



## SAFEGUARDING AND THE MENTAL CAPACITY ACT

**AIM:** To introduce new volunteers to The Brigitte Trusts responsibilities and their own responsibilities regarding Adult Safeguarding and The Mental Capacity Act.

### LEARNING OUTCOMES

By the end of the session, participants will:

1. Be able to define an adult at risk
2. Have considered different types of adult abuse and explored their own feelings towards different kinds of abuse
3. Be able to give examples of different kinds of abuse and recognise the signs and symptoms for each.
4. Be clear as to the role and responsibilities of a Brigitte Trust volunteer in recording and reporting Adult Safeguarding concerns.

# Handout – Adults at Risk

An adult at risk 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 maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

An adult at risk will therefore be a person who:

- Is elderly and frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or sensory impairment
- 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 and is subject to abuse
- Is unable to demonstrate the capacity to make a decision and is in need or care and support

This does not mean that everyone with these characteristics is at risk. Whether or not an adult is at risk will depend upon the surrounding circumstances and environment. Each case must be judged on its own merits and the degree of risk is related to how able an individual is:

- To protect themselves from abuse, neglect and exploitation,  
AND
- To make informed choices free from duress, pressure or undue influence of any sort

Thus, a person's mental capacity (their ability to make a decision) is very important within Safeguarding Adults. The Mental Capacity Act (2005) identifies some key principles about how we should work including:

- A person is assumed to have capacity it is established that they do not by a mental capacity assessment
- Mental capacity assessments are decision specific – they relate to one decision at that specific time and place
- All practical steps must be taken to help a person make a decision for themselves
- A person must not be treated as unable to make a decision merely because they make an unwise decision
- Any decisions or actions taken on behalf of someone who lacks capacity must be in their best interests

# Handout - Types of abuse

Abuse is a violation of an individual's human and civil rights by any other 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 an omission to act, or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. An adult is a person of 18 years of age or over. Abuse can be broadly defined under the following categories but it is common for more than one category of abuse to be present at the same time:

## **Physical Abuse**

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

*Examples of behaviour:* hitting, slapping, pushing, burning, physical restraint, harassment, enforced sedation, inappropriate use of medication, and catheterisation for management ease.

## **Neglect**

Ignoring or withholding physical or medical care needs.

*Examples of behaviour:* failure to provide: appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; inappropriate use of medication or over-medication.

## **Psychological / emotional abuse**

Psychological abuse is that which impinges on the emotional health and development of individuals.

*Examples of behaviour:* shouting, swearing, insulting, ignoring, threats, intimidation, harassment, humiliation, depriving an individual of the right to choice and privacy.

## **Financial / material abuse**

The unauthorised, fraudulent obtaining and improper use of funds, property or any resources of a vulnerable person.

*Examples of behaviour:* misappropriating money, valuables or property, forcing changes to will, denying the vulnerable adult the right to access personal funds.

## **Sexual Abuse**

The direct or indirect involvement in sexual activity without capacity and/or consent.

*Examples of behaviour:* Non-contact: looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.

Contact: coercion to touch, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth, with or by penis, fingers, and/or other objects.

## **Professional abuse**

Professional abuse is the misuse of therapeutic power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

*Examples of behaviour:* entering into a sexual relationship with a patient/client, failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice, failure to support a vulnerable adult to access health care/treatment, denying vulnerable adults access to professional support and services such as advocacy, service design where groups of users living together are incompatible, punitive responses to challenging behaviours, failure to whistle-blow on issues when internal procedures to highlight issues are exhausted.

## **Institutional abuse**

Institutional abuse occurs when the lifestyles of individuals are sacrificed in favour of the rituals, routines and/or restrictive practices of the home or care setting.

*Examples of behaviour:* lack of individualised care, inappropriate confinement or restrictions, sensory deprivation, inappropriate use of rules, custom and practice, no flexibility of bedtimes or waking times, dirty clothing or bed linen, lack of personal possessions or clothing, deprived environment or lack of stimulation, misuse of medical procedures

## **Discriminatory Abuse**

Discriminatory abuse consists of abusive or derisive attitudes or behaviour based on a person's sex, sexuality, ethnic origin, race, culture, age, disability or any other discriminatory abuse - this includes Hate Crime. Forced marriage is an abuse of human rights and falls within the definition of adult abuse.

## **Domestic Abuse**

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.

# Handout – The role and responsibilities of a BT volunteer

***The role and responsibilities of a BT volunteer are:***

- to be aware of the indicators of adult abuse
- to record the allegation or event, in detail on the day of the visit (see Incident Record Form)
- to report any alleged, or suspected, abuse immediately to the BT Safeguarding Officer (*Jane Bellingham – Service & Development Manager*)
- to be aware of the BT Safeguarding policy



## **SAFEGUARDING ADULTS ALERT / CONCERN FORM**

**- CONFIDENTIAL (when completed) -**

If you have a concern that an adult who has care and support needs is experiencing abuse or neglect, please complete this form and submit it to the Service & Development Manager immediately.

In an emergency, always dial 999 for the police.

Please use this form to notify The Brigitte Trust Service & Development Manager that you have a concern that an adult is at risk of abuse or neglect (including self-neglect).

| <b>1. Your details</b>   |  |
|--|--|
| Date form completed:   |  |
| Time form completed:   |  |
| Name of Person completing this form                            |  |
| How do you know the adult at risk / your involvement with them |  |
| Your Telephone   |  |
| Your Mobile  |  |
| Your email   |  |

| <b>2. Adult at risk's details</b> |  |
|-----------------------------------|--|
| Name:                             |  |
| Address                           |  |
| Date of Birth                     |  |

|  |  |
|--|--|
| <b>2. Adult at risk's details</b>                              |  |
| Gender   |  |
| Does the adult have any language or communication difficulties |  |
| Does the adult have any known Mental Capacity issues           |  |
| Their telephone:   |  |
| Their mobile:  |  |
| Their email:   |  |

|   |                          |  |                              |                          |
|---|--------------------------|--|------------------------------|--------------------------|
| <b>3. Details of concern</b>  |                          |  |                              |                          |
| Date of alleged abuse or neglect (if known):  |                          |  |                              |                          |
| <b>Type of suspected abuse or neglect (tick all that apply)</b>   |                          |  |                              |                          |
| Physical  | <input type="checkbox"/> |  | Modern slavery               | <input type="checkbox"/> |
| Domestic abuse  | <input type="checkbox"/> |  | Discriminatory               | <input type="checkbox"/> |
| Sexual  | <input type="checkbox"/> |  | Organisational               | <input type="checkbox"/> |
| Psychological   | <input type="checkbox"/> |  | Neglect and acts of omission | <input type="checkbox"/> |
| Financial and material  | <input type="checkbox"/> |  | Self neglect                 | <input type="checkbox"/> |
| <p><b>Please give details about your concerns</b> (such as what has happened to make you concerned that the person may be being abused / neglected, who was involved, were there any witnesses, whether you have any immediate concerns about the persons safety, whether any action has already been taken to keep the person safe such as have the police been called, medical assistance requested etc, is there anyone else who could be at risk due to your current concerns such as a child or another adult at risk/ vulnerable person):</p> |                          |  |                              |                          |

**3. Details of concern**

**4. Please, say if you know whether other people are involved with the adult at risk.**

This may include people such as their GP, family, neighbours, professionals, other agencies. If possible, please include Name, Job Title (if any), Address and Telephone number.

- 1.
  - 2.
  - 3.
- etc.

**5. Does the adult at risk know you are contacting us?**

| <b>Yes</b>  |  | <b>No</b>   |  |
|---|--|---|--|
| <p><b>If yes</b>, what are their views. Please include whether they agree with the referral being made.</p> |  | <p><b>If no</b>, were there any reasons why you did not feel it appropriate to advise them that you were making contact with us</p> |  |

**This form should not be sent from or to an insecure email address. Please post or hand into The Brigitte Trust office for the attention of the Service & Development Manager.**

# Handout – Listening and recording

If someone tells you about something that has happened your role is to respond sensitively and pass on the information. The person disclosing the information may be asking for your help but sometimes they may not appreciate the significance of what they are saying or they may not construe the actions of another as harmful or unusual. When someone tells you something:

- ⌚ Stay calm – do not appear shocked or upset
- ⌚ Try to show concern and interest in what they are saying
- ⌚ Listen carefully
- ⌚ Be sympathetic – say something like “I am sorry this has happened”
- ⌚ Tell them that they were right to tell you and that you take what they are saying seriously.
- ⌚ Tell them what you are going to do and let them know when you done it
- ⌚ As soon as possible briefly write down the exact facts (not your thoughts or ideas) that have been reported to you. This will help you answer questions accurately in the future.

## Do NOT

- ⌚ Ask questions or push the person to reveal more details
- ⌚ Stop them talking once they have started to tell their story
- ⌚ Promise to keep secrets
- ⌚ Make promises you cannot keep
- ⌚ Contact or talk to the alleged abuser
- ⌚ Be judgemental
- ⌚ Pass on information to anyone other than those who need to know in order to help keep the person safe and deal with the Risks and Safeguarding Adults issues.

## What to write

Write in ink a brief factual note that includes:

- ⌚ The details of what you were told and/or saw including dates, times and actual events
- ⌚ Include what the person actually said - in their own words if possible
- ⌚ Do not include your opinions, ideas or assumptions
- ⌚ Describe where you were when you were told and/or what you saw, heard, smelt etc
- ⌚ Record the names of who you were talking to and who else was there
- ⌚ Record the date and time you write the note

This report could be part of an internal disciplinary procedure or a court case, so must be completed as carefully as possible.

# Handout – Confidentiality

When you become aware of an adult who is or may be in an abusive situation you will need to pass on this information. This sharing of information can occur within your organisation or with other agencies and organisations. Sharing information is essential if adults at risk are to be kept safe, more serious abuse is to be prevented and to ensure they receive appropriate support and services.

If you work with adults at risk you will have a common law duty of confidentiality. Information that has been provided in confidence and personal information should not usually be used or shared without consent from the individual concerned.

**Do not promise to keep anything secret**  
**Always ask if you can pass information on to someone else**

Sometimes an individual is unwilling or unable to consent to information sharing. The duty of confidentiality is not absolute and there are times when the disclosure of confidential information is justified, for example:

- A person's life is in danger or their health is at risk
- There is a danger to other people or to the community
- A serious crime has been committed
- An individual does not have the mental capacity to consent

Deciding whether to disclose information or not may be particularly difficult if you think it may damage the trust between yourself and the adult at risk.

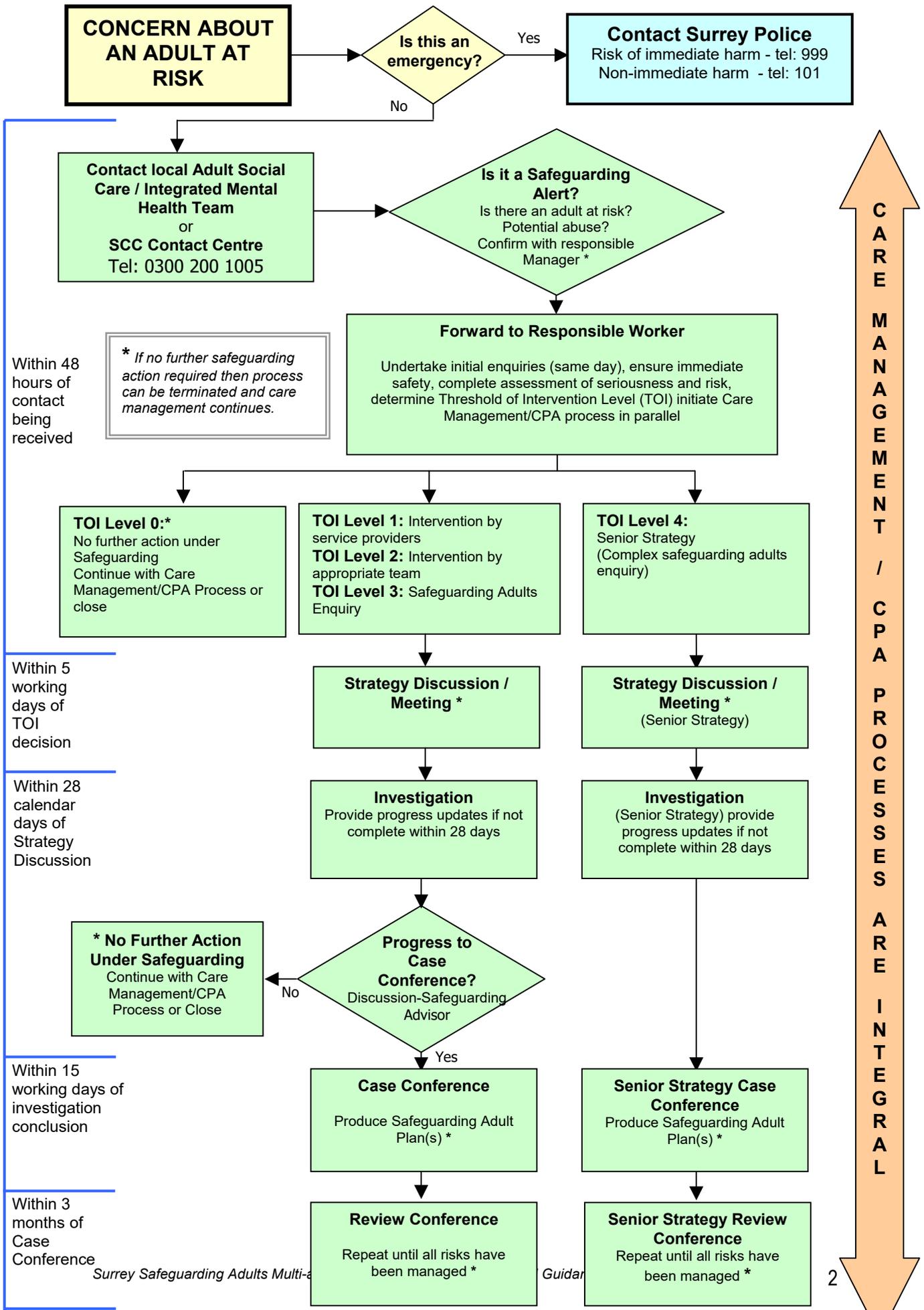
**Warn them that you will have to pass the information on**  
**Explain why you will have to do this**

Ask your manager or supervisor for advice if you are unsure what to do. Always record in writing what decision you made about sharing information and why.

**Surrey Safeguarding Adults  
Multi-agency Procedures,  
Information and Guidance**

**November 2011**

# SURREY SAFEGUARDING ADULTS MULTI AGENCY PROCESS



## **Foreword**

The Statement of Government Policy on Adult Safeguarding, issued in May 2011 identifies its objective as, *‘to prevent and reduce the risk of significant harm to adults at risk, from abuse or other types of exploitation whilst supporting the individual in maintaining control over their lives and in making informed decisions without coercion’*.

In May 2011 the Law Commission published its report on the review of Adult Social Care and made the recommendation that Safeguarding Adults Boards should be placed on a statutory footing and this is welcome news.

The Surrey Safeguarding Adults Board (SSAB) is constituted under ‘No Secrets’ March 2000, Section 7 Guidance. As the Independent Chair of the Board it is my prime duty to ensure that in Surrey, as elsewhere, the main statutory agencies – local councils, the police, Surrey Fire and Rescue and NHS organisations, the independent voluntary sector and service users and carers – work together both to promote safer communities to prevent harm and abuse and also to deal well with suspected or actual cases.

In doing so ensuring that the Surrey Safeguarding Adults Board leads and holds to account, partners for safeguarding adults in order to maximise positive safeguarding outcomes for the people of Surrey.

Living a life that is free from harm and abuse is a fundamental right of every person. All of us need to act as good neighbours and citizens in looking out for one another and seeking to prevent the isolation that can lead to abusive situations and put adults at risk of harm. That is one of the fundamental principles of a ‘Big Society’ that is caring, compassionate and fair.

When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues and where the adult in need of protection stays as much in control of the decision making as possible. The rights of the individual to be heard through this process are a critical element of the drive towards more personalised care and support.

The Surrey Safeguarding Adults Board has agreed the revised Surrey Safeguarding Adult Multi-Agency Procedures, Information and Guidance and this document represents the commitment of organisations in Surrey to work together to safeguard adults at risk. The revised multi agency procedures were launched on 30<sup>th</sup> June 2011 for a period of consultation until 1<sup>st</sup> October 2011.

**Jane Shuttleworth**  
**Independent Chair of Surrey Safeguarding Adults Board**

## VERSION CONTROL

'Surrey Safeguarding Adults Multi-agency Procedures, Information and Guidance – November 2011 ver 0.2' became effective on 15<sup>th</sup> December 2011 and supercedes previous versions of the Surrey Safeguarding Adults Multi-agency Procedures, Information and Guidance in Surrey.

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## **MENTAL CAPACITY ACT**

### **5 Principles:**

- 1. Start by thinking everyone can make their own decisions.**
- 2. Give the person the support they need to make a decision.**
- 3. It is not a wrong decision just because someone else disagrees with you.**
- 4. If someone else makes a decision for someone who lacks capacity, it must be in the person's best interest.**
- 5. When someone else decides for another person, they must try to limit the person's own freedom and rights as little as possible.**