

# Taraloka Safeguarding Adults Policy and Procedures

## General Policy Statement

This document is for Friends, Mitras and Order members involved in Taraloka activities as community members, volunteers, members of retreat teams or on retreat. It sets out practices and procedures to ensure the safety of vulnerable adults. It also sets out a course of action to be followed if abuse is suspected. Taraloka is committed to safeguarding vulnerable adults who are at Taraloka, and to acting appropriately regarding any allegations, reports or suspicions of abuse.

It is aimed at protecting both vulnerable adults attending Taraloka activities, and Friends, Mitras and Order members working with them.

## Who is a 'vulnerable adult'?

A vulnerable adult is a person aged 18 years 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/herself, **or** unable to protect him/herself against significant harm or exploitation.

A vulnerable adult may be a person who:

- Has a physical or sensory disability
- Is physically frail or has a chronic illness
- Has a mental illness or dementia
- Has a learning disability
- Is old and frail
- Misuses drugs and/or alcohol
- Has social or emotional problems
- Exhibits challenging behaviour

Whether or not a person is vulnerable in these cases will vary according to circumstances. Each case must be judged on its own merits.

## What is 'abuse'?

'Abuse is a violation of an individual's human and civil rights by any other person or persons' (No Secrets: Department of Health, 2000). Abuse may be single or repeated acts. A vulnerable adult could be abused by someone in a position of power, trust or authority over them or by another retreatant or visitor. The harm may be physical, psychological or emotional, or it may exploit the vulnerability of the victim in more subtle ways. Types and signs of abuse are described below.

## Types of abuse

### Physical

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

### Sexual

- Rape, incest, acts of indecency, sexual assault

- Sexual harassment or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting.
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts; also sexual harassment, with or without physical contact.

### **Psychological/emotional**

- Threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting or swearing

### **Abuse through neglect**

- 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

### **Financial or material**

- Theft, fraud
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions; the misuse or misappropriation of property, possessions or benefits

### **Discriminatory**

- Language which is racist, sexist, or based on a person's disability, gender or sexual orientation, etc

## **Signs of abuse**

### **Physical**

NB Ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well-protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of moving from doctor to doctor, or between social care agencies; reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition; or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication; or lack of medication causing recurring crises/hospital admissions

## **Sexual**

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, inappropriately seductive behavior, loss of appetite or difficulty in keeping food down.
- Unusual circumstances, such as, for example, two service users found in a toilet/bathroom area, one of them distressed

## **Signs of psychological or emotional vulnerability**

- Isolation
- Unkempt, unwashed appearance; smell
- Over meticulousness
- Inappropriate dress
- Withdrawnness, agitation, anxiety; not wanting to be touched
- Change in appetite
- Insomnia or need for excessive sleep
- Tearfulness
- Unexplained paranoia; excessive fears
- Low self-esteem
- Confusion

## **Signs of neglect**

- Poor physical condition
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

## **Signs of financial or material vulnerability**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Unusual level of interest by family members and other people in the vulnerable person's financial assets

## **Signs of discrimination**

- Lack of respect shown to an individual
- Substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

## **Other signs of abuse**

- Controlling relationships
- Inappropriate use of restraint
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity

- Lack of personal clothing or possessions

## **People who might abuse**

Abuse may happen anywhere and may be carried out by anyone, eg:

- Order members, Mitras and Friends, whether financially supported or volunteering
- Parents
- Informal carers, family, friends, neighbours
- Other users or community members of Taraloka
- Strangers or visitors to Taraloka

## **Reporting abuse**

- All allegations or suspicions are to be treated seriously. No abuse is acceptable.
- Some abuse may be a criminal offence and should be reported to the police as soon as possible.
- The employee or volunteer's primary responsibility is to protect the vulnerable adult if they are at risk.
- Each employee or volunteer has a duty to take action.

## **What to do if a vulnerable adult reports abuse to you**

### **Do**

- Stay calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Clarify issues of confidentiality early on. Make it clear that you will have to discuss their concerns with others
- Explain what you are going to do
- Write a factual account of what you have seen and heard, immediately

### **Do not**

- Appear shocked, horrified, disgusted or angry
- Press the individual for details
- Make comments or judgments other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating the evidence

## **What to do next**

When deciding whether to refer the matter to others (e.g. to the Chair and Safeguarding officer of Taraloka, police or social services) consider the following:

- The wishes of the vulnerable adult and their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to the individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others

- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached
- The **need** for others to know
- The ability of others (eg police, social services) to make a positive contribution to the situation

Where a vulnerable adult expresses a wish for concerns not to be pursued, this should be respected wherever possible. However, decisions about whether to respect their wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- Others may be at risk
- A crime has been committed

#### **Designated Named Person for Safeguarding Adults**

Taraloka has an appointed individual who is responsible for dealing with any Safeguarding Adults concerns, and a deputy who should be approached in their absence.

Named Person: Mahamani

#### **Local Services Contact Numbers**

If this person is not available then Adult Social Care or the police should be contacted directly:

- Wrexham Adult Social Services 01978 292 066
- Police 0845 607 1002
- Social Services Out of Hours 01978 264 358/ 0845 053 3116
- In an emergency call 999