

Safeguarding Adults Procedure

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1. Purpose of Procedure

This procedure is concerned with Adults who might be in need of Safeguarding because of their 'Care and Support Needs' in England and Wales or 'Adults at Risk' in Scotland and Northern Ireland hereafter referred to as 'Adults'. See [Appendix 3](#) for further information regarding legislation.

Safeguarding is concerned with:

- Preventing abuse
- Protecting abused people and
- Making safeguarding personal - a person-centred approach which achieves the outcomes that people want.

The overall aim of the Safeguarding Adult Procedure is to:

- Ensure the protection from abuse of Adults with whom Guide Dogs' staff and volunteers and others who come into contact with them through Guide Dogs activities.
- Give appropriate advice to Guide Dogs staff in their dealings with Adult service users.
- All Adults, who receive services from Guide Dogs or otherwise come into contact with Guide Dogs staff and volunteers are deemed to be potentially vulnerable and have the right to be protected from abuse.
- Through their day to day contact with Adults and direct work with families, all staff and volunteers have a crucial role to play in noticing indicators of possible abuse or neglect. They have a duty to report actual or suspected abuse.
- Guide Dogs acknowledges that its staff and volunteers are not specialists in recognising where abuse may occur, or has already taken place. However, if abuse is suspected advice should always be sought from the Safeguarding

team since all staff and volunteers have a ‘duty of care’ under the law.

- This document provides a framework within which all staff and volunteers and those working with Guide Dogs will operate, in their dealings with all Adults and is underpinned by relevant legislation listed in Appendix 3

2. Preventing Abuse

While it is not possible to prevent all abuse, there are a number of steps staff and volunteers can take to reduce the risk of abuse occurring. Staff and volunteers should:

- Know what abuse is
- Understand how it can happen
- Be alert to indicators of potential abuse situations
- Know the procedures for reporting concerns and poor practice
- Provide appropriate support for the child
- Maintain a safer working environment

Definitions:

All Adults as defined in the Safeguarding Vulnerable Groups policy who come into contact with Guide Dogs’ staff and volunteers, hereafter known as ‘Adults’ and deemed to be potentially vulnerable, have the right to be protected from abuse. We recognise that some of these Adults may be unable to make their own decisions and/or to protect themselves and their assets from abuse.

3. Procedure Instructions

Recognising abuse and Harm

- Abuse, is a violation of an individual’s human and civil rights.
- Abuse may consist of a single act or repeated acts.
- ‘Abuse’ may be physical, sexual, verbal or psychological, financial or material, institutional, discriminatory, or neglect or acts of omission. It may occur when a person in vulnerable circumstances is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent. It may also occur through deliberate targeting or grooming of people in vulnerable circumstances and may be carried out by individuals or groups of individuals.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

- Self-Harm is also a recognised category of abuse.

For a broader definition of abuse - see [Appendix 1](#)

For Indicators of Abuse - see [Appendix 2](#)

Adults can be abused by anyone, whether known to the person or not including allegations against members of staff and volunteers. Abuse can also take place in any of the following contexts:

- when a person lives alone or with a relative, or others
- attends nursing, residential or day care settings
- in hospital or custodial situations
- is receiving support services in their own home
- other places presumed previously safe
- public places

Procedures for the protection of Adults

Referral flowchart - see [Appendix 4](#)

Concerns about Adults

All forms of abuse perpetrated against Adults can have extremely serious effects on the person concerned both physically and emotionally; these effects can potentially damage the quality of an individual's life far into the future.

However, with appropriate intervention the chance of abuse occurring can be radically reduced or prevented; and where abuse has already occurred, the adult at risk can be appropriately protected from further abuse.

Concern in relation to an adult at risk may come to your attention in a number of ways, the Adult may disclose abuse they have experienced. They often tell you because they see you as someone they can trust. Vulnerability is also situation specific so may not be a permanent situation. Alternatively, someone else may alert you, a carer, family member or colleague may share their concerns.

You may also become concerned through your observation of the person and note, injury, a change in behaviour, a change in their presentation, self-harming, changes to their financial situation,

Adults may well exhibit some of these indicators at some time and the presence of one or more should not be taken as proof that abuse is occurring. Other explanations may include, a death, or a family crisis, or a medical condition which

may explain psychological changes, e.g. being withdrawn, tired, sensitive and emotional. (See [Appendix 2](#) for further information regarding indicators of abuse)

Your knowledge of an Adult at risk over a period of time may help you to understand whether there is cause for you to be concerned. Even if the concern is not caused by abuse, it may still require some attention or action to promote the welfare of the Adult.

4. What to do if you have a concern - responding to actual or suspected abuse

See Adult at risk Concern Flowchart [Appendix 4](#)

When you have any cause for concern that an Adult, is being, or is at risk, or has been in the past been the subject of abuse, YOU MUST ALWAYS:

Recognise

- Take concerns seriously whether allegations or disclosures of abuse, however insignificant they may seem

Respond

- Act without delay, the person may be at risk. If the person is in danger, your first duty is to call the appropriate emergency services on 999.
- Give absolute priority to the person's health and safety
- If the alleged perpetrator is also an Adult at risk, consideration must be given to their safety and well being and to their needs as a potentially vulnerable person.
- react calmly and with reassurance, so as not to frighten or give concern to the person.
- carefully listen to what is said, avoid interrupting, keep questions to an absolute minimum - you are fact finding you are NOT investigating. Over-questioning an Adult can contaminate evidence and may compromise any potential investigation.
- Do not make assumptions or jump to conclusions either by overreacting or underestimating the extent of concern or danger for the person.
- Wherever possible, act in accordance with the wishes of the Adult. If the Adult does not want action to be taken (see [‘Capacity’](#) for further information) and the abuse is not serious, nor is there a risk of it continuing or happening to others, the member of staff should explain to the Adult that they have a duty to share it with their Line Manager and the Safeguarding Team in Guide Dogs.

Record

Where it is discussed and agreed that no further action should be taken the following information should be clearly recorded:

- nature of abuse
- assessment of risk
- reason for no further action
- discussion with Line Manager/ Safeguarding
- monitoring arrangements
- review date

Report

- If actual / suspected or likely abuse has occurred, if no preventative measure is taken, you should immediately ALERT your Line Manager and Guide Dogs Safeguarding Team. DO NOT DELAY. Act as quickly as possible. If the abuse is serious and there is a risk of it continuing or happening to others, it should be explained to the Adult that Guide Dogs has a duty to protect and that the disclosure will be discussed with a Line Manager and the Safeguarding Team. Once reported by the member of staff the Safeguarding team will take steps to contact the relevant Safeguarding Adult Team at the Local Authority where appropriate, to take further advice. If the abuse is very serious and/or is of a complex nature a strategy meeting will be called by the Local Authority and the Police. Wherever possible, you, as the referrer will be kept informed of progress.
- take action where you suspect that a criminal offence has taken place (or you are sure that a criminal offence has taken place) referrers and managers should take care not to disturb anything which may be used as evidence.
- be aware that if the allegation is against a relative, friend or carer do not inform them of the allegation until the Police have agreed a course of action

5. Allegations Against Members of Staff and Volunteers

Allegations against any individual who is in a position of trust with the Adult may be made by an Adult, parent/carers, member of the public or by another member of staff or volunteer. Closely adhering to the Safeguarding Adults Code of Conduct will minimise the chances of a member of staff having an allegation made against them. However, it is impossible to eliminate the risk of such allegations altogether.

[Whistleblowing](#) is the mechanism by which staff and volunteers can voice their concerns about another member of an organisation, in good faith, without the fear

of repercussion. All staff and volunteers have a responsibility to bring matters of concern about a colleague's conduct to the attention of the appropriate senior manager, usually their line manager. This is the mechanism by which staff and volunteers can voice their concerns about another member of an organisation, in good faith, without the fear of repercussion. All staff and volunteers have a responsibility to bring matters of concern about a colleague's conduct to the attention of the appropriate senior manager, usually their line manager.

Where the concern, allegation or disclosure is against the person to whom you have to report, then you must report your concern **immediately** to the Safeguarding Team.

Let the Adult concerned know that the matter has been reported and that someone will contact them.

Failure to follow procedure to report a concern will be investigated and may lead to disciplinary action.

You / Your line manager (Guide Dogs) has a duty to:

- Fact find and collate the information and assess the situation, you must not carry out an investigation or make the decision in isolation, this should always be carried out with The Safeguarding Team.
- **Immediately contact the Safeguarding Team in Guide Dogs on 03451430199** where appropriate your line manager and the partner agency and agree whether a referral should be made to the Adult Safeguarding Social Care Team at the relevant Local Authority and / or the Police.

Where a criminal offence is suspected or where you are sure that a criminal offence has taken place:

- it may be necessary to inform the police before discussing it with the employee, if so the appropriate authorised manager will do this
- Counselling or questioning either the alleged victim or the alleged perpetrator **must not** be undertaken by staff or volunteers unless clearly instructed to do so by the Police or Social Care.

If the situation is not deemed to involve a criminal offence and is considered to be a minor incident, the decision will be taken to carry out an internal investigation which may lead to disciplinary action. Advice must be sought from HR and follow Guide Dogs investigation procedures and Disciplinary policy followed by resolution of the issue with the Adult.

However, where there is still cause for concern, the Guide Dogs line manager and / or partner agency must report this to the appropriate Adult Safeguarding Social Care Team and/or the Police. These agencies are specifically charged with undertaking statutory duties relating to abuse of Adults, including investigation. A reported concern may simply result in the alleged perpetrator being given some advice; or it may go further. All staff and volunteers must cooperate fully with any subsequent investigation.

It may be necessary to suspend a member of staff or volunteer from duty, if allegations of abuse have been made against them. If this decision is taken, suspension should be actioned promptly to ensure that risk of further abuse is minimised. Suspension is a neutral act and may be necessary in order to undertake an investigation to determine if the person against whom the allegation has been made, does, in fact, pose a risk. The decision to suspend should be made in consultation with the Guide Dogs HR and Safeguarding and in line with the Guide Dogs Disciplinary Policy and Procedure.

As soon as possible (but by the end of the same working day at the latest), you must make a written record of your concerns on the Guide Dogs Safeguarding reporting system via the pawtal: Safeguarding, [Report a Concern](#): and the partner agencies Safeguarding Adults procedures. Do not delay reporting your concern to Safeguarding

This must include, Name, DOB and contact details of the alleged victim. Names and contact details of those involved, Nature of concern, Date(s) Time(s) Location and who else knows

This must be done whether or not the concern is reported to the Adult Social Care Team and/or the Police. Also make a record on the person's critical information page on GDI or Fetch record with the Safeguarding reference number. Guide Dogs Safeguarding Team will separately and securely store all records of concern and inform you of the Safeguarding reference number.

NOTE: Wherever possible stick to the facts, as they may be used in evidence in court. Where you record your opinion, ensure you state that it is an opinion and give evidence to support that opinion.

The Guide Dogs Safeguarding Team will maintain a register of concerns detailing all concerns raised and actions taken.

Care must be taken to ensure that records and personal details are maintained in accordance with GDPR.

Failure to comply with the Safeguarding Policy and related procedures will be investigated and may lead to disciplinary action

Capacity

There is an automatic presumption that a person has capacity to act for themselves unless the contrary is proved. This means that it is assumed that a person has capacity unless she or he behaves in a manner, or there is other evidence, which is contrary to this assumption. There are various functional tests for capacity in law, the most basic being the determination that the individual has an understanding of the nature and broad effects of his/her actions. If a person is not deemed to have full capacity / fluctuating capacity then there needs to be a consideration of whether relatives should be informed of the suspected, alleged, or actual abuse unless they are suspected to be implicated.

Respect for the individual

When abuse has been disclosed, reported or observed, it is important that the alleged victim is kept informed of any action taken and subsequent outcomes.

They have the right:

- a) to be believed when they report abuse of themselves and/or others, unless there is direct and unequivocal evidence to the contrary.
- b) to appropriate body in order to identify behaviour which constitutes abuse.
- c) to have the investigation processed through a timescale with which they can be comfortable.
- d) to privacy and confidentiality in the conduct of the investigation.
- e) to be assisted by an interpreter, advocate, relative or carer in giving information, or evidence about the alleged abuse, unless the evidence which is to be given is subject to separate rules, e.g. police procedures.
- f) to expect arrangements to be made to promote safety and welfare in both the short and long term.
- g) to expect that the issues of power, coercion and intent on the part of the alleged abuser to the alleged victim are given attention.
- h) not to have to undergo repeated presentations of information/evidence, except as required in criminal proceedings.
- i) to be involved in decisions made as a result of the investigation.

Related Documents and Processes

Related Policy:

- Safeguarding Vulnerable Groups Policy

References and Related Documents;

- Safeguarding Adults Codes of Conduct
- Safeguarding Key Principles
- Safer Recruitment & Selection Policy
- Whistle Blowing Policy

All documents are available on the Knowledge Hub.

Permissible exceptions

Governance Review & Approval Table:

The table below contains two rows and five columns. The first row contains headings

	H&S	Protection of Children & Adults	Insurance	Legal
Date Reviewed	N/A	January 2020	N/A	N/A
	N/A	March 2022	N/A	N/A

Version control table:

The table below contains three rows and four columns. (Only the original approval date and the most recent amendment should be included in the table.) The first row contains headings

Date	Version	Status	Details of Change
January 2020	10.1	Approved	Kathryn Ward Director People & Performance
05/10/20	10.2	Updated	Transferred to new template.
10/03/2022	10.3	Updated	Chris Roach updated links

Appendix 1 Definitions of Abuse

Definitions of Abuse

A consensus has emerged identifying the following main different forms of abuse:

Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, forced feeding, the use of force which results in the pain, injury or change in the person's natural physical state.

Sexual abuse, including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects.

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choose, information and privacy. Behaviour that has a harmful effect on the Adults emotional health and development.

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

Neglect and acts of omission and harm, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating and undermining personal beliefs. Harm should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development, this may be physical, threats or harassment or verbal abuse. This also includes self-neglect.

Discriminatory abuse, including racism, sexism, and ageism, based on a person's disability, and other forms of harassment, slurs or similar treatment.

Institutional Abuse involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect Adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping and liaising with other providers of care. Poor professional practice also needs to be taken into account. This may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems. This is sometimes referred to as institutional abuse.

Exploitation Abuse of a person because of their vulnerability, potentially through slavery, servitude, domestic violence, human trafficking.

Stranger Abuse will warrant a different kind of response from that appropriate to abuse in an ongoing relationship or in a care location. Nevertheless, in some instances it may be appropriate to use the adult protection procedures to ensure that the vulnerable person receives the services and support that they need. Such procedures may also be used when there is the potential for harm to other vulnerable people.

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Slight variations of definitions and terminology exist across the UK for Scotland, Wales and Northern Ireland and can be locally sourced at:

Scotland: <https://www.gov.scot/publications/adult-support-and-protection-revised-code-of-practice/pages/3/> Adult Support and Protection (Scotland) Act 2007

Wales - [Social care Wales \(safeguarding.wales\)](https://www.safeguarding.wales/)

Northern Ireland: [Recognising adult abuse, exploitation and neglect | nidirect](https://www.nidirect.gov.uk/articles/recognising-adult-abuse-exploitation-and-neglect)

Appendix 2 Indicators of Abuse

Indicators of Abuse

The following are indicators for assessing the risk where abuse is suspected

Physical Abuse

- Injuries inconsistent with the lifestyle of the adult at risk
- Multiple bruising that is not consistent with the explanation, e.g. slap marks or finger marks when the explanation given for the injury was a fall
- Bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Abrasions especially around the neck, wrists or ankles
- Cluster of injuries forming regular patterns or reflecting the outline of an implement such as a stick or whip
- Multiple fractures
- Injuries at different stages of healing
- Burns, especially on soles, palms or back, friction burns, rope or electrical appliance burns
- Scalds, especially with a well-defined edge from immersion in very hot water
- Hair loss in one area where the scalp is sore to touch
- Medication misuse including where the person is unusually docile or sleepy with a tendency to flounder or slip over.
- Malnutrition, ulcers, pressure sores and sores due to a lack of care for incontinence
- Frequent 'hopping' from one GP to another or from one care agency to another

Sexual Abuse

- Behavioural changes i.e. the person starts to seek attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters
- Complaints of soreness, pain or bleeding in genital/anal area, no medical cause known
- Recurring conditions such as thrush or cystitis
- Sexually transmitted disease, urinary tract/vaginal infections in a person who is known not to be sexually active
- Unexplained responses to personal/medical care tasks, e.g. objects to being washed in genital areas, which is a change in behaviour
- Bruising on the inner thighs or shoulders
- Pregnancy in a woman who is unable to consent to sexual intercourse

- Wetting or soiling
- Signs of withdrawal, depression and stress
- Full or partial disclosure or hints of sexual abuse
- Overly sexualised language
- Unusual difficulty in walking and sitting
- Psychosomatic disorders - stomach pains, excessive period pains

Psychological Abuse

- The adult at risk appears to be withdrawn or agitated and anxious
- They may be isolated in one room of the house or confined to living in a small space
- The unexplained absence of mobility aids that were known to have been previously supplied
- They may be excluded from outside social contacts
- They are overly subservient or anxious to please
- Professional and other visitors may have difficulty gaining access to the vulnerable adult
- Lack of eye contact - looking at the floor during discussions or looking to others to answer questions even when directed to the individual
- Emotional withdrawal including dramatic changes in behaviour or personality; depression, confusion or resignation, for which no medical explanation can be offered
- Unexplained fear, defensiveness and/or ambivalence
- Changes in appetite
- Refusal by the person managing care to allow person into respite/permanent care
- Poor conditions, lack of clothing, lack of access to own money
- Person managing care uses bullying, intimidation or threats to induce desired behaviour
- Person managing care has punitive approach to bodily functions or incontinence.

Financial Abuse

- Unexplained sudden inability to pay for bills or maintain lifestyle
- Unusual or inappropriate bank account activity e.g. unexplained or sudden withdrawal of money from accounts or purchases of fashionable clothes, expensive make-up food and holidays
- Lack of records and accounting of where money spent
- Withholding money
- Person lacks belongings or services they can clearly afford and/or someone has taken responsibility for paying rent, buying food etc., but is clearly not doing so

- Unusual interest or disproportionate affection taken by relative, friend, neighbour or recent acquaintances in financial assets especially if little real concern is shown in other matters
- Power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent
- Person managing financial affairs is evasive or uncooperative, e.g. next of kin refuse to follow advice regarding control of property via Court of Protection or through securing enduring power of attorney, but insist on informal arrangements
- Recent change of deeds or title of property
- Person managing financial affairs is evasive or un-cooperative
- Selling or offering to sell possessions of a adult at risk who does not have the capacity to consent or know the full value of those possessions
- Where care services including residential care are refused under clear pressure from family and other potential inheritors

Neglect

- Inadequate heating and/or lighting
- Inappropriate, old or shabby clothing, or being kept in nightclothes during the day
- Sensory deprivation, not allowed to have hearing aid, glasses or other aids to daily living
- Physical condition 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
- Failure to give/offer prescribed medication
- Poor personal hygiene
- Reluctance on the part of carers to access medical care when necessary

Organisational (formally Institutional Abuse)

- Lack of respect shown to person
- Inappropriate or poor care e.g. staff morale is poor, high turnover or sickness rate amongst staff and excessive hours worked
- There is a general lack of privacy e.g. staff walk casually into bedrooms; lack of appropriate privacy for washing and personal care tasks; there is no telephone that can be used privately

- Misuse of medication and/or medical or nursing procedures e.g. enemas, catheterisation or over-reliance on medication
- Inappropriate restraint
- Sensory deprivation e.g.: denial of use of spectacles, hearing aid, etc
- Lack of recording on client files
- Denial of visitors or phone calls
- Poor hygiene e.g. a strong smell of urine; dirty clothes or bed linen and/or 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 and possessions or lack of care with personal clothing e.g. loss of clothes, being dressed on other people's clothes
- Lack of adequate procedures e.g.: for medication, financial management
- Controlling relationships between staff and service users
- Lack of communication between staff, service users and between relatives/carers and staff
- Lack of response to complaints

Discriminatory Abuse

- Lack of respect shown to an individual
- Failure to respect dietary needs
- Failure to respect cultural and religious needs
- Signs of a substandard service offered to an individual
- Exclusion from rights and services afforded to citizens e.g. health, education, employment, criminal justice and civic status

Exploitation

Exploitation covers the following categories

Domestic Abuse or Violence - including

- psychological,
- physical,
- sexual,
- financial,
- emotional abuse;
- so called 'honour' based violence.
- Online abuse

Modern Slavery - encompasses

- slavery, human trafficking,

- forced labour and domestic servitude.

Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

The term “Modern slavery” refers to any human being forced to work - through mental or physical threat; owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; dehumanised, treated as a commodity or bought and sold as 'property'; physically constrained or has restrictions placed on his/her freedom of movement. Contemporary slavery takes various forms and affects people of all ages, gender and races.

The term “Human Trafficking” refers to any act that involves recruiting, transporting, transferring, harbouring or receiving a human being through use of force, coercion or other means, for the purpose of exploiting them.

Other forms of exploitation include:

- Cuckooing - where Vulnerable people are taken advantage of by others where they move people into their homes and often conduct illegal activities from the address.

The links between animal abuse, child abuse and abuse of Adults¹

Evidence of the inter-relationships between child abuse, animal abuse and the abuse of Adults, including domestic violence, comes mainly from studies in the USA, which relate to serious cases of abuse. There is growing evidence from research in the United Kingdom of similar findings.

It is important to understand the links between animal abuse, child abuse and the abuse of Adults so that professionals can intervene as early as possible to detect and/or prevent such abuse.

Messages from research:

- If there is serious animal abuse within a family, it may indicate an increased probability of family violence. If children and/or Adults are part of the family, they could be at increased risk of abuse.
- Abusing or torturing animals may in some extreme cases be used to coerce, control and intimidate women and children to remain in, or keep silent about, being in an abusive situation. The threat of abuse against a guide

¹ The information contained within this section of the procedures has been taken from an NSPCC leaflet, 'Understanding the Links: child abuse, animal abuse and domestic violence' The leaflet is available from www.nspcc.org.uk/inform

dog or pet can prevent women from leaving a situation where there is domestic violence.

- Where an animal has been abused in a family, children and other family members, such as Adults, may be at increased risk of being attacked or bitten by the abused animal.
- If a child or adult at risk shows extreme aggression or sexualised behaviour towards animals, this may indicate a greater likelihood that the child or adult at risk will later abuse other children or Adults unless the behaviour is recognised and treated.

Animal abuse is defined by the NSPCC as ‘the intentional harm of an animal. It includes, but is not limited to, wilful neglect, inflicting injury, pain or distress, or malicious killing of animals’.

The NSPCC lists three categories of animal abuse as follows:

1. Physical Abuse includes kicking, punching, throwing, burning, microwaving, drowning, asphyxiation or giving the animal drugs or poisons.
2. Sexual Abuse is defined as any use of an animal for sexual gratification
3. Neglect is the failure to provide adequate food, water, shelter, companionship or veterinary attention.

It is important, therefore, that any Guide Dogs’ worker is observant about the care and treatment of guide dogs and other family pets as part of their work with the adult at risk and/or their family, whatever setting they may work within.

Reporting Concerns

Guide Dogs staff **must always** report concerns about the abuse of animals by adults or by children without delay by contacting the most immediate manager or the Safeguarding Team in Guide Dogs or in a partner agency in the same way that abuse of an adult at risk is reported. (see Procedure - responding to actual or suspected abuse’ for full guidance on staff duty to report). Harming children or animals are potentially offences which can be prosecuted in law.

Unfortunately, exemplary treatment of animals does not necessarily indicate that Adults/ children will necessarily be well cared for. Such good treatment of animals, including guide dogs, should not therefore be seen as an indication that no risk exists.

Appendix 3

Legislation Devolved Nations Definitions:

Adults with Care and Support Needs (England and Wales), Adults at Risk (Scotland and Northern Ireland) collectively known as Vulnerable Groups or Adults

England and Wales

The Care Act 2014 Central to the Act is the concept of wellbeing and a duty to consider the physical, mental and emotional wellbeing of the individual needing care and to provide preventative services to maintain people's health. Key features of the Act include:

- Carers having rights to assessment and to support to meet their eligible needs.
- Being Person Centred and having choice and control.

The Care Act 2014 defines who might need to be safeguarded as anyone who is 18 years or over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs and regardless of whether the adult lacks mental capacity or not) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

However, the level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act, or be receiving any particular service from the local authority, in order for the safeguarding duties to apply - so long as the conditions set out in the bullet points above are met.

The statutory guidance in England and Wales for Adults with Care and Support Needs enshrines the six principles of safeguarding:

1. Empowerment - presumption of person led decisions and informed consent
2. Prevention - it is better to take action before harm occurs
3. Proportionality - proportionate and least intrusive response appropriate to the risk presented

4. Protection - support and representation for those in greatest need
5. Partnerships - local solutions through services working with their communities
6. Accountability - accountability and transparency in delivering safeguarding.

[Social Services and Well-being \(Wales\) Act 2014](#)

Scotland

"Adult" means a person aged 16 or over. (with some exceptions, see Section 21 of Scotland's National Guidance for Child Protection 2014).

- "Adults at risk" are adults who:
- are unable to safeguard their own well-being, property, rights or other interests,
- are at risk of harm, and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

And if:

another person's conduct is causing (or is likely to cause) the adult to be harmed, or the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

And that:

- any intervention must provide benefit to the adult,
- that this benefit could not have reasonably achieved without intervention and
- that any intervention is the least restrictive option to the adult's freedom

And must have due regard to the following:

- the wishes of the adult
- the views of others
- the importance of the adult participating as fully as possible
- that the adult is not treated less favourably
- the adult's abilities, background and characteristics

Northern Ireland.

'Adult at Risk' is a person aged 18 or over whose exposure to harm through abuse, exploitation or neglect may be increased by their:

a) personal characteristics and/or

b) life circumstances

‘Adult in need of protection’ is and ‘Adult at risk’ who; is unable to protect their own wellbeing, property, assets, rights or other interests and where the action or inaction of another person(s) is causing or likely to cause them to be harmed.

Safeguarding Vulnerable Groups (Northern Ireland) Order 2007

Appendix 4 - Adult at Risk, Concern Flowchart

