



**Leeds Safeguarding
Adults Partnership**

**Leeds Multi-Agency
Safeguarding Adults Partnership
Policy**

June 2009

Version 1

Foreword

Document guide

Part 1: the multi-agency policy 1

Introduction 1

Why do we have policy and procedures for safeguarding 1

1. Policy and definitions 2

1.1 The role of the partnership 2

1.2 The aims of this policy and safeguarding values 3

1.3 Safeguarding action 4

- A duty to protect
- Respect for individuals and their dignity
- Handling safeguarding concerns
- Capacity and consent
- Risk
- Proportionality
- Confidentiality
- Information sharing
- Multi-agency working

1.4 Defining the key concepts in understanding safeguarding adults 6

- Vulnerability
- Safeguarding
- Harm
- Abuse

1.5 The categories used to describe abuse 8

- Discriminatory
- Physical
- Sexual
- Psychological
- Financial
- Neglect and acts of omission
- Institutional

1.6 Deprivation of Liberty Safeguards 11

1.7 The use of restrictive physical interventions 11



1.8	Links with other policies, procedures and partnerships	11
	<ul style="list-style-type: none">• Safeguarding children and young adults• Safer Leeds Partnership• Sharing confidential information• Equality and Diversity• Discrimination	
1.9	Commissioning services	14
	<ul style="list-style-type: none">• Registered health and social care providers• Commissioning health, social care and related services	
1.10	Other issues	15
	<ul style="list-style-type: none">• Exploitation• Sexual activity and adults with reduced or no capacity• Forced marriages• Trading standards	
2.	Prevention and recognition	17
2.1	Anticipatory risk	17
	<ul style="list-style-type: none">• What is abuse?• When might an individual experience harm?• The individual• The environment• Relationships (in particular with carers)• Who might perpetrate harm?• Safeguarding concerns between vulnerable adults• Where might the need for safeguarding arise?	
2.2	Patterns	20
2.3	Indicators	20
	<ul style="list-style-type: none">• Indicators of discrimination• Indicators of physical harm• Indicators of sexual abuse• Indicators of psychological harm• Indicators of financial harm	



- Indicators of neglect
- Indicators of institutional abuse
- 2.4 What can be done to reduce risk for vulnerable people? 23
 - Informal carers
 - Direct payments and individual budgets
 - Formal carers, professionals and managers
 - Other vulnerable adults
 - The public



The Leeds Safeguarding Adults Partnership is a multi-agency partnership comprising statutory, independent and charitable organisations which have a stakeholder interest in safeguarding adults. The vision of the partnership and Board is to protect and promote individual human rights, the capacity for independence and improved well being so that vulnerable adults stay safe, are treated with dignity and respect, enjoy a sustained quality of life, and are at all times protected from abuse, neglect, discrimination, or poor treatment.

The joint publication of statutory guidance by the Department of Health and Home Office of 'No Secrets' in 2000 places a responsibility on local authority adult social care departments to play a lead role in developing local policies and procedures to safeguard vulnerable adults from abuse. It expects that statutory agencies will 'work together in partnership to ensure that appropriate policies, procedures and practices are in place and implemented locally.'. More recently, Raising Voices [CSCI, April 2008] reminded us all of the importance of good procedures:

'Good procedures [are needed] but procedures do not keep people safe. The way they are understood, implemented and checked could.'

The Leeds Safeguarding Adults Partnership is committed to working together to safeguard vulnerable adults. Joint working is a fundamental part of our approach in developing these new policies and procedures. We are determined to work together on all aspects of work with vulnerable adults where safeguarding concerns, neglect or exploitation are raised or may be raised.

We have been looking again at our safeguarding adults responsibilities and the systems we use to record and monitor this work. This new multi-agency policy and associated procedures represent a continuing and shared commitment to ensuring that people with a range of vulnerabilities can live independently and safely in our communities. They provide the local multi-agency standards and best practice for improved safeguarding of adults. The multi-agency procedures have been endorsed by a wide range of statutory and voluntary organisations and by the Director of Adult Social Services, who has overall responsibility for ensuring their effectiveness.

Every adult matters in Leeds. The central purpose of this policy and the procedures is to ensure that people know how to recognise safeguarding concerns and, where they do occur, to ensure that there is an appropriate response. We believe these robust procedures make it more likely that vulnerable people are safeguarded and further concerns identified and prevented.

Finally, I would like to thank East Sussex County Council for its support in developing this document.

Dennis Holmes

Chair, Leeds Safeguarding Adults Partnership Board



The document is divided into three sections.

Part 1 The multi-agency policy: This sets out how we will work together to prevent and respond to abuse.

Part 2 The multi-agency procedures: This section explains how professionals should respond to and investigate reports of abuse.

Part 3 Appendices: This provides additional guidance and general information.

The electronic version of this document has been designed for easy access with links to specific information and further guidance on related areas.

These are also available to download from the Leeds safeguarding adults website: www.leedssafeguardingadults.org.uk.

Keeping these policies up-to-date

Keeping policies and procedures up-to-date and relevant is essential. The multi-agency policy, protocols and guidance will be kept under review by the Safeguarding Adults Partnership Board.

In doing so, it will be looking at their effectiveness and the need to build in learning from experience locally and nationally, research and government guidance.

People are encouraged to comment on them at any stage. All reviews and revisions will be undertaken by the Policies, Protocols and Procedures Sub Group of the Safeguarding Board and published on the website where you can find the most recent version.

This can be accessed via www.leedssafeguardingadults.org.uk.

If you wish to comment, please email safeguarding.adults@leeds.gov.uk or write to Safeguarding Adults Partnership Board, 4th Floor East, Merrion House, 110 Merrion Centre, Leeds LS2 8QB.

Terminology

These policy and procedures have been extensively revised and rewritten to ensure vulnerable adults are safeguarded in Leeds.

We have been keen to ensure they are accessible to all and therefore we have changed some of the terminology.

Safeguarding

We believe it is important that we enable vulnerable adults to understand risk and achieve as much independence as is possible.

We therefore use the term 'safeguarding' as opposed to 'protection'. 'Safeguarding' encompasses a proactive approach to identifying vulnerability and providing those people with the skills to protect themselves from harm.



When this has not been possible, it is necessary for agencies to respond to concerns that some one may have been abused.

This policy and associated procedures therefore cover this broader approach.

Safeguarding Coordinators

For example, Adult Protection Enquiry Coordinators (APECs) or Safeguarding Adults Enquiry Coordinators (SAECs) are now simply known as Safeguarding Coordinators.

Leeds Safeguarding Adults Partnership

The Leeds Safeguarding Adults Partnership includes all the agencies that work together to safeguard adults in Leeds.

Leeds Safeguarding Adults Partnership Board

The Leeds Safeguarding Adults Partnership Board provides leadership for the partners, ensuring that formal arrangements are in place to support staff, monitoring safeguarding activity in the city and taking action to improve practice where necessary.

Leeds Safeguarding Adults Partnership Support Unit

The Leeds Adult Protection Unit has been renamed the Leeds Safeguarding Adults Partnership Support Unit.





The multi-agency policy



Part 1



Introduction

Every adult matters in Leeds; that is why we are here and why these policies and procedures have been prepared. Having policy and procedures to safeguard adults is also a legal requirement. The policy and procedures set out how the Leeds multi-agency partnership will meet its responsibilities to safeguard vulnerable adults and promote their welfare and wellbeing.

This section of the multi-agency policy and procedures is the policy. The detailed information about how professionals should act to safeguard adults is set out in part two, the multi-agency procedures. Part three contains the appendices and useful information for all those working to safeguard adults, including a glossary of terms, detailed information about the legal powers to intervene, frequently asked questions and references for further information.

Why do we have a policy and procedures for safeguarding vulnerable adults?

Research, professional practice and user experience over a long period have demonstrated that abuse of vulnerable adults is a significant feature of society with considerable cost to those affected. Accordingly, the subject of adult abuse and debate about how best to protect, or in more recent terms, safeguard vulnerable adults has risen on the social policy agenda.

A significant national development was the joint publication in 2000 of 'No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' by the Department of Health and the Home Office. This offered a structure, context and statutory guidance for the development of inter-agency policies, procedures and joint protocols, as well as an impetus for prevention, data collection and many other activities.

'No Secrets' was a major tipping point for adult protection policy and practice. Since the publication of 'No Secrets' there have continued to be a number of significant national developments which either directly address safeguarding adults concerns or have a relevance to practice in this area.

A simple glance at the list will show the mounting evidence for safeguarding adults to be given a higher priority. 'Safeguarding Adults, A National Framework Standards for good practice and outcomes in adult protection work' produced by the ADSS on behalf of the National Safeguarding Adults' Network (2005) has provided an updated best practice guide, containing standards for many of the activities involved in protecting and supporting vulnerable adults. It also highlighted the importance of viewing those who are victims of abuse as central within adult protection processes.

It has led to an approach where the term 'safeguarding' is used in preference to 'protection'. This is to reflect a shift in emphasis towards



supporting adults to make use of services of their own choosing, rather than authorities simply stepping in to provide protection in every case. We have chosen to use 'safeguarding'.

It is suggested that the term 'protection' should be used only for those who have impaired mental capacity. Here the duty to provide protection has become clearer with the introduction of the Mental Capacity Act (2005). The Act states: 'The concept of a "vulnerable adult" is replaced with an assessment of the risk posed by the abuse and neglect, to the quality of life of the individual adult concerned'. For the time being, however, the term 'vulnerable adult' is retained in this document consistent with the definitions within 'No Secrets' and as a reminder of the need to always focus on independence, wellbeing and safety of the person who is or who may be abused or at risk of abuse, neglect or exploitation.

1. Policy and definitions

A clear value base and a common understanding of what constitutes a safeguarding concern, abuse and the unacceptable treatment of vulnerable adults underpin the Leeds multi-agency policy and procedures for safeguarding vulnerable adults.

The procedures, set out in section two, are based on an agreed local understanding of what constitutes a safeguarding adults concern and how vulnerable adults should be treated, both generally and when a concern arises. These understandings are set out with regard to:

- The key principles and code of practice underpinning contact with vulnerable adults
- Defining the key concepts used in understanding safeguarding adults
- The terms used to categorise abuse
- Duties and powers to intervene
- Links with other policies, procedures and statutory guidance.

1.1 The role of the partnership

The Leeds Safeguarding Adults Partnership represents a joint working arrangement, which is set out formally in a Memorandum of Understanding. This can be summarised as:

- Agreeing to work together to achieve wider and common goals and outcomes for local people in terms of safeguarding that are inherent in the Vision for Leeds;
- Ensuring the multi-agency safeguarding adults policies and procedures are adopted by the Executive Body of their organisation and delivered consistently;



- Sharing accountability, risks and resources appropriately; and
- Pursuing better outcomes for vulnerable adults and to communicate with and engage with communities.

1.2 The aim of this policy and safeguarding values

This policy provides a structure to help all agencies work together in partnership with those considered be at risk, their carers and the community to effectively safeguard them from harm. All agencies with full or associate membership within the Leeds safeguarding adults partnership have agreed to subscribe to the following guiding principles in relation to the safeguarding of vulnerable adults:

- **Work together** as partners to deliver effective frameworks for better safeguarding, prevention and best practice.
- **Ensure the safety of vulnerable adults** by integrating strategies, policies and services relevant to abuse within the framework of relevant legislation and promotion of human rights.
- **Actively promote** the empowerment, independence and wellbeing of vulnerable adults.
- **Respect the right of the individual** to lead an independent life based on self-determination and personal choice.
- **Identify people who are unable to take their own decisions** and/or protect themselves, their assets and bodily integrity.
- **Accept that the right to self-determination can involve risk** and ensure that such risk is assessed, recognised and understood by all concerned.
- **Seek to minimise risks** through open discussion between the individual and agencies about the risks involved.
- **Ensure an assessment of decision making capacity** where a vulnerable adult makes life-transforming decisions or choices that may adversely affect their wellbeing and protection from abuse or risk of abuse.
- **Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help** including advice, protection and support from relevant agencies.
- **Assure that the law and statutory requirements are known and used appropriately** so that vulnerable adults receive the protection of the law and access to the judicial process.



1.3 Safeguarding action

Safeguarding action is informed by the safeguarding values the Leeds Safeguarding Adults partnership has adopted. All contact with vulnerable adults should be based on the following framework.

A duty to protect

'No Secrets' requires local authorities and their partners to prevent, investigate and take action where a safeguarding concern is made known and to work towards satisfactory safeguarding outcomes.

Respect for individuals and their dignity

It is every person's human right to live a life free from abuse and neglect. Vulnerable adults will be treated in a way that respects and promotes the human rights of all citizens under the Human Rights Act 1998. Actions taken to protect their interests will aim to respect their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation. An individual's communication needs will be considered at all times.

Handling safeguarding concerns

All reports of safeguarding concerns will be treated seriously and responded to promptly; with a consistent focus on the management of risk and achievement of satisfactory outcomes.

Capacity and consent

Individuals will be assumed to have the capacity to make informed decisions, unless there is clear evidence to the contrary. Vulnerable adults should be supported to make their own decisions based on an awareness of the choices available. In cases where there is evidence that a vulnerable adult lacks capacity to make specific decisions, or is making life changing decisions that may result in lack of support, isolation or other risks appropriate provision will be made to find a suitable independent person to represent their best interests and to assess capacity for decision making.

In all instances where a person demonstrates a lack of capacity in relation to a specific area or decision, everything which is done must be based upon an assessment of that person's best interests, as set out in the Mental Capacity Act (2005).

Risk

Vulnerable adults capable of making informed decisions will be supported in making their own decisions about their lives. This will include the taking of reasonable risks as long as these do not threaten, harm, or put at risk other adults or children who may be involved. See the arrangements for safeguarding children in Leeds: www.leedslscb.org.uk, which details the relevant policies and procedures.



Proportionality

Interventions intended to reduce risk or respond to immediate danger will be proportionate to the risk. Consideration will be given to risks arising from any interventions themselves. Where intervention is necessary to reduce risk and is acceptable to the individual, the worker should pursue action which, while reducing the risk, disrupts the individual's way of life the least but at the same time seeks to ensure they are not abandoned and understand help and support are available.

An assessment of capacity, risk and proportionality of response may be required to safeguard ongoing support or need where a vulnerable adult makes:

- life-transforming decisions
- choices that may adversely affect their wellbeing
- choices affecting their risk of or protection from abuse.

A referral for independent advocacy could be considered.

Confidentiality

Agencies will aim to maintain a balance between the need for confidentiality and the sharing of information necessary to make an effective response to allegations of abuse in the context of the Single Assessment Process (SAP). The following safeguards will be observed:

Information sharing

- Information will only be shared on a need-to-know basis, when it is in the best interests of the vulnerable adult
- Informed consent will be obtained, wherever and whenever possible. If it is not possible and other vulnerable adults are at risk and/or a crime has been committed, it may be necessary to override this requirement
- Assurances of absolute confidentiality are inappropriate where there are concerns about abuse and where vulnerable people are at risk.

Multi-agency working

Agencies will develop effective joint working by:

- Focusing on the needs of vulnerable people
- Working cooperatively as agencies and collegiately in individual cases
- Developing close links in localities and communities to better safeguard vulnerable adults
- Sharing training activities at all levels
- Showing respect for staff working in all agencies, operating within their own professional frameworks



- Participating in Serious Case Reviews where there has been concern about the operation of the multi- agency safeguarding adults procedures, to ensure maximum learning is obtained
- Contributing to performance monitoring and quality assurance arrangements
- Integrating material from the ADSS protocol for multi-agency working.

1.4 Defining key concepts in understanding safeguarding adults

'No Secrets' and other policy documents concerned with safeguarding vulnerable adults use a number of terms which those concerned with safeguarding adults should understand. These are:

- Vulnerability
- Safeguarding
- Harm
- Abuse.

Vulnerability

'No Secrets' states that the term 'vulnerable adult' refers to any person aged 18 years and 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 serious exploitation".

Vulnerability applies to a wide range of disabilities and situations, including those adults who may be at risk because of their caring role. The ADSS publication, 'Safeguarding Adults' highlights the range of adults at risk, including those suffering domestic violence, substance misuse and homelessness.

Vulnerability is not a rigid concept and there may be conflicting views about an individual's capacity and situation. In considering whether adult safeguarding guidelines should be used, staff should assume relevance until and unless, information suggests that this is not the case.

The need for a flexible and empowering approach to enable adults at risk to retain independence, wellbeing and choice is highlighted in the ADSS publication, 'Safeguarding Adults'.

This definition specifically includes those people assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need, in relation to safeguarding, is for access to mainstream services.



Safeguarding

'Safeguarding Adults' (ADSS 2005) states that safeguarding adults is a phrase which means all work which 'enables an adult who is or may be eligible for community care services to retain independence, wellbeing and choice and to access their human right to live a life that is free from abuse and neglect'.

Safeguarding adults is both a proactive and a reactive approach. The proactive part of this work is around identifying vulnerable adults and risk and providing people with the skills to protect themselves. The reactive element of this work relates to responding to concerns being raised within agencies that someone may have been abused.

Harm

A key concept in safeguarding adults work is 'harm', which helps to define the extent of abuse that an individual may have experienced.

The Lord Chancellor's Department stated in its publication 'Who Decides?' in 1997 that "... 'harm' should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development".

An assessment of the harm experienced by an individual may lead to the consideration of the use of statutory powers or intervention proportionate to the circumstances of the individual.

Abuse

'No Secrets' provides the following definitions.

"Abuse is a violation of an individual's human and civil rights by another person or persons."

"Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or failure to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it."

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act 1998 to intervene proportionately to protect the rights of citizens.

Any vulnerable adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

It follows that all citizens should have access to relevant services for addressing issues of abuse and neglect, including independent advocacy, the civil and criminal justice system and victim support



services. Remedies available should also include measures that achieve behaviour change by those who have perpetrated abuse or neglect.

1.5 The categories used to describe abuse

Discriminatory

The principles of discriminatory abuse are embodied in legislation including the Race Relations Act 1976 (Amendments) Regulations 2003, Disability Discrimination Act 1995 and the Human Rights Act 1998.

Discriminatory abuse links into all other forms of abuse. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

Examples of behaviour: unequal treatment, verbal abuse, inappropriate use of language, slurs, harassment, deliberate exclusion.

Physical

"The non-accidental infliction of physical force, whether accidental or not that results in bodily injury, pain or impairment." (Stein, 1991, quoted in McCreadie 1994)

Examples of behaviour: hitting, pushing, slapping, scalding, shaking, pushing, kicking, pinching, hair pulling, the inappropriate application of techniques or treatments, involuntary isolation or confinement, misuse of medication. Note: inadvertent physical abuse may also arise from poor practice e.g. poor manual handling techniques. (See also: neglect).

Sexual

Direct or indirect involvement in sexual activity without valid consent. Consent to a particular activity may not be given because:

- A person has capacity and does not want to give consent
- A person lacks capacity and is therefore unable to give consent
- A person feels coerced into activity because the other person is in a position of trust, power or authority.

Examples of behaviour:

- Non-contact—inappropriate looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.
- Contact—touch, e.g. of breast, genitals, anus, mouth, masturbation of either or both persons, penetration or



attempted penetration of the vagina, anus, mouth, with or by penis, fingers, other objects. (Brown and Turk, 1992, 1994).

Psychological

The use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity.

Examples of behaviour: treating a person in a way which is inappropriate to their age and/or cultural background, blaming, swearing, intimidation, insulting, harassing, 'cold-shouldering', deprivation of contact.

Financial

"The unauthorised and improper use of funds, property or any resources belonging to an individual." (Stein, 1991, quoted in McCreadie, 1994)

Examples of behaviour: misappropriating money, valuables or property, forcing changes to a will and testament, preventing access to money, property, possessions or inheritance, stealing and misuse of powers of attorney.

Those who financially abuse may be people who hold a position of trust, power, and authority or have the confidence of the vulnerable adult. Local authorities have in place financial procedures under which people may act as corporate appointee and/or corporate receiver, where a vulnerable adult needs someone to manage their financial affairs and is not able to undertake this themselves.

Solicitors may also be appointed to provide this service. Appointee and receivership procedures ensure that:

- the person is in receipt of the correct state pension and benefits
- any private pensions or other investments are correctly paid
- care fees are paid
- personal allowances are made, and
- other bills are paid (e.g. utilities and rates).

Monies held on behalf of the client are correctly banked and where appropriate excess funds are invested.

Where clients are still living in the community or sheltered accommodation, provision is made for them to be in control of sufficient sums of money to enable them to manage day-to-day expenditure.

More information on receivership and appointeeship can be found by visiting the Public Guardianship Office website.



The Department for Work and Pensions can also provide support and guidance.

Neglect and acts of omission

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the vulnerable adult or to others, poor manual handling techniques.

Note: under the Mental Capacity Act 2005 wilful neglect and ill treatment become a criminal offence. Self-neglect on the part of a vulnerable adult will not usually lead to the initiation of safeguarding adults procedures unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adult's care. Other assessment and review procedures, including risk assessment procedures, may prove a more appropriate intervention in situations of self-neglect.

Examples of behaviour: failure to provide food, shelter, clothing, heating, medical care, hygiene, personal care, inappropriate use of medication or over-medication, activities and/or social contact.

Institutional

Institutional abuse arises from an unsatisfactory system of care. It occurs when the routines, systems and norms of an institution override the needs of those it is there to support. Such regimes compel individuals to sacrifice their own preferred life style and cultural diversity in favour of the interests of those there to support them, and others. Institutional abuse can include any or all of the other categories of abuse described.

Managers and staff of such services have a responsibility to ensure that the operation of the service is focussed on the needs of service users, not on those of the institution. Managers will ensure they have mechanisms in place that both maintain and review the appropriateness, quality and impact of the service for which they are responsible. These mechanisms will always take into account the views of service users, their carers and relatives.

Poor practice and lack of skills can cause incidents of neglect, where the home is unable to fulfil specific care needs to service users. This may result in increased levels of user-to-user abuse due to insufficient and inappropriate support or residential homes taking placements where they are unable to meet the person's level of care.

Examples of behaviour: inflexible routines set around the needs of staff rather than individual service users, e.g. requiring everyone to eat together at specified times, bathing limited to times to suit staff, no doors on toilets. Extensive use of medication to control behaviour or use of seclusion. These can arise through lax, uninformed or punitive management regimes. The behaviour is cultural, and not specific to particular members of staff.



1.6 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards have been introduced into the Mental Capacity Act 2005 by the Mental Health Act 2007.

The safeguards provide a legal framework for approving the deprivation of liberty for people who lack the capacity to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty.

The safeguarding legislation contains detailed requirements about when and how deprivation of liberty may be authorised. It provides for an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

Every effort should be made, in both commissioning and providing care or treatment, to prevent deprivation of liberty. If deprivation of liberty cannot be avoided, it should be for no longer than is necessary.

The safeguards do not apply to people detained under the Mental Health Act 1983. For more detailed guidance, see the Mental Capacity Act (2005) Deprivation of Liberty Safeguards Code of Practice. www.dh.gov.uk. And Leeds City Council's guidance at www.leeds.gov.uk.

1.7 The use of restrictive physical interventions (also known as control and restraint)

Restrictive physical interventions are only justified when they are used in the best interest of the service user themselves or to protect the safety of others. Intrusive forms of physical interventions, which are often used as a response to violence, are potentially harmful.

A care service must have a policy statement which makes explicit the safeguards which must be in place before physical intervention is used. For more information on good practice with respect to physical intervention see the BILD website: www.bild.org.uk/03behaviour.htm.

More information is also available on the Department of Health website—www.dh.gov.uk.

1.8 Links with other policies, procedures and partnerships

There are many other policy areas which overlap with, or are relevant to safeguarding adults. Safeguarding adults practice should be informed by and contribute to these. Examples of the most pertinent other policy areas are shown below with a definition of what each covers.

Safeguarding children and young adults

Leeds Safeguarding Children Board brings together representatives of



each of the main agencies responsible for promoting children's welfare and helping to protect children from abuse and neglect.

It is responsible for developing, monitoring and reviewing child protection policies, procedures and practice within Leeds, and for providing interagency training for staff across the city who work with children and families.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

It is essential that those working to safeguard adults are aware of the safeguarding children policy and procedures in Leeds and understand their responsibilities.

Safer Leeds Partnership

Safer Leeds is the crime and disorder reduction partnership for the city. It was established following the introduction of the Crime and Disorder Act in 1998. The Safer Leeds vision is for people to be able to live without fear for their own safety, or the safety of others and to secure sustainable reductions in crime and disorder and the fear of crime.

The multi agency partnership also steers the City's domestic violence strategy. Domestic violence is a huge issue spanning many different service areas and needs to be tackled in partnership and on many levels. No sole agency can tackle domestic violence alone and it is vital that strategic commitment to this issue continues to ensure it is embedded into all relevant planning and commissioning activity across the city.

The Leeds Domestic Violence Strategic Group is a decision making body of senior managers from across the statutory and voluntary sectors responsible for overall development and delivery of the Leeds Domestic Violence Strategy. This group is supported by the Domestic Violence Forum, which is a multi –agency forum, with representation from the statutory and voluntary sectors, and was developed to assist in the delivery of the strategy. The Domestic Violence strategy provides a framework to continue future work to improve protection and support to women and children experiencing domestic violence.

Domestic violence is defined as "...any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality." (www.homeoffice.gov.uk)

There is considerable overlap between adult safeguarding and domestic



violence policy, procedures and practice and it is important to ensure that allegations are not allowed to fall between the two areas. It is also important that practitioners are aware of source of further information about both.

Local information on domestic violence is available from:
www.leedsinitiative.org/safer.

Sharing confidential information

The agreed key principles for the receipt and transfer of person-identifiable information concerning vulnerable adults are based on the Report on the Review of Patient-identifiable Information from the Caldicott Committee (1997) and on the Bichard Inquiry Report (2004).

The principles for sharing information across partners agencies in Leeds are set out in the Leeds Safeguarding Adults Partnership Board, Memorandum of Understanding. This is attached at Appendix 6.

Information should be shared in a manner consistent with the framework provided by the Data Protection Act 1998, the overarching Leeds Interagency Protocol for Sharing Information (www.leeds.gov.uk) and in relation to confidential personal information consistent with the Caldicott principles outlined below:

Formal justification of purpose

Information transferred only when absolutely necessary

Only the minimum required

Need to know access controls

All to understand their responsibilities

Comply with and understand the law

Equality and diversity

A fundamental principle within safeguarding adults work in one of ensuring equality of access and treatment for all. The Leeds Safeguarding Adults Partnership and Board supports the rights of all adults to equality of opportunity, to retain their independence, wellbeing and choice, and to be able to live their lives free from abuse, neglect and discrimination.

It is a key role of all those working to safeguard adults to promote equality of opportunity and eliminating discrimination in respect of adult social care services.

Leeds aspires to be a city of equal opportunity, where everyone has a fair chance and people from all backgrounds take part in community life, creating a society that is varied, vibrant and proud.

For further information about equality and diversity in Leeds see:
http://www.leeds.gov.uk/Community_and_living/Equality_and_diversity.aspx.



Discrimination

It is unlawful for a person to discriminate on racial grounds against another. This is set out in the Race Relations (Amendment) Act 2000. The Act defines racial grounds as including race, colour, nationality or ethnic or national origins.

Hate crime is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of their race, colour, ethnic origin, nationality or national origins, religion, gender or gender identity, sexual orientation or disability.

"Hatred is a strong term that goes beyond simply causing offence or hostility." (Home Office).

For more information, see the Equality and Human Rights Commission website: www.equalityhumanrights.com and the Home Office website: www.homeoffice.gov.uk.

1.9 Commissioning services

It is essential that those commissioning services follow the principles set out in this policy and use data provided through safeguarding adults work to inform their decisions.

Registered health and social care providers

Provider organisations registered with national regulators are required under the relevant Regulations and National Minimum Standards to take steps to safeguard and promote the welfare of service users.

Regulations and national minimum standards place obligations on registered providers to safeguard and promote the health and welfare of service users. Individual provider policies and procedures should be checked for consistency with the wider Leeds policies and procedures.

Commissioning health, social care and related services

Commissioners are expected to ensure appropriate responsiveness and capacity to mitigate risk and safeguard the users of services. Joint strategic plans will be in place to deal with failing and closing regulated care settings. The commissioning of early intervention support services has to be seen as a wider mechanism for a discernable, sustainable increase in the reporting of incidence of abuse and neglect and a satisfactory closure to almost all of the cases.

There are a range of other organisations and services that may come into contact with vulnerable adults, for example educational providers, leisure centres, libraries, public transport providers, taxi firms, Trading Standards, etc.

Commissioners, regulators and licensing bodies of such services should ensure that employers implement appropriate safeguards and responses to safeguarding adults matters.



1.10 Other issues

This policy and procedures has been intentionally prepared to cover all situations. As such it is recognised that most topics are covered without specific reference to particular user groups or issues relevant to smaller groups of people – users and practitioners.

In this section references are provided to additional materials with particular relevance to particular user groups or issues relevant to smaller groups of people.

Exploitation

Prostitution of vulnerable adults unable to consent to sexual relations is a form of exploitation. Informed consent may be compromised for a variety of reasons (for example through mental health problems or learning disability) and the vulnerable adults involved must be viewed as potential victims of abuse. The involvement of an adult who is unable to consent in prostitution, whether a male or female, is abuse in itself and must be responded to accordingly.

This exploitation takes the form of the exchange of sexual activities by these vulnerable adults without the ability to consent for commodities such as money, drink, drugs, shelter, protection, accommodation etc, and is often perpetrated by an adult through coercion, violence or threats of violence.

Further information on the definition, legal position, recognition and response to such situations is available at:

- 'Worlds forever apart? Using vulnerable adult protection policies to deliver better health and social services to street prostitutes' by Michael Clark and Sandra Squires, Journal of Adult Protection, June 2005.
- 'Vulnerable Adults Involved in Prostitution'—The Coordinate Prostitution Strategy published by the Home Office provides a framework for communities to tackle street prostitution and all forms of commercial sexual exploitation.

Sexual activity and adults with reduced or no capacity

The issue of sexual activity involving users with impaired capacity is one which is potentially complex for a range of reasons, to do with protection and the promotion of human rights.

There are a number of sources of further information and guidance which are available to help practitioners and managers. These include:

- Home office leaflet on the Sexual Offences Act 2003
- Setting the Boundaries (Home Office).

Forced marriages

Forced marriage is an abuse of human rights and falls within the definition of adult abuse. The Foreign and Commonwealth Office has



issued draft guidance entitled 'Young people and vulnerable adults facing forced marriage—practice guidance for social workers'.

The guidance relates to action that may be taken in this country and overseas to protect young people and vulnerable adults from the crimes and abuses of human rights associated with forced marriage.

The Forced Marriage Unit (FMU) is a joint Home and Foreign Office unit. It is the Government's central unit dealing with forced marriage casework, policy and projects.

The FMU provides confidential information and assistance to potential victims and concerned professionals. It works with partners both in the UK and overseas to ensure that all appropriate action is taken to prevent a forced marriage taking place. The FMU also provides support and information to individuals who have already been forced to marry. All caseworkers in the Unit have experience of the cultural, social and emotional issues surrounding forced marriage.

Details of how to contact the Forced Marriage Unit are as follows:

- Forced Marriage Unit (Monday to Friday from 9am to 5pm):
Room G/55 Old Admiralty Building Whitehall, SW1A 2PA.
Phone 020 7008 0151; email fmufco.gov.uk; web
www.fco.gov.uk/forcedmarriage.

Trading standards

Some vulnerable adults are at risk of exploitation by others. Helping vulnerable consumers when being pressurised by cold calling businesses and rogue traders is a high priority for Leeds Trading Standards Service. Doorstep crime can be the fish seller offering the deal of the week, the road surfer who has 'a bit left over from a council contract' or the bogus utilities person.

This assistance is delivered in a variety of ways:

- Targeted education and advice, e.g. talks to carers, lunch clubs and groups.
- Advising consumers and carers of current issues, e.g. email alerts.
- Making sure banks and post offices know what we do so that we can share any concerns about financial abuse.
- Responding to doorstep crime complaints from vulnerable consumers with an appropriate graded response.
- Targeting of rogue traders and taking appropriate enforcement action.
- Assistance in adult protection strategy meetings.
- Promoting the formation of 'no cold-calling zones' with partner agencies and residents.



- A 'buy with confidence' scheme that helps to prevent people being conned by rogue traders.

West Yorkshire Trading Standards service can be contacted on 0845 404 0506 (8.30am—6.30pm Monday to Friday, 9am—1pm Saturday).

2. Prevention and recognition

The recognition of safeguarding needs and the prevention of abuse must be the goal of everyone concerned with the wellbeing of vulnerable adults. Everyone in contact with vulnerable adults, carers, professionals and the public have a vital role in preventing avoidable harm.

There is a wide range of ways in which carers, formal and informal, individuals and the wider public can contribute to the prevention of abuse. Early and prompt recognition of safeguarding concerns and knowing what to do in these circumstances are vital components.

2.1 Anticipatory risk

The starting point for protecting vulnerable adults is an understanding those features in which safeguarding concerns could arise.

What is abuse?

How abuse is defined and examples of the form it can take are outlined in the policy and definitions section.

When might an individual experience harm?

Research has highlighted some of the elements involved. The presence of one, or more, of these elements does not automatically imply that a safeguarding concern will exist, but may increase the likelihood.

The individual

- Poor communication skills
- History of falls and/or minor injuries
- Physical and/or emotional dependency on others
- Mental health needs, especially moderate or severe dementia
- Rejection of help
- Aggression
- Self-injurious behaviour
- History of repeatedly making allegations of abuse
- High level of dependency on others to meet their care needs
- Substance misuse
- Previous history of violent relationships within the family or social networks.



The environment

- Overcrowding
- Poor or insecure living conditions
- Poor management and/or high staff turnover/insufficient staff.

Relationships (in particular with carers)

- Unequal power relationships
- Increased dependency of vulnerable adult
- Multiple dependency within the family or social networks
- Multi-generational family structure where conflicts of personal interests and loyalties may exist
- Role reversal or significant change in the relationship between the vulnerable adult and carer
- History of abuse within the family
- Significant levels of stress on the carer
- Isolation of the carer, due to the demands of caring, leading to a lack of practical and emotional support
- Lack of understanding about the vulnerable adult's condition, resulting in inappropriate care
- Dependency on the vulnerable adult
- Difficult or challenging behaviour by the vulnerable adult which the carer finds intolerable or stressful
- History of the carer being abused or being a perpetrator
- The carer feels exploited, resentful, angry or guilty
- Financial difficulties
- Illness or disability of the carer
- Ignorance of appropriate care responses, e.g. dissuasion from wandering.

Who might perpetrate harm?

Those who abuse are not confined to any section of society, and may be people who hold a position of trust, power or authority in relation to a vulnerable adult. A person who abuses may be:

- A spouse, relative or member of the person's social network
- A carer, i.e. someone who is engaged in supporting or caring for a vulnerable adult
- A member of staff, proprietor or service manager
- A member of a recognised professional group



- A volunteer or member of a community group such as a place of worship or social club
- A vulnerable adult themselves
- A neighbour, member of the public or stranger.

Safeguarding concerns between vulnerable adults

Vulnerable adults may cause harm one another. Research has shown that where this kind of abuse is ignored or not addressed appropriately, the victims may suffer mental health problems, low self esteem and may also become perpetrators of abuse against others.

Agencies and services, which provide support to vulnerable adults who present a wide range of challenging behaviours, have a responsibility to protect them from abuse as well as preventing them from abusing other vulnerable adults. It is important the needs of the alleged abuser are taken into consideration. All professionals working with vulnerable adults need to be alert to early signs of bullying or other behaviours and respond/intervene appropriately at an early stage as a preventative measure.

Investigating managers should take into account the individual circumstances when considering the level of response.

Where might the need for safeguarding arise?

This can take place in any situation including:

- where the vulnerable adult lives, whether alone or with someone else
- within care homes providing nursing or personal care, or day care settings
- in hospital
- in educational (college) settings
- in custodial situations
- where support services are being provided
- public places

Understanding the vulnerable adult's environment is extremely important because exploitation, deception, misuse of authority, intimidation or coercion may impair or influence a vulnerable adult making his or her own decisions. In some circumstances it may be important for the vulnerable adult to be away from the sphere of influence of the abusive person or the setting, in order to be able to make a free choice about how to proceed.



2.2 Patterns

Putting together the who, where and why of abuse helps to understand some of the typical patterns of abuse which are seen: these vary and reflect very different dynamics. They include:

- Serial abusing in which the perpetrator seeks out and 'grooms' vulnerable adults over a period of time. Sexual abuse usually falls into this pattern, as do some forms of financial abuse.
- Long-term abuse in the context of an on-going family relationship such as domestic violence between spouses or generations.
- Situational abuse, which arises because pressures have built up and/or because of difficult or challenging behaviour.
- Neglect of a person's needs because those around him or her are not able to be responsible for their care, e.g.: the carer has difficulties attributable to debt, alcohol, mental health problems or learning disabilities.
- Institutional abuse such as poor care standards, lack of positive responses to needs, rigid routines, inadequate staffing and insufficient knowledge base within the service.
- Irrelevant or unacceptable 'treatments' or programmes which include sanctions or punishments such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint or over medication.
- Prevention or failure to allow access to healthcare, dentistry, prostheses.
- Misappropriation of benefits and/or use of persons' money by others.
- Fraud or intimidation in connection with wills, property or other assets.
- Failure of agencies to address racist and discriminatory attitudes, behaviour and practice.
- Violence.

2.3 Indicators

Indicators are the suspicious signs and symptoms which draw attention to the fact that something is wrong. The presence of one or more indicators does not confirm abuse.

However, a cluster of several indicators may reveal a potential for abuse, and a consequent need for further assessment. In reality, an abusive situation is likely to involve indicators from a number of these



headings. The lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk.

Indicators of discrimination

- lack of respect shown to an individual
- signs of a sub-standard service offered to an individual
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
- failure to follow the agreed care plans can result in the vulnerable adult being placed at risk.

Indicators of physical harm

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the vulnerable adult
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- clusters of injuries forming regular patterns or reflecting the shape of an article
- burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns
- multiple fractures
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body, including slap marks, finger marks
- injuries at different stages of healing
- medication misuse.

Indicators of sexual abuse

- significant change in sexual behaviour or attitude
- pregnancy in a woman who is unable to consent to sexual intercourse
- wetting or soiling
- poor concentration
- vulnerable adult appears withdrawn, depressed, stressed
- unusual difficulty or sensitivity in walking or sitting
- torn, stained or bloody underclothing
- bruises, bleeding, pain or itching in genital area
- sexually transmitted diseases, urinary tract or vaginal infection, love bites



- bruising to thighs or upper arms
- self-harming behaviour.

Indicators of psychological harm

- change in appetite
- low self esteem, deference, passivity, and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sleep disturbance
- self-harming behaviour.

Indicators of financial harm

- unexplained sudden inability to pay bills or maintain lifestyle
- unusual or inappropriate bank account activity
- Lasting Power of Attorney or Enduring Power of Attorney obtained when the vulnerable adult is unable to comprehend and give consent
- withholding money
- recent change of deeds or title of property
- unusual interest shown by family or others in the vulnerable adult's assets
- person managing financial affairs is evasive or uncooperative.

Indicators of neglect

- physical condition of the vulnerable adult is poor, e.g. bed sores, unwashed, ulcers
- clothing in poor condition, e.g. unclean, wet, ragged
- inadequate physical environment
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- malnutrition when not living alone
- inadequate heating
- failure to give prescribed medication
- poor personal hygiene.



Indicators of institutional abuse

- inappropriate or poor care
- misuse of medication
- restraint methods
- sensory deprivation, e.g. denial of use of spectacles or hearing aid
- lack of respect shown to the vulnerable adult
- denial of visitors or phone calls
- restricted access to toilet or bathing facilities
- restricted access to appropriate medical or social care
- failure to ensure appropriate privacy or personal dignity
- lack of flexibility and choice, e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing or possessions
- lack of privacy
- lack of adequate procedures, e.g. for medication, financial management
- controlling relationships between staff and service users
- poor professional practice
- high levels of abuse between service users
- high turnover of staff or large numbers of agency or temporary staff.

2.4 What can be done to reduce risk for vulnerable people?**Informal carers**

In the vast majority of instances, informal carers are the are at the front line of ensuring that vulnerable adults are protected from abuse and as such they should be supported and aided in this task.

Carers are entitled to an assessment of their needs in their own right. In a smaller number of situations it is informal carers who present a risk to the vulnerable adult. Sometimes by reacting inappropriately to the care situation they face. In many cases it is understood that no deliberate harm is intended and the solution is to offer assistance.

It is important to ensure that informal carers are made fully aware of the danger of abuse, the warning signs and indicators, and how they can get advice and help when needed. What advice and assistance the informal carer may need will depend on the risks faced by the



vulnerable adult as shown by the care assessment and other similar processes. For example, a young vulnerable adult living in the community will face different risks to an older service user attending a day centre.

A starting point for all informal carers will be ensuring that they are made aware of the Leeds Multi-Agency Policy and Procedures for Safeguarding Adults and any provider organisation policy and procedures.

Other sources of advice for carers are available on the website at: www.leedssafeguardingadults.org.uk.

In instances where an informal carer presents a risk to the vulnerable adult, it is the responsibility of assessors and provider organisations to do whatever is needed to reduce the risk to ensure the safety of the vulnerable adult.

Documenting discussion with the vulnerable adult concerning their wishes is imperative. Likewise a full care and risk assessment is central to understanding how best to safeguard the adult.

Direct payments and individual budgets

Anyone who is purchasing his or her own services through the direct payments and individual budgets system and the relatives of such a person should be made aware of the arrangements for the management of safeguarding activity in their area so that they may access help and advice through the appropriate channels.

Care managers, who play a role in direct payments, could be asked to help users who are at risk of abuse.

Because the national POVA register does not currently routinely cover employees recruited by service users there is potentially a heightened risk of those posing a danger to vulnerable adults using this route to avoid detection. Service users should be made aware of this and advised to use an "umbrella" body to ensure that a Criminal Records Bureau check is completed on their behalf.

The Independent Safeguarding Authority (ISA) will also be available from October 2009 and all adults in receipt of Direct payments and Individual budgets will be encouraged to use the service.

Further details about direct payments, individual budgets and self directed care generally can be accessed through the Department of Health website (www.dh.gov.uk).

Formal carers, professionals and managers

There is a responsibility both on staff and those responsible for the practice of staff and volunteers, in terms of management and supervision, to ensure that they are safe to work with vulnerable adults.

This means that all the processes and checks surrounding who works



with vulnerable adults and how they work must incorporate the avoidance of abuse including:

- how staff are recruited
- the policies and procedures staff work to;
- how staff are inducted and trained, especially concerning professional standards, policy and procedures and the possibility of abuse
- how staff are supervised and supported.

Managers, agencies and professions share responsibility for ensuring that staff are fit for work, whether as a home carer, residential worker, nurse, social worker or solicitor. Ensuring that those working in the caring professions are suitable to work with vulnerable people is as a high priority and recent years have seen the development of a number of national initiatives in this area, such as:

- The Protection of Vulnerable Adults (POVA) scheme
- Registration with the General Social Care Council
- Checks by the Criminal Records Bureau.

In October 2009 the Independent Safeguarding Authority (ISA) will be established as set out in the Safeguarding Vulnerable Groups Act 2006. The new Vetting and Barring Scheme, which will be operated by the ISA, will have a major impact on the recruitment and monitoring practices of people working or volunteering with vulnerable adults and children.

Increased safeguards will come into effect from 12th October 2009. Around five million more jobs and voluntary positions—including most National Health Service (NHS) jobs—will be covered by the barring arrangements, meaning that safeguarding protection is extended to many more vulnerable people.

Additional safeguards starting in October are:

- Reduction of red tape—two barring lists will be administered by a single organisation, the Independent Safeguarding Authority (ISA), rather than the three lists currently maintained by two different Government departments: Protection Of Children Act (POCA), Protection of Vulnerable Adults (PoVA) and List 99;
- Introduction of 'regulated activities'—people included in the new barred lists by the ISA will be barred from a much wider range of jobs and activities than has been the case under previous arrangements. This is particularly so in areas of work with vulnerable adults such as the NHS;
- A new duty to share information—employers, social services and professional regulators will have to notify the ISA of



relevant information so individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups; and

- New criminal offences—it will become a crime for a barred individual to seek or undertake work with vulnerable groups; and for employers knowingly to take them on.

Once the scheme is fully rolled out, it will be illegal to hire someone in regulated activity who is not registered, and has therefore not been checked by, the ISA. The new scheme will cover employees and volunteers in the education, care and health industries, affecting some 11.3 million people.

From July 2010 all new entrants to roles working with vulnerable groups and those switching jobs to a new provider within these sectors will be able to register with the Vetting and Barring Scheme and be assessed by the ISA. Employers will be able to check registration status online and will be able to subscribe to be notified if an employee's registration status changes.

Further information about the scheme can be found at: www.isa.gov.org.uk.

It is the responsibility of managers and agencies to invoke and cooperate with the current schemes and the Vetting and Barring Scheme when it is introduced to the fullest extent. It is the responsibility of local managers to monitor performance and to intervene if risks exist.

If, however, managers do not take this responsibility seriously, then it is the responsibility of peers and others involved to take action using agencies' whistle blowing and safeguarding procedures. Many professions also have a code of conduct, or similarly named documents, which set out good practice for the profession. By definition, action in default of the code of conduct involving a vulnerable adult may constitute abuse.

Other vulnerable adults

Although vulnerable adults will vary in their ability to understand risk, most can be helped to greater awareness of how to better safeguard themselves.

Helping vulnerable adults to safeguard themselves has to start from an understanding of the kinds of risks they may face and their current ability to protect themselves. This is a matter of asking some basic questions for each person with whom there is contact.

- What kind of risk might this vulnerable adult face?
- Where might the risk arise?
- Who may be a potential abuser of this vulnerable adult?



There are many ways in which vulnerable adults can be helped to reduce the risks they may face, including:

- Increased awareness of the fact of adult abuse and how and where it may happen and who can be an abuser (see, for example, 'Keep Safe' a booklet from the Home Office on personal safety).
- Understanding and skills related to how to avoid potentially abusive situations.
- Knowledge of what to do if an abusive situation arises: how to get help; how to report concern.

Booklets explaining what abuse is and how to get help are available on the website at www.leedssafeguardingadults.org.uk.

The public

Safeguarding is everyone's business. In many instances the public have a vital role in safeguarding vulnerable adults through the prevention and detection of abuse. It is the responsibility of all agencies and professionals to play their part in ensuring that there is a good level of public awareness of safeguarding adults matters and how concerns can and should be reported.

Leeds Safeguarding Adults Partnership Board and partnership staff have a key function in this area in terms of promotional materials and liaison with important organisations (for example financial institutions and voluntary organisations), but these initiatives should be supported by all those in contact with vulnerable adults, e.g. through links with neighbours and friends, local services and shops and other people in contact with vulnerable adults.

Information, advice and support for carers and families is available from a variety of charitable organisations.



