adults. Whilst not legal duties, these do represent best practice and provide a foundation for achieving good outcomes:

1. Empowerment: People being supported and encouraged to make their own decisions and informed consent.
2. Prevention: It is better to take action before harm occur.

3. Proportionality The least intrusive response appropriate to the risk presented and the adult's preferred outcomes.

4. Protection Support and representation for those in greatest need. Protection from exploitation.

5. Partnership: Communities have a part to play in preventing, detecting and reporting neglect and abuse

6. Accountability and transparency in delivering safeguarding

APPENDIX D: TYPES OF ABUSE AND HARM

Abuse is a violation of an individual's human and civil rights by any other person or person's"

Harm: *The Law Commission, in its consultation document 'Who Decides,' issued in Dec 1997* suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), 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'

The Department of Health in its 'No Secrets' 2000 report suggests the following as the main types of abuse:

Physical abuse - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Sexual abuse - including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.

Psychological abuse - including emotional abuse, threats of harm abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

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

Neglect and acts of omission - including ignoring medical or physical care needs, 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.

Discriminatory abuse - including race, sex, culture, religion, politics, that is based on a person's disability, age or sexuality and other forms of harassment, slurs or similar treatment, hate crime.

Institutional abuse - Institutional abuse although not a separate category of abuse in itself, requires specific mention simply to highlight that adults placed in any kind of care home or day care establishment are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification

Multiple forms of abuse - Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Domestic abuse *Home Office Definition 2004* 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been intimate partners or family members, regardless of gender or sexuality. Most research suggests that domestic violence occurs in all sections of society irrespective of race, culture, nationality, religion, sexuality, disability, age, class or educational level.