



Manual for Safeguarding Adults

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

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Chapter One

Introduction to Safeguarding?

Safeguarding describes ways of working, acting, reporting and recording that help to prevent harm to people who may be unable to keep themselves safe independently. Safeguarding practices must be person centered and flexible so that the people affected are supported not controlled.

As we will see all citizens and public service providers have a moral responsibility for safeguarding. **As a care worker you have legal duties and must:**

- Be vigilant for the signs and symptoms of abuse
- Follow safe working practices and your employer's policies and procedures
- Report concerns and suspicions appropriately
- Keep accurate records
- Listen to the people you support and be non-judgmental

The Care Act 2014 gives the following definition:

‘Adult safeguarding means protecting a person’s right to live in safety, free from abuse and neglect.’

Since the Care Act safeguarding duties apply to ‘any person who is aged 18 or over and at risk of abuse or neglect because of their needs for care or support.’ The guidance to the Act tells us that the adult does not have to actually be receiving care or support in order for the safeguarding duties to apply.

An adult may have care and support needs because they:

- Have a disability or physical impairment
- Are older
- Have learning disabilities
- Have mental health needs
- Have sensory impairments
- Have suffered a head injury
- Misuse substances and/or alcohol
- Are a family member or other unpaid carer providing assistance to an adult with care and support needs?

Just because a person fits one of these categories it should not automatically be assumed that they need safeguarding; the Care Act requires that safeguarding duties apply if the person is unable to protect themselves from actual or potential abuse as a result of their care and support needs.

There is no threshold for harm or abuse that should be suspected or disclosed for safeguarding duties to apply. You need only have a belief that an individual has care and support needs and has experienced, or is at risk of experiencing, abuse.

As a society we have a moral duty to act to prevent the abuse of individuals who may be less able to help themselves. As a care worker you have a duty to act to safeguard the people you provide care for. You must also be aware of the way that a person's family situation may be affected by their condition or support needs.

People do not exist in a vacuum and current good practice in safeguarding recognises that individuals may choose to live in situations that others may consider to be risky or harmful. Your feelings, or those of social workers or health practitioners, should not be viewed as more important than those of an adult receiving care or support. The wishes, lifestyle, culture and beliefs of the person must always be taken into consideration.

The Care Act 2014 introduced an individualized approach to safeguarding requiring each situation to be treated in a more personal way without the restriction of rigid policies and procedures.

Why is a personalized approach necessary? Please use your note pad to make notes on your answers and thoughts of each question.

Consider the following cases:

1. *Ms Dubrowski lives with her partner and their young son; she has multiple sclerosis and needs help with personal care. Care workers are worried that her home is in a state of disrepair, it is often unheated and there is very little food in the house. Ms Dubrowski's partner works and is rarely seen.*
 2. *Mrs. Jones lives on her own. Care workers are worried that she rarely puts the heating on, her home is dirty and cluttered and there is often moldy and stale food in the fridge and cupboards.*
- ***What are the similarities between the two situations?***
 - ***What are the differences?***
 - ***How might the response to each situation differ?***

Current safeguarding practice is based on six principles. These principles should underpin all aspects of care delivery.

Principles

The six principles are:

- Empowerment
- Prevention
- Proportionality

- Protection
- Partnership
- Accountability

Empowerment – this means giving people the tools they need to protect themselves and to challenge abuse and poor practice.

In your note pad suggest 3 ways in which you can empower your clients

Prevention – it is always better to stop abuse from occurring in the first place rather than trying to deal with it when it has happened. Much of safeguarding work should be proactive i.e. identifying potential risks and putting safety measures in place. In too many places focus is put on reacting to problems as they occur which means that people have already experienced harm.

Now write down 3 examples of preventative measures that exist in your place of work

Proportionality – the action taken to prevent or deal with suspected abuse must be proportional to the actual risks involved and must be appropriate to the situation. For example, if a new employee makes an error with medication it may be better to retrain them rather than dismissing them from their position.

Which of the following seems like the most appropriate response?

Mrs Grey is a new resident at Happy Acres Nursing Home. She is not a very tidy person and has a habit of leaving her belongings all over the place; this includes her purse and items of jewellery. The manager of the home is worried about the risk of theft, should she:

- Insist on removing all of Mrs Grey's valuables and putting them in the safe
- Do nothing until something goes missing
- Talk to Mrs Grey about the risks of leaving her valuables lying around and ask staff to be vigilant

Protection – some people will need the support of others to be safe from harm and to have their rights respected

Write down some factors which you think may cause a person to be in need of support to keep themselves safe

Partnership – agencies and care workers must cooperate with each other, and with individuals at risk of harm. Communities are to be encouraged to develop strategies for preventing, identifying and reporting abuse.

How do you think that community involvement can help to protect individuals?

Accountability – those delivering safeguarding must be accountable and practices should be transparent. As a care worker you should support your clients to understand

safeguarding and the role that you and others involved with them play in protecting them from harm. You should also ensure that you understand your duties and the limits of your role.

What information does your employer give to the people you support to help them to understand issues around safeguarding?

Chapter Two

Introduction to abuse

Broadly speaking abuse is any action or lack of action which causes, or has the potential to cause, harm. Harm can be physical or psychological / emotional and may be caused by a one-off event or ongoing issues.

For safeguarding purposes there are ten categories of abuse; they are:

- Physical abuse
- Domestic violence
- Modern Slavery
- Financial or Material Abuse
- Sexual Abuse
- Neglect
- Self-neglect
- Psychological Abuse
- Organisational Abuse
- Discriminatory Abuse

Before we look at these categories in more detail take a few moments to think about what you already know about abuse and what you have had experience of through your work. Use your note pad to jot down some of your thoughts.

Which of the terms used in the list are unfamiliar to me?

What types of abuse have I encountered through my work?

Are these categories of abuse all separate or may some of them overlap? If so which ones.

Physical Abuse

Physical abuse results from any action which can cause physical harm regardless of intention or relationship between abuser and the abused. Possible incidents may include

deliberate assaults where a person is hit, kicked or bitten; poor work practices which result in physical injury e.g. poor manual handling techniques; or, the misuse of medicine or restraints to control people's movements and behaviour.

Signs and symptoms of physical abuse could be bruises, bite marks, scratches, broken bones, burns or scalds or any injury or series of injuries which are unexplained and possibly untreated.

If medication and / or restraints are being used without appropriate written policies being available or records being made you would have reason to suspect that they were being used in a way which amounted to physical abuse.

Domestic Violence

Domestic violence or abuse can be defined as follows:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional’

(Home Office, March 2013)

Therefore, domestic abuse may occur between:

- Sexual partners or ex partners
- Mothers or fathers and adult children
- Siblings
- Grandparents and adult grandchildren

(Any child under the age of 16 living in a household where domestic abuse occurs will be affected by it in some way. Where you suspect this you must report your concerns to protect the child.)

Domestic violence also includes so called ‘honour’ based violence, female genital mutilation and forced marriage. These are all serious issues which can affect people of any gender or cultural background. Forced marriage is completely different from an arranged marriage which both partners have consented to.

Domestic violence may be a one off act such as a punch to the face; or it may involve a person being constantly belittled, controlled and verbally abused over a period of weeks, months, or even years.

The signs and symptoms would be those mentioned under psychological, physical, sexual, financial and emotional abuse. There may also be signs that a person was not being allowed full control over their own lives; examples might include a woman always checking her partner's reaction before answering a question or a family talking about their marriage plans for a young man with a learning disability who you suspect lacks the capacity to consent to the arrangement.

Modern Slavery

Across the country people are being abused and taken advantage of in circumstances which amount to slavery. There are domestic servants, sex workers, nail bar technicians, farm workers, car washers, labourers and more working long hours for little or no pay and living in sub-standard conditions.

If you have reason to believe that you have encountered people who are being exploited in this way you can call the police on 111, crime stoppers on 0800 555111 or the modern slavery helpline on 0800 0121700. You should not alert the person / people being exploited or their employers as you may put people at risk.

If you suspect that a person with care or support needs is being subjected to modern slavery practices you should treat this as a safeguarding concern and follow the advice given in Chapter 5 to report it.

The website www.modernslavery.co.uk presents the stories of some people who have suffered exploitation and abuse and have been helped to build new lives.

Financial Abuse

People with care and support needs are at increased risk of financial and material abuse for a variety of reasons:

- They may lack the competence to manage their own financial affairs so someone else will have to do this for them
- They might be less able to recognise when a request for money or information is fraudulent
- If they are approached by people on their doorstep selling products or services they may feel intimidated into paying for things they don't need
- Older or more physically frail individuals may be at risk of being bullied or coerced into handing over bank cards, money or valuables
- People may feel obliged to pay to keep someone involved in their lives – for example a person who relies on a neighbour for company and occasional favours may think that

‘lending’ them money occasionally is a small price to pay even if they know they will never get it back

As a care worker you might notice that someone was worrying about money or the safety of their possessions; you might wonder why someone never seemed to have money to spend even though they should be able to afford things; you could be aware of items going missing or you might see that someone was being sent numerous letters asking for payments for lotteries, charities, ‘lifestyle’ products or unlikely sounding fees or fines.

People who are dying may be vulnerable to pressure to change the terms of their will; do not get involved in any way, either as a witness or adviser and if you have concerns discuss them with your manager.

Sexual Abuse

Sexual abuse is any activity of a sexual nature which the person either doesn’t want or is unable to consent to. This may include exposure to pornography, pressure to perform or watch sexual acts and rape.

If a person is being or has been sexually abused, you may notice the following:

- Changes in behaviours; a previously outgoing person becoming quiet and withdrawn or a normally shy person becoming over eager in their interactions with others
- Person not wanting to be left alone with specific individuals or ‘types’ e.g. showing a dislike of all older men
- Challenging behaviours around bathing, bed time or other events e.g. getting anxious and ‘flinching’ or lashing out when clothes are removed
- Injuries to genitalia
- Discomfort when sitting
- STI’s or pregnancy

Neglect

People have basic needs to maintain physical and mental health; neglect occurs when these needs are not met. A person suffering from neglect may not have adequate or appropriate clothing, their environment may be unclean and poorly maintained, bedding may be soiled, or they may be sleeping on bare mattresses. The person may not have access to adequate food or drink – this would include situations where the food or drink was there, but the person was physically unable to eat or drink it. Signs of neglect could also include lack of access to health care, unadministered medication, poor hygiene and dental decay.

Self-Neglect

The effects of self-neglect are the same as those for neglect, but they are the result of the person themselves acting in ways which will result in harm. A person may self-neglect because they are depressed and lack the motivation to care for themselves; because they have a condition such as dementia and have forgotten what they need to do or how to do it;

or perhaps because they are experiencing other forms of abuse and are reacting to their situation by not taking care of their own needs.

Self-neglect may therefore be a symptom of abuse as well as a type. Self-neglect becomes a safeguarding issue when it causes concern about a person's health and wellbeing. So, for example, a person may have been a lifelong hoarder living in conditions which many might consider dirty or unhealthy, but this would only become a safeguarding issue if the person had care or support needs and the conditions they were living in were becoming harmful to health.

Psychological Abuse

Psychological or emotional abuse can have significant effects on a person's physical and mental health. It should be treated as seriously as physical abuse and there should be no attempt to minimise the harm that this type of abuse can cause.

People experiencing this type of abuse may become withdrawn and they may lack confidence. Someone who is used to being belittled and undermined may seek approval from people around them and may be indecisive or overly submissive.

Organizational Abuse

Previously referred to as institutional abuse, organisational abuse occurs when a service provider puts profit and operational needs above those of service users. Organisations which are poorly run, lack strong leadership, are understaffed or seek to operate as cheaply as possible are likely to create cultures of abuse and neglect where people are at risk of harm from incompetence and poor practice as well as deliberate intent.

Risk Indicators:

- Regular use of agency staff
- Lack of training and supervision
- 'clique' working groups of staff who are related to each other or who socialise together
- Lack of management structure
- Rigid routines that are designed to suit staff shifts instead of the needs of people being supported
- An absence of policies and procedures
- Deliberate attempts to isolate people from their families or other visitors
- Poor handling of medication
- Poor care of clothes and personal belongings
- A lack of respect in language used about and around people being supported

Discriminatory Abuse

If a person experiences abuse or neglect as a result of their race, religion, gender, sexuality or age this is discriminatory abuse. This may be physical, psychological, or organisational.

Examples could include providing meals which did not account for different cultural or religious needs; refusing to support someone to access their chosen place of worship; using racist, sexist or homophobic language.

In each of the following scenarios identify the type or types of abuse which might be occurring and make a note in your note pad:

- a) *Ms Nowacki has a learning disability which affects her ability to live independently; because of this she lives with her older brother and his wife. You work in a day centre which Ms Nowacki attends during the week, you notice that she is slipping food into her handbag, her clothes look dirty and she looks and smells as if she hasn't bathed recently.*
- b) *You are having your car cleaned at a local supermarket. One of the men working on your car starts to look unwell and puts his tools down. He is immediately approached by another man who looks very angry and shouts words you can't hear. The worker quickly starts work again.*
- c) *Mrs Broom is an elderly lady with dementia, she lives in a residential care home where you work. Mrs Broom's husband visits her every Friday and they spend the evening together in her room. You notice that Mrs Broom has started to become very anxious in the hours before her husband arrives, she also rings her call bell numerous times while he is there but never seems to want anything when you answer. Mr Broom is extremely apologetic and always appears attentive to his wife.*
- d) *Arav has severe autism and epilepsy and lives in supported housing, you're a family friend so when you see Arav at the supermarket you stop to say hello to him. Arav is with a support worker who he introduces as Janine, he says that Janine is helping him do some shopping. The trolley that Janine is pushing has some groceries in it but also includes make up, a celebrity magazine and a pack of nappies.*

Chapter Three

Acts and Law

The legal framework safeguarding adults includes many pieces of legislation covering areas from health and safety to human rights and various codes of practice.

Regulators the Care Quality Commission oversee the safe delivery of care and local authorities and other funding bodies will include safeguarding compliance requirements in their contracts with care providers.

Care Act 2014

The Care Act put safeguarding duties on a legal footing.

‘Each local authority must:

- Make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom
- Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the police and the NHS (specifically the local clinical commissioning groups) and the power to include other relevant bodies
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other appropriate adult to help them
- Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect’

(skills for care, 2016)

In the extract above ‘an adult’ refers to someone who the local authority has legal safeguarding duties for. Try and remember how this was defined (in Chapter one) and write the definition in your note pad

This legislation also introduced the statutory principle of wellbeing; local government guidance defines wellbeing as:

- Personal dignity including respect
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- Participation in work, education, training or recreation

- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation

This is such a broad definition of a person's needs, safeguarding work cannot protect people at the expense of their right to control their own lives, their need for personal fulfilment or their desire to maintain relationships with family and friends.

The Act also introduced the requirement for local authorities to carry out needs assessments for any person, or carer, who appears to have care or support needs. This intervention can be a safeguarding measure where a person's demands on their carer are starting to impact on their health and wellbeing. So, for example, if you were aware that the husband of a lady with dementia was becoming frustrated by her behaviours and was struggling to cope with her needs and you were concerned that this might result in abuse or neglect your safeguarding referral may trigger a carer's needs assessment for the husband.

Also, in the Act was the 'Duty of Candour' – all health and social care providers must be open with people when things go wrong. If a client suffers harm, they, or their representative, must be given an apology and the provider must explain what further action they intend to take.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 13 of this legislation relates to safeguarding service users from abuse and improper treatment. Guidelines for good working practice that meets the requirements of the regulations is published by the Care Quality Commission (CQC, 2015). An extract from the guidance states:

'To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- Neglect.
- Subjecting people to degrading treatment.
- Unnecessary or disproportionate restraint.
- Deprivation of liberty.

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.'

Mental Capacity Act 2005

This Act protects the rights of people who may be at risk of having their freedom of choice and action removed from them by others, often in situations where other people – friends,

family and professionals – feel that they know what is best for the person. The Mental Capacity Act asks that everybody regardless of background, age, disability or appearance must be ‘presumed to have capacity unless it is established that he lacks capacity.’(principle 1 MCA 2005).

Even if it is established that a person lacks capacity the principles of the Act support the person’s right to be fully involved in all decisions and puts their own best interests above the opinions and wishes of others.

Section 44 of the Mental Capacity Act introduced a new criminal offence of ill treatment or wilful neglect of a person who lacks capacity to make relevant decisions.

In May 2019 a Mental Capacity (Amendment) bill was passed into law. It replaces the Deprivation of Liberty Safeguards (DoLS) with a scheme known as the Liberty Protection Safeguards. The Act draws to some extent on the [Law Commission’s proposals](#) for reforming DoLS, but generally does not address some of the wider MCA reforms that the Law Commission suggested. So proposed reforms around supported decision-making and best interests are not included, although those omissions, and other changes from the Law Commission’s suggestions proved controversial as the Bill went through Parliament.

Key features of the Liberty Protection Safeguards (LPS) include:

- In line with the Law Commission’s suggestion they start at 16 years old. There is no statutory definition of a deprivation of liberty beyond that age
- **Deprivations of liberty have to be authorized in advance by the ‘responsible body’.**
 - ☐ For NHS hospitals, the responsible body will be the ‘hospital manager’.
 - ☐ For arrangements under Continuing Health Care outside of a hospital, the ‘responsible body’ will be their local CCG (or Health Board in Wales).
 - ☐ In all other cases – such as in care homes, supported living schemes etc. (including for self-funders), and private hospitals, the responsible body will be the local authority.
- **For the responsible body to authorise any deprivation of liberty, it needs to be clear that:**
 - ☐ The person lacks the capacity to consent to the care arrangements
 - ☐ The person has a mental disorder
 - ☐ The arrangements are necessary to prevent harm to the cared-for person and proportionate to the likelihood and seriousness of that harm.
- In order to determine this, the responsible body must consult with the person and others, to understand what the person’s wishes and feelings about the arrangements are.

- An individual from the responsible body, but not someone directly involved in the care and support of the person subject to the care arrangements, must conclude if the arrangements meet the three criteria above (lack of capacity; mental disorder; necessity and proportionality).
- Where it is clear, or reasonably suspected, that the person objects to the care arrangements, then a more thorough review of the case must be carried out by an Approved Mental Capacity Professional.
- Where there is a potential deprivation of liberty in a care home, the Act allows care home managers – if the local authority felt it was appropriate - lead on the assessments of capacity, and the judgment of necessity and proportionality, and pass their findings to the local authority as the responsible body. This aspect of the Act has generated some negative comment, with people feeling that it might lead to insufficient independent scrutiny of the proposed care arrangements.
- Safeguards once a deprivation is authorized include regular reviews by the responsible body and the right to an appropriate person or an IMCA to represent a person and protect their interests.
- As under DoLS, a deprivation can be for a maximum of one year initially. Under LPS, this can be renewed initially for one year, but subsequent to that for up to three years.
- Again, as under DoLS, the Court of Protection will oversee any disputes or appeals.

The new Act also broadens the scope to treat people, and deprive them of their liberty, in a medical emergency, without gaining prior authorization

Human Rights Act 1998

The Human Rights Act has a significant impact on care delivery and safeguarding practice. Of particular interest in respect of safeguarding are:

- Article 2 – right to life
- Article 3 – freedom from torture and inhuman or degrading treatment
- Article 4 – freedom from slavery and enforced labor
- Article 5 – right to liberty and security
- Article 8 – respect for your private and family life, home and correspondence

General Data Protection Regulation (GDPR)

The safe handling of personal information is an important element of safeguarding. If sensitive information such as medical history, political involvement or criminal convictions is not protected the person is put at risk of discriminatory or other types of abuse.

All staff should recognize the need to ensure that their notes and client details cannot be accessed by people who have no right to the information.

Confidentiality and information sharing

The principle of confidentiality is a key part of the relationship between care workers and the people they support. People need to trust that the things they tell their care providers will not be passed on. However, there are times when information will have to be shared for safeguarding purposes to prevent abuse and neglect.

If someone talks to you about abuse they have experienced you must not promise to keep what they say secret; you must tell them that you may have to discuss what they have told you with your manager or other appropriate person, preferably with their permission. Be clear that although you cannot keep it secret, you will take care to only share the details with people who have a need to know.

Your local authority should issue guidance on information sharing, see if you can find it and note some of the key points in your note pad.

Health and Safety

Health and safety legislation such as the Health and Safety at Work Act 1974 is primarily aimed at preventing accidents and ill health in work situations, employers and workers must also take into consideration anyone affected by working practices such as clients or visitors to premises.

We often hear about people taking a very conservative approach to health and safety and using it as a reason why things can't be done. In the context of care and safeguarding work it is important to remember that people have the right to take risks and that we cannot remove all possibility of harm. We should take a positive approach to risk assessment that aims to support people to do things that they wish to do, not to limit their choices or opportunities.

Good practice in safeguarding work is person-centred, flexible and takes into account the individuality of each situation. Within the legal and regulatory framework people are to be supported to live their lives as they wish and it should be recognised that this may involve a degree of risk and, in some cases, a tolerance of a degree of harm.

Chapter Four

Abuse Prevention

When working to prevent abuse and neglect you need to remember the six key principles which should underpin safeguarding. Try to recall them and write them in the space below.

The needs wish and best interests of those being protected must be considered when planning and implementing measures to prevent abuse and neglect. These measures may protect a group of people – for example safe recruitment – or they may address specific concerns about an individual – for example the use of restraints.

Safe care provision

Safe care starts with good recruitment practice; the CQC requires that providers employ ‘fit and proper’ people. It is important to find people who have the right attitude, a realistic expectation of the role and the desire to commit to care as a career. Finding suitable people may be hard but will improve continuity and will support safe practice as the care team will be competent and knowledgeable.

Complete some notes in your note pad for the table below to record your thoughts about staffing.

The values care staff should have:
The skills care staff need:
Support new members of staff may need:

Safe practice when recruiting means getting DBS checks done and references in before people start providing care. Employers need to do as much as they can to ensure that the people they employ are suitable and do not represent a risk to the people they provide care for.

Once employed there should be a formal induction process and an assessment of training needs along with a plan for ongoing learning. Care workers who are untrained and lack guidance and support are a danger to themselves, their colleagues and the people they support.

Safeguarding awareness should form part of the initial induction so that all staff know how to recognize abuse and how to respond to disclosures and concerns.

All care providers must have robust policies which are reviewed and revised as necessary and which staff have awareness of and access to. The best policies in the world are useless if no one knows about them. Policies should cover all aspects of care provision but of particular importance to safeguarding will be:

- Complaints
- Money handling
- Gifts, wills and bequests
- Health and safety
- Privacy and dignity
- Confidentiality
- Physical restraint

Have a look at your employer's policies; for each of the above find and write down in your note pad one example of something you should do and one example of something you shouldn't do.

Complaints procedures need to be clear and available to all people receiving support and their families and advocates. There must be easy to follow guidelines for making a complaint and there should be set timescales for responses. Care providers should welcome complaints as opportunities to improve practice and should ensure confidentiality to reduce the risk of people being discriminated against as a result of a complaint they have made.

Training for staff should enable them to do their job safely in a way which keeps risks to people to a minimum and supports their wellbeing. Areas to consider include manual handling, medication management, diet and nutrition, hydration and catheter care.

All care staff should have an awareness of the Mental Capacity Act 2005 and of its practical application day-to-day. Each worker needs to know how to recognise when people may lack capacity to make decisions; how to support people to make decisions wherever possible; and how to proceed when a person cannot make their own decisions. It is important for carers to recognise that people with care needs have the right to make unwise decisions or do unsafe things. They cannot prevent somebody from doing something just because they don't think it is a good idea.

Good care practice must be person centred; safeguarding policies and procedures must be flexible to fit individual circumstances. Rigid 'rules' to be followed will limit the ways in which a service can respond to concerns about abuse; it must be possible to respond to unique situations in unique ways.

A good care provider will ensure inclusivity and will be transparent in their practice. Residential settings should encourage and welcome visitors while community workers should value input from clients and their friends and families. Historically there have been

many examples of abusive behaviors taking place ‘behind closed doors’ where access to residents was restricted making it easier for harm to go unnoticed.

Restriction of access was a feature of the Winterbourne View abuse scandal; the following is taken from an official report:

‘The Serious Case Review also sets out very clearly that for a substantial portion of the time in which Winterbourne View operated, families and other visitors were not allowed access to the wards or individual patients’ bedrooms. This meant there was very little opportunity for outsiders to observe daily living in the hospital and enabled a closed and punitive culture to develop on the top floor of the hospital. Patients had limited access to advocacy and complaints were not dealt with.’ (DoH, 2012)

Another significant feature of the Winterbourne case was the number of occasions on which people had been restrained. If people are being subjected to restraint, the following points need consideration:

- The restraint must be to prevent harm to the person or others
- Restraint must **never** be used as a punishment
- Restraint must be for the minimum time necessary to prevent harm
- There must be written policies and procedures for the appropriate use of restraint
- Staff members physically restraining people must be suitably trained

Restraint can take many forms, including physically holding a person, using medication to control behavior, positioning of furniture to prevent free movement or even verbal requests such as ‘Don’t get up’, ‘just stay there’.

Empowerment

Having care or support needs does not have to mean that a person cannot protect themselves; as a care worker you should be supporting people in ways which empower them and give them the tools to keep themselves safe from harm.

To maintain their own safety people need to:

- Know what abuse is – within institutions and relationships abusive behaviours can be normalised, the person experiencing abuse believes that this is the way things are for everyone. It is important that people are given information and help to understand about inappropriate behaviours
- Know how to report abuse – many people put up with abuse and neglect because they don’t know who to talk to about it or because they are unaware that there are ways of reporting and services to help them.
- Have self-esteem and self-worth – some people put up with abusive behaviours because they feel that they somehow deserve poor treatment.

- Know that there are alternatives – a person in an abusive relationship who relies on their abuser to have their needs met may not be aware that they have options available to them.
- Be able to maintain control – a person may worry that if they report abuse they will have no say in what happens to them, so, for example, a mother who has been hit by her (adult) son may not report because she fears that he may get into serious trouble and she wants to maintain a relationship with him.

To empower people you should always treat them with dignity and respect and encourage others to do the same.

Financial abuse Prevention

The money of people you support must be handled correctly and never used for anything other than the purpose they intend it to be used for. When shopping you must record exactly what money changes hands and get receipts for everything that is bought. Never mix people's money with your own or put yourself in a situation where you 'borrow' money even if you replace it straight away.

People receiving support should be discouraged from giving gifts, but, if you cannot turn one down without causing offence you must record and report its receipt and pass it to your employer. Gifts should be shared equally among the staff team. Some people enjoy pleasing others and buying gifts gives them pleasure, however, this could lead someone to spend more than they can afford or to make inappropriate purchases.

Making a will is a legal process which you must not get involved with. If you are asked for advice or to be a witness, you should refuse and refer the person to your manager.

Engaging Communities

The abuse of people with care and support needs is not something which happens only in care settings; it goes on everywhere and to protect people we need to find solutions to problems within society which lead to people being victimized or marginalized and ignored. There needs to be a change in the way that people with disabilities, or who are older or unwell, are viewed by others.

Imagine you are walking through a park, there is a young gentleman in a wheelchair ahead of you. A group of young men come along and they start making fun of the man in the wheelchair, they get in his way and they call him unpleasant names. (Note your answers in your note pad for future review)

What would you do?

How might this affect the gentleman in the wheelchair?

What might stop the young men from acting in this way?

Communities need to work together to challenge discrimination and anti-social behaviour, vulnerable people in society deserve to be able to live normal lives without fear of intimidation or harassment. There needs to be creative thinking about how communities can become stronger and more inclusive.

Chapter Five

How to respond abuse?

As we have seen abuse takes many forms; it can happen anywhere, and anybody can be responsible for it.

People who may abuse or neglect include:

- Family members
- Friends
- Neighbours
- Strangers
- Paid carers
- Health professionals
- Volunteers

Nobody is above suspicion and you should be very careful about making judgements about people based on your feelings about their looks, intelligence, position or behaviours. People who deliberately abuse others can be very good at winning the trust of other people. In order for them to get away with their abusive behaviour they may manipulate the people around their 'victim' to believe that they are charming, witty and well intentioned – this is a form of grooming.

Case analysis:

You provide care to a lady who has had mental health issues including depression and anxiety for many years. The lady doesn't talk much, is often verbally abusive and lowers your mood whenever you see her. The only thing which makes caring for this lady bearable is her husband who is the complete opposite of her; he is cheerful, funny and charming and everyone enjoys his company. It is a commonly held belief that he is a 'saint' for sticking with his wife through her illness.

If the lady confided in a care worker that she was afraid of her husband and that he was emotionally abusive to her how do you think the care worker might react? What factors might affect the care worker's attitude to this situation?

Imagine that this lady confides in you; maybe you respond with 'I'm sure he's doing his best' or 'Oh, it can't be as bad as all that'. These responses are both common ways of minimising what is happening. How do you think the lady will react to these responses? Can you remember a time when you have reacted in a similar way to someone's disclosure? What do you think the 'correct' response should be?

(Make notes in your note pad for future reference and review)

Complaints

As we saw in the last Chapter care providers should have robust complaints procedures to help them to improve their practice. Your role is to support people to understand their rights and know how to make a complaint when they are not satisfied with the care they are receiving. Read your complaints policy and make sure you understand how the process works; do not try to dissuade people from complaining and give them any help they want with writing it down or passing it on to the appropriate person.

Obstacles to reporting abuse

There are many reasons why people do not report abuse, they include:

- Fear – that the situation will get worse or that they will be left alone or moved somewhere else
- Worry about what will happen to the person who is abusing them – relationships can be complicated, for example, a parent can both love their child and be scared of them
- Lack of confidence in the safeguarding process – they may believe that nothing will be done
- Communication difficulties – people who cannot speak about their experiences rely on others to interpret their behaviours or to recognise other signs and symptoms of abuse
- Concern that they won't be believed – abusers can erode people's self-respect to such a degree that they feel unable to speak out
- Community attitudes – the person may fear being 'punished' by their community if they say anything, particularly if the person causing the abuse is seen as popular or powerful

Encouraging Communication

By building trust in your relationship with the people you support you are creating the right atmosphere for them to tell you if they are experiencing abuse; maintain open and friendly body language and encourage them to feel comfortable with you. If they tell you something which concerns you listen to them properly, do not shut them down but allow them to speak. Some people will need encouragement, if you think that there may be something wrong let the person know that they can talk to you, if they are not comfortable to do so the first time you ask keep giving them opportunities to open up.

Work with domestic abuse victims has shown that many require several opportunities to report before they actually feel able to do so.

Observations

When you spend time with people you have a chance to observe their behaviours, to see how others behave around them and to see their physical condition and the state of their

environment. While working you may identify signs and symptoms of possible abuse; it is important that you act appropriately when you have concerns.

Look back at Chapter 2 to see what some of these signs and symptoms are.

If you are suspicious that abuse or neglect may be occurring, you need to take appropriate action; you might:

- Look for further signs or symptoms to support your concerns
- Ask questions – be careful though, you do not want to put words into the client's mouth and only people with training should 'investigate' suspicions of abuse. However, if you noticed a bruise on a person's arm it would be perfectly reasonable to ask them how they got it.
- Record your concerns and discuss them with your manager or supervisor – they may have additional information and will be able to make a decision about how to proceed

Looking after a relative or friend who is physically or mentally unwell can be extremely tiring and emotionally draining. If you are worried that a client's family are struggling to cope discuss your concerns with your manager; local authorities have a duty to carry out carer's assessments to identify family carers who need extra support. The stress of a situation such as this can lead to abuse and neglect and should not be ignored.

When you pass on safeguarding concerns you are not making trouble for people or interfering, you are helping people to find the support and protection they need. Many cases of abuse and neglect are the result of ignorance, lack of training or lack of skills. Not all abusers need to be punished, often they need extra support, information or education.

Disclosures

A disclosure of abuse is a person's statement that they are experiencing abuse or neglect. Your reaction to the disclosure will depend on the situation.

Scenario a – a criminal act has occurred, there is an immediate risk. For example, a person has been physically attacked in their room; a person tells you they have just been sexually assaulted.

In these circumstances you should call 999 and ask for the police; you should do your best to keep the client calm and maintain their safety and you should preserve evidence so do not clean anything up, move anything or bathe the client. The police will take charge of the situation and control the investigation, you may have to provide a witness statement and do an incident report for your manager.

Scenario b – a person tells you they are, or have been, experiencing abuse or neglect. There may be criminal offences involved but there is no immediate threat to safety. Let them know that you are listening to them and taking them seriously. Let them know that you will have to report what they are telling you to your manager / supervisor and ask for their consent to do this. Be clear that you will have to pass on information with or without their consent but that they will be fully involved in any action taken and only appropriate individuals will be made aware of their situation.

Record details of your conversation while they are fresh in your mind, record using the words they used and try not to add bits. If you are unsure about details make this clear. Report to your manager / supervisor and they can take the necessary steps to inform your local safeguarding board and proceed as appropriate. Ensure that you follow your employer's safeguarding policies but act promptly to prevent further harm.

Partial Disclosures

A partial disclosure is when someone tells you something that makes you concerned that they may be experiencing abuse, but they are not completely open about it. So, for example, they might begin to tell you about something which has happened but then change their mind and refuse to say anything further; they may seem to be trying to tell you something but when you ask them a direct question they insist everything is alright.

In this situation you might take opportunities to try and get more information from the person; you could wait until the two of you were alone and start conversations about how they was feeling, was anything worrying them, were they happy etc. If they then made a disclosure you could proceed as above; if they do not give any further information discuss your concerns with your manager or supervisor, they can make decisions about how to proceed and can advise you about the best course of action.

Look at your employer's safeguarding policies and answer the following questions:

- 1. How and when do you report safeguarding concerns?**
- 2. If your manager is unavailable to speak to what do you do?**
- 3. Who has lead responsibility for safeguarding in your area?**
- 4. What is the telephone number of your local adult safeguarding board?**

Please write your answers in your note pad and review with your Manager at your next assessment meeting.

Taking decisions for future

If you report your concerns and your manager decides to pass them on to your local Safeguarding Adults Board (SAB) they will make a decision as to whether to accept this as a safeguarding issue – i.e. is the person at risk someone who has care and support needs, is it reasonable to think they may be experiencing abuse or neglect that they cannot protect themselves from. If the answer to these questions is no then the person reporting will be given advice on ways to handle their concerns outside the safeguarding process. If, however, the SAB accept the safeguarding referral they must then coordinate an enquiry and response.

You may hear safeguarding enquiries referred to as ‘section 42s’ in reference to the section of the Care Act which made them a legal requirement.

The enquiry will seek to:

- Find out the facts
- Establish the views and wishes of the adult involved and use these to inform decision making when working to protect the individual from harm
- Decide what action to take against the person or organisation who was responsible for the abuse or neglect

You may be asked to provide a statement about your concerns and things you have heard or witnessed, you or your manager may also attend meetings where the concerns are discussed, and actions are agreed. If there is a criminal investigation this will be carried out by the police and will take priority over any other enquiries.

Whistle-blowing

Your employer should have a whistleblowing policy which will detail the procedures to follow to raise concerns within your organization. Sometimes it is necessary for employees to ‘blow the whistle’ to external agencies; you might need to do this if:

- You have raised the issue with your employer, given them adequate time to take action but nothing has been done
- You reasonably believe that if you raised your concern internally there would be increased risk of harm

There is legislation, the Public Interest Disclosure Act 1998, which gives protection to employees who are whistle -blowers providing they are acting in good faith to expose issues which put the public at risk. (Employee grievances cannot be dealt with in this way).

If you think you may need to raise concerns outside your organisation you should contact the CQC www.cqc.org.uk 03000 616161 for further information and advice.

How would you respond to the following situations? (Make notes for review)

1. You enter a person’s bedroom and find them on the floor; they are injured and tell you that they have just been attacked.
2. You are helping someone to have a bath, they seem anxious about undressing. You notice that they have 3 or 4 bruises on their body, some look older than others. When you ask about the bruises, they are unable to tell you how they got them.
3. While talking to someone about clothes she tells you she would love some new blouses, but she can’t afford them. You are a bit surprised as you always thought that

this person was reasonably well off, she tells you that her daughter only allows her a small allowance 'for necessities' and that she doesn't have access to her own bank account.

4. The way medication is handled in your workplace gives you cause for concern, you have reported some errors and poor practice, but your manager does not seem to take you seriously and there are further incidents.

Confidentiality and Information Sharing

Confidentiality is an important principle for the provision of care and the rights of people to have their personal information kept safe is protected by law. However, when there are safeguarding concerns the risk of not sharing information may override a person's right of confidentiality. As we have seen safeguarding work must be person centred and decisions must be made on an individual basis working with the person. When someone makes a disclosure, or you have concerns about them, you should whenever possible get their consent to discuss their situation with other agencies. If they do not give consent you should make clear to them that while you will respect their privacy as far as is possible you may have to share details with appropriate individuals. When doing this consider the following:

- **Do I have a legal duty to share the information?**
- **Who should I share the information with?**
- **How much information should I share?**
- **What risks are there if I share this information?**

Your employer should have policies and procedures to support you in making these decisions.

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