

	<p style="text-align: center;">Safeguarding Adults Policy</p> <p style="text-align: center;">SAF-POL-01</p> <p style="text-align: center;">Version: 7.0</p>
Date: March 2026	Developed by: Head of Services
Review period: 2 years	Owned by: CEO
Review date: March 2028	Authorised by: Board of Trustees

1. Statement

Mason Yardley Trust believe that every person has the right to live their life safely, with privacy, dignity, independence and choice. At all times we will aim to protect the individuals that we support from harm or abuse. We aim to provide the very best quality of advice and support, whilst taking every possible action to prevent abuse and deal with it promptly and effectively if it occurs.

2. Aim of the Policy

Safeguarding means protecting children, young people and adults at risk of harm or abuse. To uphold their right to live in safety, free from abuse and neglect. To promote their rights, dignity and wellbeing through professional, timely and proportionate safeguarding arrangements, including working effectively with other key agencies as necessary.

This policy sets out the key principles and practices that all staff and those working at Mason Yardley Trust should be complying with in their safeguarding of adults

The Trust aims to provide people with support, assistance and information, enabling them to make choices, to have control in their life, to give informed consent and to be kept safe from significant harm.

The Care Act 2014 defines wellbeing, and it is essential to ensure that wellbeing is considered when looking at a person in relation to safeguarding.

Wellbeing is a broad concept, and the statutory guidance defines it as relating to the following nine areas in particular:

1. personal dignity (including treatment of the individual with respect)
2. physical and mental health and emotional wellbeing
3. protection from abuse and neglect
4. control by the individual over day-to-day life (including over care and support provided and the way it is provided)
5. participation in work, education, training or recreation
6. social and economic wellbeing
7. domestic, family and personal relationships
8. suitability of living accommodation
9. the individual's contribution to society.

We will work to:

- stop abuse or neglect wherever possible.
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- safeguard adults in a way that supports them in making choices and having control about how they want to live.
- promote an approach that concentrates on improving life for the adults concerned.
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- provide information and support in accessible ways to help people understand the
- different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

This policy should be read in conjunction with other policies of the Trust which relate to aspects of abuse or safeguarding, such as Professional Conduct, Whistleblowing, Equality and Diversity, Mental Capacity & DoLs, Recruitment and Complaints and for registered care services the Duty of Candour.

3. Scope

This policy applies to all employees and workers of Mason Yardley Trust including volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including those working on a bank or agency contract.

For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as 'staff' in this document.

4. Information & Process

Section 42 Enquiries

Councils have a duty to hold a formal "Adult Safeguarding Enquiry" in response to concern about abuse or neglect regarding an adult with care and support needs who is unable to protect themselves from the abuse or neglect or the risk of it.

The Council must undertake "Section 42 Enquiries" under the Care Act, or cause them to be made, "whenever they have reasonable cause to suspect abuse or neglect in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult."

The Council can ask other agencies/partners/providers to under Section 42 Enquiries to establish the facts, the level of risk, need for protection, the individual's wishes, action that should be taken to stop or prevent abuse or neglect and protect the adult and then report back to the Council.

The results of Section 42 Enquiries will help inform Council investigations into cases and any Safeguarding Plan of action they may draw up with individuals who are subject to Safeguarding Concerns.

Safeguarding Adults Reviews

The Care Act 2014 introduces statutory “Safeguarding Adults Reviews” (previously known as Serious Case Reviews).

Council Safeguarding Adult Boards must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

Safeguarding Adult Boards must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect and perhaps might have died but for an intervention or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

The Care Act includes duties for SABs to work more closely together and share information and recognises that local authorities cannot safeguard individuals on their own; it can only be achieved by working together with the Police, NHS and other key organisations as well as awareness of the wider public.

The Statutory Guidance emphasises that fears about sharing information must not stand in the way of protecting adults at risk of abuse or neglect.

5. The 6 Safeguarding Principles

Empowerment - Presumption of person-led decisions and informed consent. People should be supported in making their own decisions and informed choices, including those related to risk and their own perceived vulnerability. If decisions are made without taking account of the victim’s views this may infringe their human rights and jeopardise other qualities of life.

Protection - support and representation for those in greatest need.

Prevention - it is better to take action before harm occurs. Prevention of neglect, harm and abuse is a primary objective.

Proportionality - Proportionate and least intrusive response appropriate to the risk presented. Safeguarding must be built on proportionality and a consideration of people’s human rights.

Partnership - local solutions through services working with their communities as communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability – safeguarding practice and arrangements should be accountable and transparent.

6. Our Approach

Our staff's approach to supporting a person at risk from abuse is to start with the person and the outcomes that they would like to achieve and aim to fully involve them and those important to them in our work to keep them safe.

Safeguarding concerns or complaints from adults with care and support needs and carers will be taken seriously and they will be kept involved in the process to the degree that they wish to be. They will be reassured that they will receive help and support and advised that they can nominate an advocate or representative to speak and act on their behalf if they wish.

Early sharing of information between key partner agencies involved in safeguarding is vital to providing an effective response where there are emerging concerns.

As a general principle, staff should seek to obtain the informed consent of the individual to the sharing of information. If this is not possible and other vulnerable people are at risk, it may be necessary to override this requirement and law permits the disclosure of confidential information, in order to safeguard an Adult in the public interest. But this must be discussed with the GEO-Head of Services

Preventing Abuse from Occurring

The Trust will take all possible steps to prevent abuse from occurring including:

- making known our commitment to tackle abuse and how to report suspicions or evidence of abuse.
- Producing accessible information for people with care and support needs and their carers which explain what abuse is and how to express concerns and complaints.
- operating personnel policies which ensure that all potential staff are rigorously checked, by the taking up of references and clearance through the Disclosure Barring Service/ Protection of Vulnerable Adults register of care workers who have harmed vulnerable adults in their care.
- incorporating material relevant to safeguarding adults into staff training.
- maintaining vigilance concerning the possibility of abuse of our residents & people we support from whatever source.
- encouraging among staff, residents, people we support and all other stakeholders a climate of openness and awareness which makes it possible to pass on concerns about behaviour which might be abusive or which might lead to abuse.
- minimising the risk of abuse of all people we support by other people we support by understanding and responding appropriately to any abuse/aggression.
- maintaining robust standards regulating any appropriate contact Trust staff may have with people's property, money or financial affairs in the course of their work.
- communicating concerns to the appropriate officers of the local authorities, Adult Services departments and Regulatory bodies in

- accordance with relevant legislation and Department of Health/Care Quality Commission and other authoritative professional guidance.
- helping our residents & people we support as far as possible to empower them to help them avoid or control situations or relationships and manage risks which could make them vulnerable to abuse.

Identifying Abusers

We have a responsibility for helping to protect our residents & service users from all sources.

Abuse can be committed by a range of possible people which can include:-

- spouses/partners;
- other family members;
- neighbours;
- friends;
- acquaintances;
- local residents/other service users;
- people who deliberately exploit adults they perceive as vulnerable to abuse;
- people who have contact with our service users while they are temporarily away from our premises;
- visiting health and social care practitioners;
- paid staff or professionals;
- volunteers;
- strangers;

Abuse can happen anywhere: -

For example, in someone's own home, in a public place, in hospital or in a care or support service and it can take place when an adult lives alone or with others.

It is vital that professionals, other staff and members of the public are vigilant on behalf of those unable to protect themselves.

This will include:

- knowing about different types of abuse and neglect and their signs;
- supporting adults to keep safe;
- knowing who to tell about suspected abuse or neglect; and
- supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

Employee neglect/abuse:-

~~Both Trusts~~ Mason Yardley Trust has robust employment and recruitment practices, with checkable references, full employment histories and up to date DBS checks. Staff are required to comply with the standards set down in their contract, the Trust's Employee Handbook and Code of Conduct Policy.

Where staff become aware of serious shortcomings in their colleagues behaviour and actions they should follow the Trust's Whistleblowing Policy and if a Trust becomes aware of abuse or neglect in a service they are under a duty to correct this and protect the adult from harm as soon as possible and to investigate and where necessary take disciplinary action in relation to any employee when allegations of abuse are made against them.

Where allegations are made against staff an assessment will be undertaken to assess the level of risk posed by the alleged perpetrator to all service users and whether it is safe for them to continue in their role, or any other role within the service, whilst the investigation is being undertaken.

The DCEO Head of Services is responsible for overseeing Safeguarding practices and taking a lead role in any inter-agency arrangements for the Trusts.

Where the abuse or neglect in a regulated care service results in harm which amounts to a "Notifiable Safety Incident", the Trust's Duty of Candor policy must be followed as well as a CQC notification be submitted.

The Trust also has a designated Safeguarding Lead on the board of Trustees. Whilst all Trustees share collective responsibility for Safeguarding, the Safeguarding Lead ensures safeguarding is properly prioritised, monitored, and embedded within the Trusts governance.

What staff should do if a resident or person we support discloses abuse?

Safeguarding is everybody's concern, and all staff have a responsibility to identify and address any suspected or actual abuse.

A safeguarding adult's issue may come to the notice of a staff member in several ways, for instance through direct allegations, comments which seems to suggest abuse, injuries, bruises or marks and behavior which may suggest the possibility of abuse.

Staff should then: -

- Assure the person that the matter will be taken seriously.
- Listen carefully to what the person is saying, establish the basic facts, be non-judgemental and don't jump to conclusions.
- Don't promise confidentiality – explain how and why information might need to be shared if they or others are at significant risk.
- Find out what the person wants to happen. Reassure the person that they will be involved in decisions about what will happen. Don't "interrogate" the person. Seek clarification and later formal enquiries and investigation will allow the person to give a full account of their concerns. Provide service users with the best possible personalised advice, care and support.
- If the person has specific communication needs, provide support and information appropriately.
- Don't approach the alleged abuser at this stage without management authority.

- Make an immediate evaluation of risk on the evidence and promptly report the allegation to their manager in line with organisational and local multi-agency procedures.
- Service Users should be given support from risks of reprisals or intimidation.
- Make a record of what the person disclosed and what action has been taken as a result (using a serious incident form). It is vital that staff keep comprehensive records of safeguarding reports and cases to allow effective action and monitoring and to protect service users and staff.
- Notify the Trust Safeguarding Lead Officer immediately.

The dignity, safety and wellbeing of the adult is a priority and accurate record keeping and appropriate information sharing/inter-agency working are key to delivering better and more efficient services and improving outcomes.

If abuse is suspected, clearly occurring or is alleged to have occurred, we should take swift action to limit the damage to service users and to deal with the abuse. A staff member who witnesses a situation in which a service user is in actual or imminent danger should use their judgment as to the best way to stop what is happening without further damage to anyone involved including themselves, either by immediately intervening where safe to do so or by summoning help from colleagues and emergency services including the police.

Allegations against an ~~SJMT or Yardley Great Trust~~ Mason Yardley Trust Employee

If a service user makes an allegation about an employee, it is essential that both the staff member and service user are treated fairly and respectfully. The Trusts have a duty to investigate all allegations, and this will be done via the Designated Safeguarding Officer at ~~SJMT and Yardley Great Trust Group~~ Mason Yardley Trust.

Should a member of staff be under investigation it will be determined based on risk to themselves, others and what role they do whether the employee will be removed from their role temporarily, related to another role or formally suspended from duties pending investigation.

If an employee receives allegations from a service user about a colleague it is essential that they follow the same processes as they would with any other safeguarding and that they record, report and keep confidentiality accordingly.

Multi-Agency Working

Staff must positively engage with agencies involved in addressing suspected abuse, cooperate in every possible way in any investigation into alleged abuse, where necessary raise a Safeguarding Alert to the Local Council, participate in training activities relating to abuse and protection and report to managers any suggested methods of improving procedures.

Sharing information with the right people and at the right time may help to: -

- co-ordinate effective and efficient responses
- help people to access the right kind of support to reduce risk and promote wellbeing

- enable early interventions to prevent the escalation of risk by identifying low-level concerns that may reveal people at risk of abuse
- prevent abuse and harm that may increase the need for care and support
- reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse
- help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- prevent death or serious harm
- maintain and improve good practice in adult safeguarding

Managers have a responsibility to:-

- check and review safeguarding reports, evaluate risks, consider action taken/recommended to safeguard adults concerned, engage in multi-agency working as appropriate, monitor casework and outcomes.
- support the delivery of the best possible care and support services.
- encourage a culture and ethos for the organisation which is hostile to any sort of abuse.
- produce and update policies and procedures to combat abuse.
- operate personnel policies which identify, appropriately deal with and if necessary, exclude from practice potential or actual abusers in accordance with the Safeguarding of Vulnerable Groups Act 2006/DBS system.
- provide staff with advice and training on abuse and protection as may be required.
- ensure staff can effectively address issues of abuse and support service users.
- ensure any evidence of abuse is reported and investigated speedily and sympathetically with Safeguarding Alerts to Local Councils as necessary.
- implement improvements to procedures if an investigation into abuse reveals deficiencies in the way in which the organisation operates.
- ensure there is effective collaboration with all other relevant agencies in combating abuse and improving the protection of service users and that Local Authority reporting procedures are followed.
- ensure that any urgent concerns have been reported to the relevant authorities, including the Local Council safeguarding team by phone and/or by the appropriate Alert Form, and if necessary, the Police, without delay.
- Investigate any allegations of wrong doing by members of staff.

Safeguarding Alerts /Adult Safeguarding Concerns

After discussion with their line manager, where appropriate staff should raise a Safeguarding Alert by reporting their concerns that an Adult with care or support needs is thought to be a victim of abuse or neglect, to the Council's Safeguarding Team. Initially this is by phone in emergencies and then by submitting the Council's completed Alert form to the Local Authority for investigation. An Alert about a safeguarding concern should be raised within 12 hours of an officer becoming aware of the concern. Each Council has their Alert processes which are available by the individual local authority website.

This information is also on display at Head Office & on noticeboards within every service.

The adult with care and support needs who is at risk should normally be informed of the decision to make a Safeguarding Alert to the Council and the reasons for this, unless in agreement with the line manager it is strongly felt that telling them would jeopardise their safety or the safety of others. If there is an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an Alert *must* be made.

Further Action

The Trust will cooperate with the Multi-Agency approach adopted by West Midlands Local Authorities. To view the current West Midlands guidance see:-

<http://socialsolihull.org.uk/ssab/professionals/ssab-multi-agency-procedures/>

<https://socialsolihull.org.uk/ssab/wp-content/uploads/2014/07/WM-Adult-Safeguarding-PP-v0-1-working-draft-1-4-15.pdf>

During and at the end of an incident involving possible or actual abuse, managers should review what has happened with a view to assessing whether the organisation has been effective, what has been tried, what has been learned, what has been effective /what hasn't and what next.

If necessary the organisation's policies, procedures and training arrangements will be modified in response to any outcome from the incident or the investigation.

Potential Media Interest

A safeguarding case or allegation maybe of interest to the media and may also be spread via social media and it is essential that no member of staff at the Trust engages with this at any point of an allegation, investigation or conclusion.

Staff must never answer any questions about an individual, allegation or safeguarding via the phone/email/social media to an unknown source and must always verify who they are discussions with.

Staff should refer any media interest or social media posts regarding ~~SJMT or Yardley Great Trust Group~~ Mason Yardley Trust business to the Senior Leadership Team to manage.

7. Mental Capacity

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

The Act presumes that an adult has full legal mental capacity to make decisions unless it can be shown that they lack capacity to make decisions for themselves at the time the decision needs to be made and are able to give informed consent.

It provides clear guidelines for carers and professionals about who can take decisions in which situations. Any decision or action taken on behalf of someone who lacks capacity must be taken in their best interests. It makes it a criminal offence of neglect or ill-treatment of a person who lacks capacity.

The Act states that a person is considered as lacking in the mental capacity to make a decision if they cannot do one or more of the following four things: -

- Absorb and understand basic information about the pros and cons of an issue.
- Retain the information for long enough to be able to process it and make a decision.
- Weigh up the pros and cons against their own value system and arrive at a decision
- Communicate that decision. This could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Please see the Trusts policy of Mental Capacity and DoLs for more information about Mental Capacity and also the associated Deprivation of Liberty Safeguards.

Declaration

I, the undersigned, have read the Safeguarding Adults Policy of ~~SJMT and Yardley Great Trust Group~~ Mason Yardley Trust and undertake to take all necessary steps to ensure that I adhere to it.

Signed: _____

Name: _____

Position within the Trust(s): _____

Date: _____

APPENDIX 1

TYPES AND INDICATORS OF ABUSE

• **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.

The Home Office definition of domestic abuse is:-

- an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse.
- by someone who is or has been an intimate partner or family member regardless of gender or sexuality,
- includes: psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence; female genital mutilation; forced marriage.
- Age range extended down to 16.

• **Physical abuse**

Possible indicators of physical abuse can include:-

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person’s lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a carer
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

• **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Possible indicators of sexual abuse can include:-

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a known individual

• **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Possible indicators of psychological or emotional abuse can include:-

- An air of silence when a certain person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims by a paid or unpaid carer to attract unnecessary treatment

• **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or appropriation of property, possessions or benefits.

Some of the potential indicators of financial abuse can include:

- change in living conditions;
- lack of heating, clothing or food;
- Missing personal possessions;
- failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- inability to pay bills/unexplained shortage of money/unexplained lack of money or inability to maintain lifestyle;
- unexplained withdrawals from an account;
- unexplained loss/misplacement of financial documents;
- the recent addition of authorised signers on a client or donor's signature card; or
- sudden or unexpected changes in a will or other financial documents.
- the person allocated to manage financial affairs is evasive or uncooperative or the family or others show unusual interest in the assets of the person;
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity, or failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so;

Where the abuse is by someone who has the authority to manage an adult's money,

the relevant body should be informed, for example, the Office of the Public Guardian for deputies and the Department for Work and Pensions (DWP) in relation to appointees.

• **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.

• **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Possible indicators of discriminatory abuse can include:-

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or

anxiety • The support on offer does not take account of the person's individual needs in terms of a protected characteristic

• **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home.

This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Possible indicators of institutional abuse can include:-

- Lack of flexibility and choice for adults using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters or unnecessary exposure during bathing or using the toilet
- Absence of individual care and support plans which assess needs and risks and the care and support required
- Lack of management overview and support.

• **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Possible indicators of neglect and acts of omission can include:-

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

• **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding, substance abuse, risky behaviour, failure to take prescribed medication, nutritional deficiency, poor personal hygiene.

Each case is individual but there are some approaches that may help to support people who neglect themselves or their environment and have difficulty with protecting themselves by controlling their own behaviour:-

- early intervention to prevent behaviour becoming entrenched
- a multi-agency approach
- use of effective screening tools that assist clinicians in identifying capabilities and risks
- sensitive and comprehensive assessment, including consideration of mental capacity
- relationship-based working – 'sensitivity and gentle persistence'
- support with routine daily living tasks.

Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm.

Some indicators of possible or actual Abuse can include the following:

Physical.

- Unexplained bruises, cuts, hand marks.

- Loss of hair in clumps, abrasions to the scalp.
- Unexplained fractures, burns or scalding.
- Delays in reporting injuries.
- Vague or implausible explanations.
- Multiple injuries, history of past injuries – especially falls.

Neglect.

- Debilitation through malnutrition or dehydration.
- Unexplained weight loss.
- Poor hygiene, unkempt, dirty appearance and clothes or very unclean surroundings.
- Evidence of excessive hoarding
- Inappropriate dress.
- Poor healing/sores.
- Poor skin condition, low resistance to illness and disease.
- Inadequate heating or lighting.
- Despite needs, only inconsistent or reluctant contact with health and social care services.

Emotional/Psychological/Discriminatory abuse.

- Fearfulness.
- Mood changes, depression, irritability and unhappiness.
- Low self esteem.
- Changes in sleep and appetite patterns.
- Withdrawn and self-isolating behaviour.
- Restricted movement or denial of access to aids, equipment.
- Feelings of exclusion from activities due person's background.

Financial abuse.

- Unexpected loss of money. Inability to pay bills, lack of heating/food.
- Sudden withdrawal of money.
- Sudden disappearance of possessions.
- Loss of financial documents such as pension book, bank cards, cheque books, bank and building society books.
- Acquaintances or family expressing sudden or disproportionate interest in the adult and their financial circumstances.

Sexual abuse.

- Unexplained difficulty in walking.
- Reluctance to be alone with a particular person.
- Sudden change in behaviour.
- Uncharacteristic sexually explicit behaviour.

Other behavioural indicators that abuse may be occurring can include:

- Overly compliant.
- Overly watchful.
- Acting out aggressive, destructive, irritable or hostile behaviour.
- Being detached or appearing not to care.
- Distrust.
- Complaints of pain or discomfort with no apparent medical reason.
- Displays of unhappiness in a specific environment.
- Fear, anxiety, severe agitation displayed without an identifiable cause.

- Self mutilation.
- Increase in obsessive or ritualistic behaviour.
- Increased visits to the toilet for no apparent reason.

Service users could be particularly vulnerable due to factors such as:-

Age.

Illness.

Mental health issues.

Lack of mental capacity.

Sensory impairments.

Learning disabilities.

Learning difficulties.

Physical disabilities.