Safeguarding Adults
Level 3

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Learning Outcomes

- Know that adult abuse can take different forms (including physical, emotional and sexual abuse and neglect / self-neglect) including human trafficking, FGM and radicalisation, including prevalence and impact as defined by the Care Act 2014.
- Know about relevance of family including any child or children and carer factors such as domestic abuse, mental and physical ill-health and substance and alcohol misuse.
- To know how to identify an adult at risk as defined by the Care Act 2014
- Know what to do and who to contact if they have concerns about an adult, including local authority policies and procedures around who to contact, where to obtain further advice and support, and have awareness of the referral process.
- Know about the importance of sharing information when appropriate (including the consequences of failing to do so) in line with DH guidance on sharing information (Information: To Share or not to Share Government Response to the Caldicott Review)
- Know what to do if they feel that their concerns are not being taken seriously or they experience any other barriers to referring an individual.
- Know the risks associated with the internet and online social networking.
- Understand that certain factors may make an individual more at risk of adult abuse, such as learning disabilities, mental health problems, other long-term chronic conditions, drug and alcohol abuse, domestic violence and environmental factors such as social isolation, inadequate housing and cognitive impairment and sensory deficit.
- To be aware of the modern slavery act and the duties under Prevent.
- To have an awareness of the legal, professional, and ethical responsibilities around information sharing, including the use of directories and assessment frameworks.
- Know best practice and statutory duties in documentation, record keeping, and understand data protection issues in relation to information sharing for safeguarding purposes.
- Understand the purpose and guidance around Safeguarding Adults Reviews/case management reviews, individual management reviews/ agency reviews/internal management reviews.
- Understand the concept of best interests in respect of adults who lack mental capacity as set out in legislation and key statutory and non-statutory guidance, including the MCA and its Code of Practice and Deprivation of Liberty Safeguards (DoLS).
- Knowledge of local multiagency safeguarding adults' arrangements and procedures.
- Awareness of the implications of legislation, inter-agency policy and national guidance.
- Understanding of the importance of the individual's rights in the safeguarding context, and related legislation.
- Understand coercion and control in personal relationship and its impact upon the individual's decision-making ability.
- Understanding of the principles of information sharing, confidentiality, and consent related to adults at risk of harm or abuse.
- Aware of the role and remit of the Safeguarding Adults Board (SAB).
- Have knowledge of court and criminal justice systems, the role of different courts, the burden of proof, and the role of a professional witness in the stages of the court process.

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- Understand relevance of multi-agency audits and own role in multi-agency inspection processes, what constitutes forensic procedures and practice required in adult safeguarding, and how these relate to clinical and legal requirements.
- Understand the assessment of risk and harm.
- Understand the effects of carer behaviour and family factors on individuals, and appropriate interagency responses.
- Have awareness that individuals may become victims of radicalisation.
- Know when to liaise with expert colleagues about the assessment and management of the individual where there are concerns about safeguarding.
- Detailed knowledge of principles of consent, mental capacity and best interest decisions.
- Understanding of 'grooming' techniques and how people causing harm gain power and control over others.
- Know how to share information appropriately, taking into consideration confidentiality and data protection issues.
- Understand the impact of an individual's cultural and religious background when assessing risk to an individual.
- Understand principles of effective clinical supervision and peer support.
- Understand processes for identifying whether an individual is known to professionals in social care and other agencies.
- Aware of resources and services that may be available within the NHS and other agencies, including the voluntary sector, to support families.
- Know what to do when there is an insufficient response from organisations or agencies.
- Know the long-term effects of abuse and how these can be detected and prevented.
- Know the range and efficacy of interventions for adult abuse / harm.
- Understand the organisational procedures for proactively following up on individuals who miss outpatient appointments or patients under the care of adult mental health services who miss outpatient appointments.
- Understand and contribute to processes for auditing the effectiveness and quality of services for safeguarding, including audits against national guidelines.
- Understanding of how to manage allegations of abuse by professionals and how to take appropriate action to escalate concerns to the organisation and multi-agency partners.

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The Care Act 2014

The Care Act 2014 was introduced and it replaced 'No Secrets' guidance.

The Section 42 safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) 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.

The Care Act 2014 state that safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Also, that organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being.

The purpose of Safeguarding Adult Investigation is to prevent abuse and help people to live safely. The responsibility of a healthcare professional is to be vigilant to the signs of abuse, be open to a person disclosing abuse to them, report to the relevant person and to cooperate in any investigation.

The aims of adult safeguarding are 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 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
- Address what has caused the abuse or neglect.

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To achieve these aims, The Care Act 2014 state it is necessary to:

- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect
- Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to

Safeguarding Adult Board (SAB)

Each local authority must establish for their area a Safeguarding Adult Board (SAB). Their role is to help and protect any adults that section 42 duties apply. The SAB achieves this by monitoring and coordinating each of its members and ensuring their effectiveness.

The local SAB must arrange for a review to be conducting of every case involving an adult that needs care of support. If the SAB makes a request for information the person must comply.

Healthcare Professional Responsibility

As a healthcare professional working with adults who are at risk, you have a vital role to play in recognising the signs of abuse and acting in reporting any concerns or suspicions you may have that someone is being abused.

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Protecting adults at risk and dealing with abuse is a complicated and very difficult area. **As a healthcare professional, it is your responsibility to:**

- Treat all abuse or potential abuse seriously
- Act on any concerns you may have that someone is being abused
- Know what to do if you have a concern or suspicion
- Know how you can get help and support

Definition of an Adult at Risk

Safeguarding Adults NHS England state 'An adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support. Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team.'

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The term **"adult at risk"** has been used to replace **"vulnerable adult"** as the term "vulnerable adult" may wrongly imply that some of the fault for the abuse lies with the adult abused.

An adult at risk may be a person who:

- Is elderly and frail
- Has a physical or sensory disability
- Has a mental disorder including dementia or a personality disorder
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is an unpaid carer
- Is homeless

The more dependent a person is on others for help with activities of daily living, the more at risk that person is likely to be. This is especially so where there is also a degree of incapacity mentally that affects the ability of the person to make informed decisions and choices.

There are both personal factors and environmental factors which affect a person's vulnerability and ability to protect themselves. Early life events such as death of a parent or child abuse can affect a person's vulnerability later in life.

Personal factors that increase risk:	Personal factors that reduce risk:
Social isolation	Good self esteem
Poor self esteem	Sociable/easy-going personality
Minority status	Intelligence
Mental incapacity	Flexibility
Disability	Good problem-solving skills
History of abuse as a child	Attractive
Drug/alcohol misuse	
Early loss of a parent	
Communication difficulties	
Institutionalisation	

External factors that increase risk:	External factors that reduce risk:
Serious crisis/stressful events	Good community networks
Recent loss or bereavement	Being employed
Separation/family breakdown	Sufficient income
Domestic or other abuse	Varied interests
Asylum seeking status	Well run care with an open culture
Partner has mental illness or misuses drugs/alcohol	Having a companion and/or friends
Closed culture in care environment	Education
Poor standards in a care setting	Access to an advocate

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Ill Treatment and Wilful Neglect

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act and Mental Capacity Ace Code.

Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

Definition of Abuse

Abuse can take many different forms; the different types of abuse are outlined later in the course. Abuse is mistreatment by any other person or persons that violates a person's human and civil rights.

Abuse may be:

- A single act or repeated acts
- An act of neglect or failure to act
- Multiple acts, for example, an adult at risk may be neglected and also being financially abused.

Statement of Government Policy on Adult Safeguarding

The Government's Policy objective is to prevent and reduce the risk of significant harm to adults at risk from abuse or other types of exploitation, whilst maintaining control of their lives and supported in making informed choices.

This framework will be different in different places, reflecting, for example, local demographics and environment characteristics. However, they should all reflect the 6 key Principles that have been set out.

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Empowerment – Presumption of person led decisions and informed consent.
Protection – support and representation for those in greatest need.
Prevention – it is better to take action before harm occurs
Proportionality – proportionate and least intrusive response appropriate to the risk presented
Partnership – local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability – accountability and transparency in delivery safeguarding.

What this actually means for the individual:
Empowerment – I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Protection – I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.

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Prevention – I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionality – I am confident that the responses to the risk will take into account my account my preferred outcomes or best interest.
Partnership - I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability – I am clear about the roles and responsibilities of all those involved in the solution to the problem.

What this actually means for the Organisation:
Empowerment – we give individuals relevant information about recognising abuse and the choices available to them to ensure their safety. We give them clear information about how to report abuse and crime and any necessary support in doing so. We consult them before we take and action. Where someone lacks capacity to make a decision, we always act in his or her interests.
Protection – Our local complaints, reporting arrangements abuse and suspected criminal offences and risk assessments work effectively. Our governance arrangements are open and transparent and communicated to our citizens.
Prevention – we can effectively identify and appropriately respond to signs of abuse and suspected criminal offences. We make staff aware, through provision of appropriate training and guidance, of how to recognise signs and take any appropriate action to prevent abuse occurring. In all our work, we consider how to make communities safer.
Proportionality – we discuss with the individual and where appropriate with partner agencies the proportionally of possible responses to the risk of significant harm before we take a decision. Our arrangements support the use of professional judgement and the management of risk.
Partnership – we have effective local information-sharing and multi-agency partnership arrangements in place and staff understanding these. We foster a 'one' team approach that places the welfare of individuals above organisational boundaries.
Accountability – the roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

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Making Safeguarding Personal

In addition to these principles, it is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

The Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

They are responsible for:

- Processing requests for criminal records checks
- Deciding whether it is appropriate for a person to be placed on or removed from a barred list
- Placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland

They search police records and, in relevant cases, barred list information, and then issue a DBS certificate to the applicant.

Referrals are made to the DBS when an employer or organisations, e.g. a regulatory body, has concerns that a person has caused harm, or poses a future risk of harm to vulnerable groups, including children. In these circumstances, the employer must make a referral to the DBS.

Types of Abuse

This is not an exhaustive list but a guide to the types of behaviour and circumstances that would give raise to a safeguarding concern.

- Physical abuse
- Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Human Trafficking
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect
- Female Genital Mutilation (FGM)
- Coercion and Control in a Personal Relationship
- Grooming

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Physical Abuse

Examples of Physical Abuse:

- Hitting, slapping, pushing, kicking, scratching shaking, pinching,
- Burning
- Force-feeding
- Misuse of medication such as, giving medication that may harm
- Disciplining in an inappropriate way
- Rough handling
- Inappropriate sanctions including deprivation of food, clothing, warmth and health care needs
- Withholding care, preventing access to healthcare or applying inappropriate techniques or treatment
- Forced isolation and confinement, for example, people being locked in their room, and inappropriate methods of restraint.

Possible Signs:

- Unexplained injuries such as, fractures, bruising
- Unexplained injuries in well-protected areas of body, e.g. on the inside of thighs or upper arms etc.
- Injuries at different stages of healing
- Pain
- Not wanting to be touched
- Burn marks of unusual type, e.g. burns caused by cigarettes and rope burns etc.
- A history of frequent changes of general practitioners or reluctance in the family, carer or friend towards a general practitioner consultation
- Accumulation of medicine which has been prescribed for a client but not administered
- Person exhibiting untypical self-harm
- Medical conditions which are not treated
- Sudden or unexplained incontinence
- Evidence of over or under medication
- Person flinches at physical contact
- Person appears frightened or subdued in the presence of particular people
- Person may ask not to be hurt
- Person may repeat what the perpetrator has said, for example, 'Shut up or I'll hit you'
- Reluctance to undress or uncover parts of the body

Domestic Abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. But it isn’t just physical violence – domestic abuse includes any emotional, physical, sexual, financial or psychological abuse.

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It can happen in any relationship, and even after the relationship has ended. Both men and women can be abused or abusers.

Types of Domestic Abuse
Domestic abuse can include:

- Sexual abuse and rape
- Punching, kicking, cutting, hitting with an object
- Withholding money or preventing someone from earning money
- Not letting someone leave the house
- Reading emails, text messages or letters
- Threatening to kill or harm them, another family member or pet.

Signs, Symptoms and Effects
It's often difficult to tell if domestic abuse is happening, because it usually takes place in the family home and abusers can act very differently when other people are around. The signs of domestic abuse depend on the type of abuse a person is experiencing. Therefore, the signs are likely to follow the same pattern of physical, psychological, sexual or financial abuse.

Sexual Abuse

Examples of Sexual abuse:
- Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other will be regarded as sexual abuse. This includes a day care worker; a social worker; a residential worker; a health worker or a personal assistant.
- Direct or indirect sexual activity where the adult at risk cannot or does not agree to it
- Sexual activity which an adult client cannot or has not consented to or has been pressured into
- Sexual activity which takes place when the adult client is unaware of the consequences or the risks involved
- Rape or attempted rape
- Sexual assault and harassment
- Non-contact abuse e.g. voyeurism, pornography, photography
- Inappropriate looking or touching
- Coercing a person into participating in or watching pornographic photographs or videos.
- Sexual teasing or innuendo

Possible signs:
- Person experiences pain, itching, bleeding or bruising in genital/anal area
- Using bad language
- Not wanting to be touched
- Changes in appearance

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- Unexplained changes in the demeanor and behaviour of the adult
- Tendency to withdraw and spend time in isolation
- Expression of explicit sexual behaviour and/or language by the adult which is out of character
- Irregular and disturbed sleep pattern
- Torn or stained underclothing or bedding especially with blood or semen
- Sexually transmitted disease or pregnancy where the individual cannot give consent to sexual acts
- Person discloses, either fully or partially, that sexual abuse is occurring or has occurred in the past
- Person has urinary tract infections or vaginal infections that are not otherwise explained
- Person appears unusually subdued, withdrawn or has poor concentration
- A person found having any sexual activity with a person with severe mental incapacity
- Images of sexual abuse on the internet

Psychological Abuse

Examples of Psychological Abuse:

- Emotional abuse
- Verbal abuse
- Bullying
- Humiliation and ridicule
- Intimidation, indifference, hostility, rejection,
- Shouting, swearing or the use of discriminatory and/or oppressive language
- Threats of punishment, abandonment, intimidation or exclusion from services
- Isolation or withdrawal from services or supportive networks
- Deliberate denial of religious or cultural needs
- Stopping visits to or from family and friends
- Racial or religious harassment

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Possible signs:

- Person appears anxious or withdrawn, especially in the presence of the alleged perpetrator
- Too eager to do everything they are asked
- Showing compulsive behaviour
- Not being able to do things they used to
- Not being able to concentrate or focus
- Inability of the person to sleep or tendency to spend long periods in bed
- Loss of appetite or overeating at inappropriate times
- Anxiety, confusion or general resignation
- Tendency towards social withdrawal and isolation
- Fearfulness and signs of loss of self-esteem
- Uncharacteristic manipulative, uncooperative and aggressive behaviour
- Untypical ambivalence, deference, resignation, becoming passive
- Person exhibits low self esteem

- Person rejects their own cultural background and/ or racial origin
- Untypical changes in behaviour, for example, continence problems, depression or fear
- Person is not allowed visitors or phone calls
- Person locked in a room/in their home
- Person is denied access to aids or equipment, for example, glasses, hearing aid, crutches
- Person's access to personal hygiene and toilet is restricted
- Person's freedom of movement is restricted by use of furniture or other equipment
- Exposed to inappropriate stimuli
- Person feels isolated

Financial Abuse

Examples of Financial abuse:

- Misusing or stealing their money, property, possessions or benefits
- Cheating them
- Using them for financial gain
- Putting pressure on them about wills, property, inheritance or financial transactions
- Fraud and extortion of material assets
- Misappropriation of property, possessions or benefits
- Denying the rights of an adult who may be competent to handle their own financial affairs.
- Internet scams, postal scams and doorstep crime

Possible signs:

- Having unusual difficulty with finances
- Not having enough money
- Being too protective of money and things they own
- Not having normal home comforts
- Unexplained inability to pay for household shopping or bills etc.
- Withdrawal of money which cannot be explained
- Missing personal possessions
- Disparity between the person's living conditions and their financial resources
- Unusual and extraordinary interest and involvement in the adult at risk's assets
- Lack of money especially after benefit day
- Objects of value going missing
- Power of Attorney obtained when the person lacks the necessary capacity to make this decision
- Recent changes to deeds/title of house
- Recent acquaintances expressing a sudden or disproportionate interest in the person and their money
- Reluctance to pay for necessary food, clothes or items

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There are certain factors, which may increase the risk of a person being financially abused:

- Person has guaranteed high benefit, income
- Person is unable to administer their own money due to lack of capacity/numeracy skills
- Person has several workers/ carers managing their money and accessing their PIN numbers
- Carers becoming financially dependent on a person/service user
- Person who is isolated or lonely being exposed to financial pressure, for example from loan firms
- Person known as being isolated or is regarded as vulnerable within the community
- Person has no real independent advocate
- Bogus callers can trick their way into people's home to steal money and property.

Modern Slavery

Examples of Modern Slavery

- Slavery
- Human trafficking
- Forced labour and domestic servitude.
- Traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Possible Signs:

- Signs of physical or psychological abuse
- Not permitted to travel on their own
- Appears to be controlled or influenced by another people
- Few or no personal belongings
- No travel documents
- Appears frightened

Human Trafficking

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Definition of Human Trafficking

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal, manipulation or implantation of organs.

What is Human Trafficking?

Human trafficking is akin to modern-day slavery. It is where a person is brought to, or moved around the country by others who threaten, frighten, or hurt them and force them to do work or other things they don't want to do.

Victims of human trafficking could be forced into performing work for little or no pay, have their passports taken from them, be physically and mentally abused, and may be forced to live in squalid, cramped conditions with other victims.

It's important to know that trafficking isn't just people being brought to the UK from other countries – trafficking can happen within our borders, wherever a person is moved or used through threats, deception, abduction or other means.

What are the Signs?

It's important to be aware of the warning signs of trafficking, as often the indicators of this type of abuse can be very subtle.

People who have been trafficked may:

- Show signs of consistent abuse or have untreated health issues.
- Have no identification documents in their personal possession, and little or no finances of their own.
- Be unwilling to talk without a more 'senior', controlling person around who may act as their translator.
- Sleep in a cramped, unhygienic room in a building that they are unable to freely leave.
- Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do.
- Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from their wages

Organ Trafficking

A new twist on trafficking has now come to light, and that is of people trafficked to countries where the traffickers can then harvest the organs of the trafficked victims. According to the World Health Organisation (WHO), as many as 7,000 kidneys are illegally obtained by gangs each year around the world.

While there is a black market for hearts, lungs and livers, kidneys are the most sought-after organs because one can be removed from a patient without serious ill-effects. The conspiracy involves a number of people, including a recruiter who identifies the victim, someone else to organise their journey, medical professionals to perform the operation and an accomplice charged with offering the organ for sale.

According to the WHO, a heart can fetch up to £1 million on the black market and a pancreas or liver about £500,000.

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Discriminatory Abuse

Examples of Discriminatory abuse:

- Discrimination demonstrated on any grounds including sex, race, colour, language, culture, religion, politics or sexual orientation
- Discrimination that is based on a person's disability or age
- Harassment and slurs which are degrading
- Hate crime

Possible signs:

- The person is not receiving the care they require
- Their carer is over critical or makes insulting remarks about the person
- The person is made to dress differently from how they wish
- Tendency to withdrawal and isolation
- Fearfulness and anxiety
- Being refused access to services or being excluded inappropriately
- Loss of self-esteem
- Resistance or refusal to access services that are required to meet need
- Expressions of anger or frustration

Organisational Abuse

Examples of Organisational abuse:

- Organisational abuse happens when the rituals and routines in use, force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be perpetrated by an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the organisational or service.
- May be reflected in an enforced schedule of activities, the limiting of personal freedom, the control of personal finances, a lack of adequate clothing, poor personal hygiene, a lack of stimulating activities or a low-quality diet – in fact, anything which treats service users as not being entitled to a "normal" life
- Organisational may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects.
- The distinction between abuse in institutions and poor care standards is not easily made and judgments about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

Possible signs:

- The person has no personal clothing or possessions
- There is no care plan for them
- He or she is often admitted to hospital
- There are instances of professionals having treated them badly or unsatisfactorily or acting in a way that cause harm to the person

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Neglect and Acts of Omission

Examples of Neglect or acts of omission including:

- Withdrawing or not giving the help that adult needs, so causing them to suffer
- Ignoring medical, physical or emotional needs care needs
- Failure to give prescribed medication
- Failure to provide access to appropriate health, social care or educational services
- Neglect of accommodation, heating, lighting etc.
- Failure to access care or equipment for functional independence
- Failure to give privacy and dignity
- Professional neglect
- Withholding or unintentional failure to provide help or support which is necessary for the adult to carry out activities of daily living.
- Failure to intervene in situations that are dangerous to the person, particularly when the person lacks the mental capacity to assess risk.

Possible signs:

- Having pain or discomfort
- Being very hungry, thirsty or untidy
- Failing health
- Inadequate heating, lighting, food or fluids
- Failure by carer to give prescribed medication or obtain appropriate medical care
- Carer's reluctant to accept contact from health or social care professionals
- Refusal to arrange access for visitors
- Unexplained weight loss
- Unkempt clothing and appearance
- Inappropriate or inadequate clothing, or nightclothes worn during the day
- Sensory deprivation - lack of access to glasses, hearing aids etc.
- Absence of appropriate privacy and dignity
- Absence of method of calling for assistance
- Person's physical condition/appearance is poor, for example, ulcers, pressure sores, soiled or wet clothing
- Person is exposed to unacceptable risk
- Neglect of environment

Self-Neglect

The Care Act 2014 advise that this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's

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ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Radicalisation

Definition of Radicalisation

Radicalization (or **radicalisation**) is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that:

1. Reject or undermine the status quo or
2. Reject and/or undermine contemporary ideas and expressions of freedom of choice.

Vulnerability Indicators for Radicalisation

FAST – Families Against Stress & Trauma describe factors which mean a person may be more vulnerable to those seeking to radicalise them, including:

- A conviction that their religion or culture is under threat and treated unjustly.
- A tendency to look for conspiracy theories and distrust of mainstream media.
- The need for identity and belonging.
- The need for more excitement and adventure.
- Being susceptible to influence by their peers/friends.
- Mental health issues can exacerbate other vulnerabilities mentioned above

Spot the Signs

FAST go on to state that they fully understand that there are many paths to radicalisation, and that spotting the signs is not an exact science. However, their experience of working with countless families who this has happened to has shown them that there are some factors and behaviours that are commonly found in those who may have been exposed to extremist ideas.

- Have they become more argumentative and domineering?
- Are they quick to condemn those who don't agree, and do they ignore viewpoints which contradict their own?
- Do they express themselves in a divisive 'them and us' manner about others who do not share their religion or beliefs?
- Have they begun to use derogative terms? Have they asked inappropriate questions, or expressed themselves in a way that sounds scripted? Have they used derogatory terms such as 'kuffar' or 'rafidi', or terms such as 'dawlah' or 'khilafah'?
- Has their circle of friends changed, including on social media, and are they distancing themselves from friends they were previously close to?
- Do their friends express radical or extremist views?
- Have they lost interest in activities they used to enjoy?
- Are they spending increasing amounts of time online, and are they overly secretive about what they are doing?

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- Have they expressed sympathy with violent extremist groups such as Daesh, condoning their actions and ideology?
- Have they expressed sympathy or understanding for other people who have joined these groups?

Duties Under Prevent

Prevent is the Government's counter-terrorism strategy is known as CONTEST. Challenging ideology and disrupting the ability of terrorists to promote it is a fundamental part of Prevent.

The strategy is based on 4 areas of work:

- Pursue: to stop terrorist attacks
- Prevent: to stop people becoming terrorists or supporting terrorism
- Protect: to strengthen our protection against a terrorist attack
- Prepare: to mitigate the impact of a terrorist attack

The objectives of the Prevent Strategy are (taken directly from Prevent Strategy):

3.21 Within this overall framework the new Prevent strategy will specifically:

- Respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- Work with sectors and institutions where there are risks of radicalisation which we need to address

What to do?

The first thing to do is to speak to your line manager and express your concerns, in the same way you would if you had any concerns about any form of abuse or neglect. They will implement their policies and produces in preventing radicalisation.

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If you have serious concerns you should call your local police on 101. They can refer you to a trained expert who can help you gain access to support and advice.

Female Genital Mutilation (FGM)

Definition

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision, cutting or sunna. Religious, social or cultural reasons are sometimes given for FGM.

However, FGM is abuse. It's dangerous and a criminal offence. There are no medical reasons to carry out FGM. It doesn't enhance fertility and it doesn't make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

FGM has been a criminal offence in the UK since 1985. In 2003, it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

The Immediate Effects of FGM include:

- Severe pain
- Shock
- Bleeding
- Damage to nearby organs including the bowel, and even death.

Long-term consequences include:

- Infections including tetanus, HIV and hepatitis B and C
- Inability to urinate
- Chronic vaginal and pelvic infections
- Menstrual problems
- Persistent urine infections
- Kidney damage and possible failure
- Cysts and abscesses
- Pain during sex
- Infertility
- Complications during pregnancy and childbirth.

Who is affected?

Most girls are aged 5 to 8, but FGM can happen at any age before getting married or having a baby. Some girls are babies when FGM is carried out. Girls living in communities that practice FGM are most at risk.

Data on FGM is only collected in 27 countries in Africa and also in Yemen (WHO, 2012), but we know FGM is also practiced in other countries in the Middle East and in Asia (House of Commons International Development Committee, 2013).

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In the UK, the Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (2014).

Legislation - **Female Genital Mutilation Act 2003 as amended by the Serious Crime Act 2015**

The Female Genital Mutilation Act was amended by section 73 of the Serious Crime Act 2015 to include FGM Protection Orders. An FGM Protection Order is a civil measure which can be applied for through a family court. The FGM Protection Order offers the means of protecting actual or potential victims from FGM under the civil law. Breach of an FGM Protection Order is a criminal offence carrying a sentence of up to five years in prison.

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As an alternative to criminal prosecution, a breach could be dealt with in the family court as a contempt of court, carrying a maximum of two years' imprisonment.

Who can apply for an order?

- The person who is to be protected by the order
- A relevant third party (such as the local authority); or
- Any other person with the permission of the court (for example, teachers, health care professionals, police, family member).

FGM Protection Orders are unique to each case and contain legally binding conditions, prohibitions and restrictions to protect the person at risk of FGM.

These may include:

- Confiscating passports or travel documents of the girl at risk and/or family members or other named individuals to prevent females from being taken abroad
- Ordering that family members or other named individuals should not aid another person in any way to commit or attempt to commit an FGM offence, such as prohibiting bringing a "cutter" to the UK for the purpose of committing FGM.

The court can make an order in an emergency so that protection is in place straightaway. FGM Protection Orders came into force on 17 July 2015 and apply to England, Northern Ireland and Wales.

What professionals can do about FGM

FGM is abuse and against the law. It causes serious physical and emotional harm. Professionals who are worried someone is at risk can call the FGM helpline on **0800 028 3550.**

Families who practice FGM don't think of it as abuse. Professionals need to give families advice and information that is sensitive to their culture and beliefs, but they need to make clear that FGM is illegal.

Coercion and Control in a Personal Relationship

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The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships. The new offence is in regard to patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members.

The cross-Government definition of domestic violence and abuse outlines controlling or coercive behaviour as follows:

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: a continuing act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

Controlling and coercive behaviour has a huge impact on a person's decision-making abilities. The nature of this behaviour is to undermine a person's confidence and remove their support network. The perpetrator will use methods or fear and intimidation to ensure that a person will agree with them and so as they say.

Grooming

Adult grooming refers to actions taken by another with the aim of befriending an adult at risk in order to lower their defences so they can abuse or exploit them. An abuser with typically build a relationship with the person with the purpose of gaining trust. This will enable the offender to gain power and control.

The Six Stages of Grooming

Forensic psychiatrist Dr. Michael Welner explains the six stages of grooming that can led to sexual abuse (adapted to adult from child).

Stage 1: Targeting the Victim

The offender with start by identifying a victim. They will assess the person's vulnerability, emotional neediness, isolation and lower self-confidence. Also, a person without a support network with be easier to target.

Stage 2: Gaining the Victims Trust

The offender with gain the persons trust by gathering information about them and finding out what they need and who to fulfil that.

Stage 3: Filling a Need

The offender with then start to fulfil the need of the adult at risk

Stage 4: Isolating the Adult

The offender with use the developing relationship to create situation for them to be alone. This then reinforces the relationship.

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Stage 5: Sexualising the Relationship

Once there is sufficient emotional dependence and trust the offender will move to sexualise the relationship. This can be achieved by desensitisation, such as talking or showing pictures, they may create a situation where they are both naked like going swimming.

Stage 6: Maintain Control

The offender with use secrecy and blame to maintain the relationship. The offender will make the person feel as though they are dependent of the offender, whether that be for emotional or material things. The person will feel that they are unable to leave or talk to another one else.

Risks Associated with the Internet and Social Media

As the internet is so accessible and almost everyone uses it in their daily lives, it can leave adults at risk vulnerable to abuse.

Anyone using the internet for online banking is at risk of identity theft, this is where the thieves will attempt to take money directly from your bank account. Identity thieves will also try to get you to divulge personal data in response to an email, text, letter or phone call.

Identify thieves will also try to use a method called phishing, this a fraudulent practice of sending emails supposedly from of reputable companies in order to entice the person in to reveal personal information.

There are many different types of social media, such as Facebook or Twitter. This is another method identity thieves can use to try to get you to give them personal information. They can also be used to try to befriend an individual in order to use them for personal gain.

Long-Term Effects of Abuse

Elder abuse is associated with significant morbidity and premature mortality. It causes fear and distress and often leave the person feeling isolated. If a person is subject to sustained physical abuse it can lead to long term medical conditions such as arthritis and chronic pain syndrome. Therefore, it is vital to recognise and stop abuse as soon as possible.

Non-recent abuse which is also known as historical abuse is the allegation of abuse made by a person now 18 years or over relating to an incident that occurred when they were under 18. Child who are abused will be affected at the time but sometime the effects can be felt into adulthood.

The NSPCC state the long-term effects of abuse and neglect include:

- Emotional difficulties such as anger, anxiety, sadness or low self-esteem
- Mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self-harm, suicidal thoughts
- Problems with drugs or alcohol
- Disturbing thoughts, emotions and memories that cause distress or confusion
- Poor physical health such as obesity, aches and pains
- Struggling with parenting or relationships
- Worrying that their abuser is still a threat to themselves or others
- Learning difficulties, lower educational attainment, difficulties in communicating
- Behavioural problems including anti-social behaviour, criminal behaviour.

There is an organisation call NAPAC – National Association for People Abused in Childhood who have staff specifically trained to talk to survivors of childhood abuse. Also, Survivors UK which offer support

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to male victims of childhood sexual abuse. A survivor of abuse can also get help and support from their GP or a counsellor.

Effects of Abuse on the Family

When a person is experiencing abuse, it can affect the whole family especially children. The following situation can cause distress to a child but impact it has will vary:

- Hearing abuse in another room or while they are upstairs
- Having to run from abuse
- Seeing fear in the person experiencing the abuse
- Being careful not to trigger an outburst from the abuser
- Being punished for comforting the person being abused
- Being encouraged to participate in the abuse
- Witness the violence against their mother or carer, or see their fear
- Not being cared for as the person being abused is unable to due to the abuse
- Being abused themselves
- Fearing the abuser

Why Does Abuse Occur?

Abuse can happen in a range of settings, in a variety of relationships and can take a number of forms. There are a number of indicators, which could, in some circumstances, in combination with other possibly unknown factors suggest the possibility of abuse. Abuse may be more likely to happen in the following situations:

Environmental Problems – overcrowding/poor housing conditions/lack of facilities. Inappropriate or dangerous physical or emotional environment, for example, lack of personal space. Where there is an absence of local support networks. When someone is living with a known abuser

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Financial Problems – low income, a dependent adult at risk may add to financial difficulties, unable to work due to caring role, debt arrears, full benefits not claimed.

Psychological and Emotional Problems – family relationships over the years have been poor and there is a history of abuse in the family or where family violence is the norm. Role reversal, for example the adult child taking over the parental role. A member of the household experiencing emotional or social isolation. When there is a change in the lifestyle of a member of the household, for example, unemployment, employment, illness. Older people, especially those who need a lot of care, tend to move slowly, respond slowly to questions and conversation, and may be confused or repeat themselves often. Frustration with the elderly person can result in rough handling and anger. Alcohol/substance misuse

Communication Problems – the adult at risk or their carer has difficulty communicating due to sensory impairments, loss or difficulty with speech and understanding, poor memory or other conditions

resulting in diminished mental capacity; this also includes people for whom English is a second language.

Dependency Problems – Increased dependency of the person or major changes in personality and behaviour. A person needs support with personal care. Certain personal care needs may present more opportunity for abuse. Have other dependents and responsibilities e.g. children, husband, their own home or work. Are or feel exploited by other family members and/or by health and social service workers. Have found difficulty in making other family members and/or health and social service workers understand their stress

Organisational culture – services which are inward looking, where there is little staff training/knowledge of best practice and where contact with external professionals is resisted increase the vulnerability of service users. High staff turnover or shortages may also increase the risk of abuse. The hospital or home may not be managed very well and the staff not supported properly, spending much of their work time working alone. Lack of proper supervision can also contribute to elder abuse.

Carers - Sometimes abuse happens because the carer doesn't know how to lift or physically support them. This lack of knowledge and training can result in bruising, falls and other injuries. The carer may find their caring role has cut them off from their old life, leaving them isolated. The carer is totally exhausted through excessive physical and mental demands and/or disturbed sleep. Carers are not receiving practical and/or emotional support. The carer makes frequent contact with the authorities involved with no resolution to their problems. The carer is or have been subject to abuse by an elderly person. The carer may have health problems themselves. Research by Carers UK has shown that carers who give high levels of care to a relative or friend are more than twice as likely to have poor health as people who aren't carers.

Culture and Religious Background

Culture and Religious Background can have an impact on abuse and must be considered when assessing a person's risk. There are practices such as FGM that are accepted and condoned in some cultures but are classed as abuse in the UK. Culture and religious background should be respected and taken in to account when assessing and individual but never used to excuse abuse.

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Signs to Look Out for as Social and Emotional Indicators in Carers

The carer often complains about lack of time for themselves and an inability to see an end to the situation. They are hurt and upset by the elderly person's behaviour towards them but they are also grieving for the lost personality. Often, they feel they are on their own and that there is no relief or respite – in short they feel that the situation is out of control.

- An unrelenting sense of anger, despair and frustration.
- A sense of unfairness, resentment and victimisation.
- Grief for lost personal opportunities and ambitions or plans.

- Anxiety and worry
- A sense of not being care for by themselves. Isolated, lonely and not respected.
- Loss of self-esteem.

Families often need support if their loved one has been the victim of abuse. This can be found in a number of areas within the NHS and the voluntary sector. The Safeguarding team with be able to offer family's support and information. Also, their own GP will be able to refer them for counselling if appropriate. There are many voluntary organisations what help victims of abuse and their families such as, National Domestic Violence and Victims Support. If the person experiencing abuse is older there is also Age Concern and Age UK to name a few that offer support.

The Care Act 2014 have provisions for assessment of a carer's need for support. It states where it appears to a local authority that a carer may have needs for support (whether currently or in the future), the authority must assess:

- Whether the carer does have needs for support (or is likely to do so in the future), and
- If the carer does, what those needs are (or are likely to be in the future).

The duty to carry out a carer's assessment applies regardless of the authority's view of:

- The level of the carer's needs for support, or
- The level of the carer's financial resources or of those of the adult needing care.

Where Does Abuse Occur?

Abuse can take place anywhere, such as:

- In public places
- In the person's own home
- At work
- In hospital
- In places of worship
- In care homes

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Who Abuses?

The abuser could be anyone, a man or a woman.

An abuser could be a:

- Neighbour
- Someone who also goes to the day centre
- Family member
- Volunteer
- Paid health or social care worker
- Teacher
- Clergyman

Patterns of Abuse

Patterns of abuse and abusing vary and reflect very different dynamics.

These include:

- **Serial abuse** in which the perpetrator seeks out and 'grooms' adults at risk. Sexual abuse may fall into this pattern, as do some forms of financial abuse.
- **Long term abuse** in the context of an ongoing family relationship such as domestic violence between spouses or generations.
- **Opportunist abuse** such as theft happening because money has been left around.
- **Situational abuse** which arises because pressures have built up and/or because of difficult or challenging behaviour.
- **Neglect of a person's needs** because those around him or her are not able to be responsible for their care, for example if the carer has difficulties attributable to such issues as debt, alcohol or mental health problems.
- **Stranger Abuse.** Adults at risk can be targeted by strangers; this may be an individual, a gang, or people offering services (e.g. the conman who tells the older person he will repair their roof, taking a large amount of money but doing nothing). Different forms of abuse can be inflicted in these situations e.g. financial, physical, and emotional.

Why Would a Person be Reluctance to Report Abuse?

Fear

- Of being punished for reporting
- Of institutionalization
- Of rejection or abandonment by other family members
- Of losing their caregiver
- Of losing access to family members, including grandchildren
- That the disclosure will reflect poorly upon their family
- Of not being believed

Love for the Abuser - The person may care deeply for his/her abuser, leading to conflicting feelings about revealing the abuse. The person is likely reluctant to see the abuser criticised or face consequences for the behaviour.

Lack of Understanding or Impairment - The person may be unable to report the abuse because of cognitive impairment or other disability. A mental impairment or inappropriate medication may also keep a person from revealing the abuse.

Shame and /or Guilt – The person often blames themselves for violence and neglect they are subjected to. They are often reluctant to report the abuse because they are ashamed of what the family member did to them or embarrassed that they placed their trust in that person. The person may also believe that it was something they did that brought on the abuse.

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Unaware of Resource Options – People are often unaware of the community supports and services available to assist them. They believe nothing will change.

Acceptance of Abuse or Neglect as Normal - If abuse has been a prevalent or typical pattern of behaviour in a family, both the abusers and the victims may accept it as "normal" behaviour. For many victims suffering at the hands of an abuser, violence and neglect are simply a way of life. Additionally, as violence is an accepted form of expressing rage in our society, the abuse may be dismissed and go unreported by others.

Denial - Due to denial, or not wanting to admit to themselves that there is a problem

Confidentiality - Because they have doubts about confidentiality being maintained, or believe that there is no one in whom they can confide

Culture - Because of different cultural perceptions

History - As they have sought assistance in the past and the response has been unsuccessful or caused further harm

Communication

It is vital to be able to know how to communicate effectively with adults at risk particular those with mental capacity issues, learning disability or communication need.

A good communication will:

- Be willing to use that person communication tools
- Be led by that person
- Go at that person's pace
- Check the person has understood

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Tips for communication:

- Use warmth and a positive attitude
- Try to find somewhere to talk without distractions
- Speak directly to the person, maintaining eye contact (unless that prefer to avoid eye contact due to a particular condition)
- Use simple term but avoid talking to the adult as if they were a child
- Avoid jargon or abbreviations
- Ask one question at a time
- Use touch is appropriate, such as touching the person's arm to gain their attention
- Use the person communication device if they have one
- Focus on the person's ability rather than their disability
- Be aware of the person's non-verbal cues, such as facial expression or body language
- Be aware of your own non-verbal cues

- Give the person enough time to answer and try to avoid interrupting them
- Rephrase and repeat questions, if necessary
- It may be easier to use a real object to communicate or a photo or picture.

Action to Be Taken If You Suspect Abuse

If you suspect a person is experience any form of abuse or neglect you must report the incident your line manager through their Safeguarding Adult policy immediately. Your organisation's policies and procedures should reflect the statutory guidance The Care Act 2014.

If the issue cannot be resolved through these means or the adult remains at risk of abuse or neglect (real or suspected) then the local authority's enquiry duty under section 42 continues until it decides what action is necessary to protect the adult and by whom and ensures itself that this action has been taken.

The Care Act 2014 state that the circumstances surrounding any actual or suspected case of abuse or neglect will inform the response. For example, it is important to recognise that abuse or neglect may be unintentional and may arise because a carer is struggling to care for another person. This makes the need to take action no less important, but in such circumstances, an appropriate response could be a support package for the carer and monitoring. However, the primary focus must still be how to safeguard the adult.

If you feel when reporting your concerns about actual or suspected abuse that you are not being taken seriously you must follow your organisations policies and procedures or how to proceed. This may be to speak to more senior management or to use the Whistleblowing Procedure. If you have exhausted all avenues in your own organisation then you will need to get help and support from an outside agency. That could be the police (if a crime has been committed), the SAB, CQC or Court of Protection.

Information Sharing

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It is vital that you share any concerns you have, there are six key points to information sharing.

Six key points on information sharing:

1. Explain at the outset, openly and honestly, what and how information will be shared
2. Always consider the safety and welfare of a person when making decisions on whether to share information about them
3. Seek consent to share confidential information. You may still share information if, in your judgement, there is sufficient need to override that lack of consent
4. Seek advice where you are in doubt
5. Ensure the information is accurate and up to date, necessary, shared only with those people who need to see it, and shared securely
6. Always record the reasons for your decision – whether it is to share information or not

The Department of Health's guidelines on 'To Share or not to Share Government Response to the Caldicott Review' are:

1. **Justify the purpose(s)** Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.
2. **Don't use personal confidential data unless it is absolutely necessary** Personal confidential data should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).
3. **Use the minimum necessary personal confidential data** Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data transferred or accessible as is necessary for a given function to be carried out.
4. **Access to personal confidential data should be on a strict need-to-know basis** Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.
5. **Everyone with access to personal confidential data should be aware of their responsibilities** Action should be taken to ensure that those handling personal confidential data – both clinical and non-clinical staff – are made fully aware of their responsibilities and obligations to respect patient confidentiality.
6. **Comply with the law** Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.
7. **The duty to share information can be as important as the duty to protect patient confidentiality** Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

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During an investigation, you may need to involve and/or co-operate with relevant partners of a local authority and other agencies or bodies, they include:

Local Authorities

- NHS England
- Clinical Commissioning Groups
- NHS trusts and NHS foundation trusts
- Department for Work and Pensions
- Police
- Prisons
- Probation services

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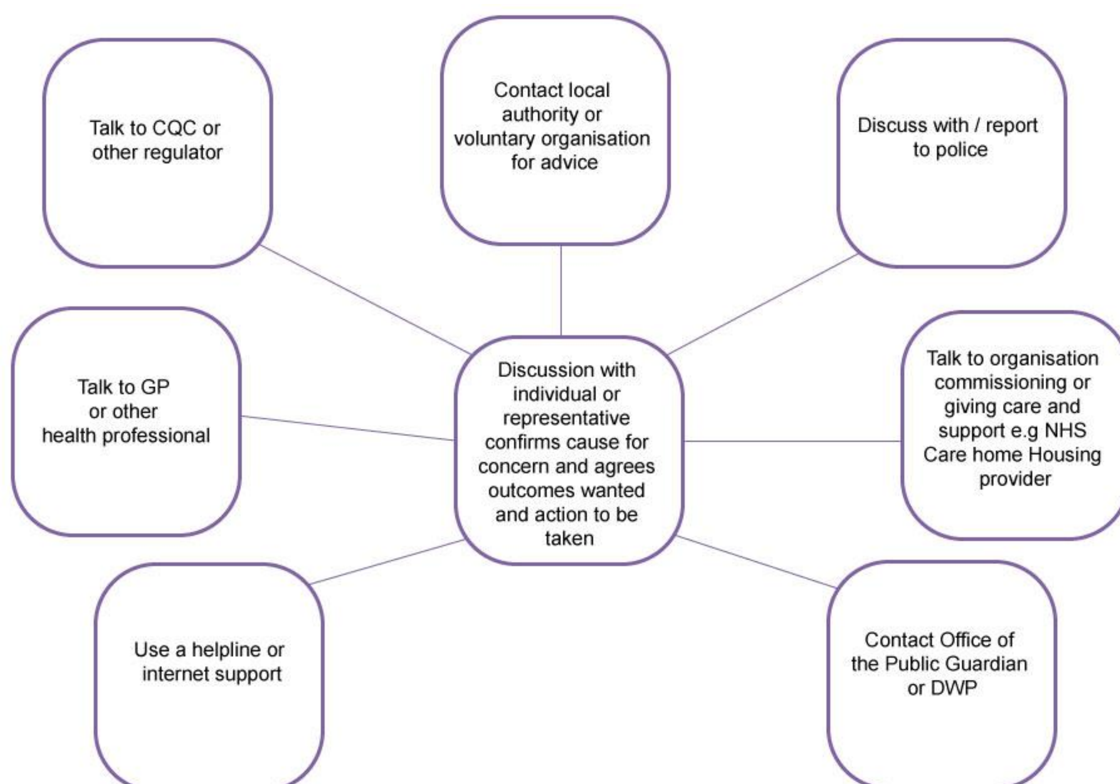
Agencies or Bodies

- General Practitioners
- Dentists
- Pharmacists
- NHS Hospitals
- Housing, Health and Care Providers



Preventing abuse and neglect when possible should be agency's main aim. This can be achieved by early intervention with individuals and their families. If an individual is isolated from their family and friends it can increase the risk of abuse. Agencies should try to prevent the situation from reaching crisis point by completing rigorous risk management processes.

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When tasks are divided between different local authorities or agencies, time scales and responsibilities must be established early on to ensure that the investigation is coordinated properly. The focus should be on promoting the wellbeing of those adult at risk.

The Care Act 2014 state that what happens as a result of an enquiry should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate. If they lack capacity it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern. Also, that the adult should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse.

Failing to share information or share it accurately will mean that nothing is done, nothing changes for the adult at risk. Such failures can lead to the person experiencing more further harm or abuse, the

abuse escalating or even death. For these reasons, it is vital to share information accurately, to the right person/agency and in a timely fashion.
Information provided maybe used in a Safeguarding Adult Reviews/Case Management Reviews or Individual Management Review/Individual Management Review

Safeguarding Adult Reviews/Case Management Reviews
Safeguarding Adult Reviews/Case Management Reviews is the process in which all partner agencies can identify what can be learnt from particularly complex or serious safeguarding adult cases. In circumstances where an adult at risk has dies or had been seriously injured and abuse or neglect is suspected. Following the review, the panel will recommend any changes that could improve the service.

Individual Management Review/ Individual Management Review
Individual Management Review can be used to either analyse individual agency performances or when developing an Individual Management Review used for a full Serious Case Review. It would consist of a contextual report and a dated chronology of agency involvement.

Multi-Agency Audits
Multi-Agency Audits are conducted to ensure that appropriate learning takes place from both good and bad practice. Audits are a good way of the SAB to ensure the quality of safeguarding work. The SAB also decide if they want the other agencies to conduct their own audits, singly or jointly or to provide the structure in which the audit should be conducted. They will also agree the type and frequency of the audits and how the findings will be reported back.

Safeguarding Audit
The aim of a safeguarding audit is to provide a framework to asses, monitor and improve if necessary the Safeguarding Adults procedures. It will also provide the SAB with information identifying:

- Its strengths, which then can be shared
- Areas of improvement needed
- Any single agency issues that need to be addressed
- Any partnership issues that would need to be addressed by the SAB

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Multiagency Risk Assessment Conference (MARAC)
Multiagency Risk Assessment Conference (MARAC) is a local, multi-agency victim focused meeting where information is shared with statutory and voluntary bodies regarding the highest risk cases of domestic violence and abuse.

At the meeting, high risk cases are discussed and then followed by the creation of an individualised multi-agency action plan. Its purpose is to support the victim and to make links with public protection procedures.

The aim of the MARAC is to:

- Increase the safety, health and well-being of victims and their children by sharing information
- Ascertain if the abuser poses a significant risk to any particular individual or the general community

- Implement a risk management plan, that providing support and that reduces the risk of harm
- Reduce the risk of recurrence
- Improve agency accountability
- Provide and improve support for staff involved in high risk domestic violence cases

Multidisciplinary Meeting (MDT)

An MDT meeting is a meeting between a group of professional from different specialities to make decisions or discuss the care or treatment of a person. It is the opportunity for a structured conversation between professional involved that that persons care. Each person brings their own knowledge and experience.

If you are involved in a MDT meeting you will be asked to give your opinion, taking into consideration other professionals view and working as a team for the benefit of the person.

I you are asked to chair a MDT meeting your role will include:

- To ask each person to introduce themselves and their speciality. Outlining their role within the meeting
- To ensure the meeting runs to time
- Encourage open discussion
- To mediate in any disagreements

Domestic Homicide Review Processes

Gov.uk states that when a domestic homicide happens, the police should inform in writing the relevant community safety partnership (CSP) of the incident. The CSP has overall responsibility for setting up reviews. Domestic violence includes physical, psychological, sexual, financial and emotional abuse involving partners, ex-partners, other relatives or household members.

It goes on to say The basis for the domestic homicide review process is to ensure agencies are responding appropriately to victims of domestic violence by offering and putting in place suitable support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

The review will also assess whether agencies have sufficient procedures and protocols in place, which were understood and followed by their staff and where there may be a need to improve these procedures.

Interventions for Adult Abuse

The protection and support for adults at risk of abuse or harm is available at 3 stages:

1. Primary Intervention aims to prevent abuse occurring
2. Secondary Intervention aims to identify and respond to any allegation of abuse or potential abuse

3. Tertiary Intervention aim to redress any harmful effects of abuse and put systems in place to prevent abuse from occurring in the future.

Confidentiality

The common law provides that where there is a confidential relationship, the person receiving the confidential information is under a duty not to pass on the information to a third party.

But the duty is not absolute and information can be shared without breaching the common law duty if…

- The information is not confidential in nature or
- The person to whom the duty is owed has given explicit consent or
- There is an overriding public interest in disclosure or
- Sharing is required by a court order or other legal obligation

Sharing of information should be were every possible done so with the person consent. However, Safeguarding Adults NHS England say that…… A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others e.g. in the interests of public safety, police investigation, implications for regulated service.

The Mental Capacity Act (MCA) 2005 & Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act 2005 is a law that protects and supports people who do not have the ability to make decisions for themselves. The act applies to people aged 16 and over in England and Wales. Northern Ireland has different laws around capacity.

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Mental capacity is the ability to make decisions for yourself. People who cannot do this are said to 'lack capacity'. This might be due to illness, injury, a learning disability, or mental health problems.

The Mental Capacity Act applies to all people making decisions for or acting in connection with those who may lack capacity to make particular decisions. The staff who are legally required to have regard for the Code of Practice when acting in relation to a person who lacks, or who may lack capacity includes those who are paid to provide care or support e.g. Care assistants, home care workers, staff working in supported housing, prison officers and paramedics.

The Five Main Principles of the Act

People who support or make decisions on behalf of someone who may lack mental capacity must follow five main principles:

1. Every adult has the right to make decisions for themselves. It must be assumed that they are able to make their own decisions, unless it has been shown otherwise.
2. Every adult has the right to be supported to make their own decisions – all reasonable help and support should be provided to assist a person to make their own decisions and to communicate those decisions, before it can be assumed that they have lost capacity.
3. Every adult has the right to make decisions that may appear to be unwise or strange to others.
4. If a person lacks capacity, any decisions taken on their behalf must be in their best interests. (The act provides a checklist that all decision makers must work through when deciding what is in the best interests of the person who lacks capacity – see below.)
5. If a person lacks capacity, any decisions taken on their behalf must be the option least restrictive to the person's rights and freedoms.

These five core principles must always be taken into account and ensure that no one is treated as unable to make a decision unless all practical steps have been exhausted and shown not to work.

Making decisions in a person's 'best interests'

Anyone making a decision on behalf of a person they believe to lack mental capacity must do so in that person's best interests. To work out what is in the person's best interests, the decision maker must:

- Not assume the decision should be based on the person's age, appearance, condition or behaviour
- Consider if the decision can be postponed until the person has sufficient mental capacity to make the decision themselves
- Involve the person who lacks mental capacity in the decision as much as possible
- Find out the person's views (current or past), if possible, and take these into account
- Consider the views of others, such as carers and people interested in the person's welfare, where appropriate, and take these into account
- Not be motivated by a wish to bring about the person's death if the decision relates to life-sustaining treatment.

Once the decision maker has considered the relevant information, they should weigh up all the points and make a decision they believe to be in the person's best interests.

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The Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards are part of the Mental Capacity Act 2005 and only apply to people who are lacking capacity – these came into force in April 2009. The Deprivation of Liberty Safeguards have been written so that people who are staying in hospital or living in a care home should be treated or cared for in a way that means they are safe but they should be free to do the things they want to do.

DoLS aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home and hospital only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

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Individualised Person-Centred Care

The Care Act 2014 states that person-centred care means working together with the individual to plan their care and support to meet their unique needs. This cuts down the risk of negative, unfair or harmful treatment and neglect. The individual is put at the centre, able to choose and control how they want their care and support to be.

This helps an individual to make their own choices and to be able to assess and take risks. It is important that the individual understands to consequences to those choices. Use the 6 key principles with help the individual to make those choices.

The Criminal Justice System

The Criminal Justice System is made up of many agencies that are accountable to the government. The Home Office is responsible for the 43 police forces in England and Wales. The Attorney General is responsible for the Crown Prosecution Service.

Key Role in the Criminal Justice System

Police are responsible for investigating offences reported to them. They also provide information to the Crown Prosecution Service regarding the alleged offences reported.

Crown Prosecutors are responsible for deciding whether there is sufficient evidence to charge and prosecute an alleged offender.

Magistrates deal with cases in the magistrate's courts. There are usually 3 magistrates that sit on the panel often known as the bench, one of them is the chair of the bench.

Judges deal with cases in the Crown Court.

Defence lawyers are responsible for representing defendants accused of an offence.

Probation officers provide information and assessments on offenders appearing before the courts.

Prison officers are responsible for the security and welfare of prisoners in their establishments.

The Courts

All courts in England and Wales are designed to deliver justice using several different courts:

- County Court.
- Magistrates' Court.
- Crown Court.
- Royal Courts of Justice.
- Youth Court.
- The Supreme Court.

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In general, the **County Court** deals with:

- Divorce and family issues
- Repossession
- Personal injury
- Claims of debts
- Breach of contract regarding goods or property

The **Magistrates' Court** is where all criminal cases are initially heard. For less serious cases they will be dealt with here, most serious cases with go the Crown Court. They also deal with civil cases including:

- Non-payment of council tax
- Betting, gambling and alcohol licenses
- General family matters
- Cases regarding families and children

The **Crown Court** hears cases in front of a 12-person jury. The Crown Courts deals with serious crimes including rape and murder.

The **Royal Courts of Justice** are divided in to 3 groups:

1. The Court Appeal
2. High Court
3. Administrative Court (formerly known as the Crown Office)

The **Court of Appeal** is the highest court within the senior courts and deals with appeals from other courts. The **High Court** is the third highest court in the UK. It deals with civil cases and appeals of decisions made in lower courts. The **Administrative Court** is a specialist court within the Queen's Bench Division of the High Court of Justice of England and Wales.

Youth Courts are specialised court to hear cases regarding young people between the ages of 10-17. More Serious cases may be heard in the Crown Court.

The **Supreme Court** is the last court of appeal in the UK.

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The Process

A criminal case nearly always starts with someone reporting an offence to the police. The police will investigate and if there is sufficient evidence they will refer the defendant to the Crown Prosecution Service and recommend that the individual is charged with that offence. The decision will also be made to whether the defendant will be released on bail or held in custody until their trial. The case will be heard at the Magistrates Court and referred to the Crown Court if necessary.

Burden of Proof

In a criminal case, the burden of proof means the prosecution must prove the facts beyond a reasonable doubt. In a civil case, the plaintiff must prove their case by a preponderance of the evidence. This means they must prove it is more likely than not.

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The Role of a Professional Witness

The role of a professional witness, often know as an expert witness is anyone with knowledge or experience in a particular field or discipline beyond what is to be expected from a lay person. By giving their opinion, they assist the court to reach a sound and just decision.

Presenting Findings and Evidence

The Health & Safety Executive states that evidence may be proved by:

- Calling Witnesses (Witness Evidence)
- Producing Documents (Documentary Evidence)
- Producing Things (Real Evidence)

Also, in considering the evidence needed to ensure a conviction, you should be concerned with:

- Relevance
- Admissibility
- Weight

The HSE go on to say that evidence of whatever type must be both relevant and admissible. Relevant means that it reasonably shows that it proves or disproves a certain fact in the case. For it to be admissible it must relate to the fact in the case. The weight of the evidence is how much the court can rely on the evidence that has bene placed on it.

Forensic Procedures and Practice Required in Adult Safeguarding

Preserving forensic evidence may be vital to the investigation of the incident. All collection of forensic evidence must be collected on processed by the police.

Forensic evidence consists of items such as fingerprints, fibres or body fluids. This can be easily destroyed or transferred to other people or surfaces. Therefore, it is vital that no on touches anything except for ensuring the immediate wellbeing of the person.

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The scene of the incident must be preserved, no one should be allowed in. Do not allow the person to come in contact with the alleged perpetrator to minimise the risk of cross-contamination.

If sexual abuse is suspected the person should be discouraged from washing, brushing teeth, changing clothes or going to the toilet. This is to ensure the forensic evidence can be collected during a medical examination. This would be carried out by a forensic physician or forensic nurse. If the person indicates that they need to use the toilet before the examination advice should be sort from the police.

Clinical Supervision and Peer Support

'A term to describe a formal process of professional support and learning which enables practitioners to develop knowledge and competence. Assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations' (DOH 1993)

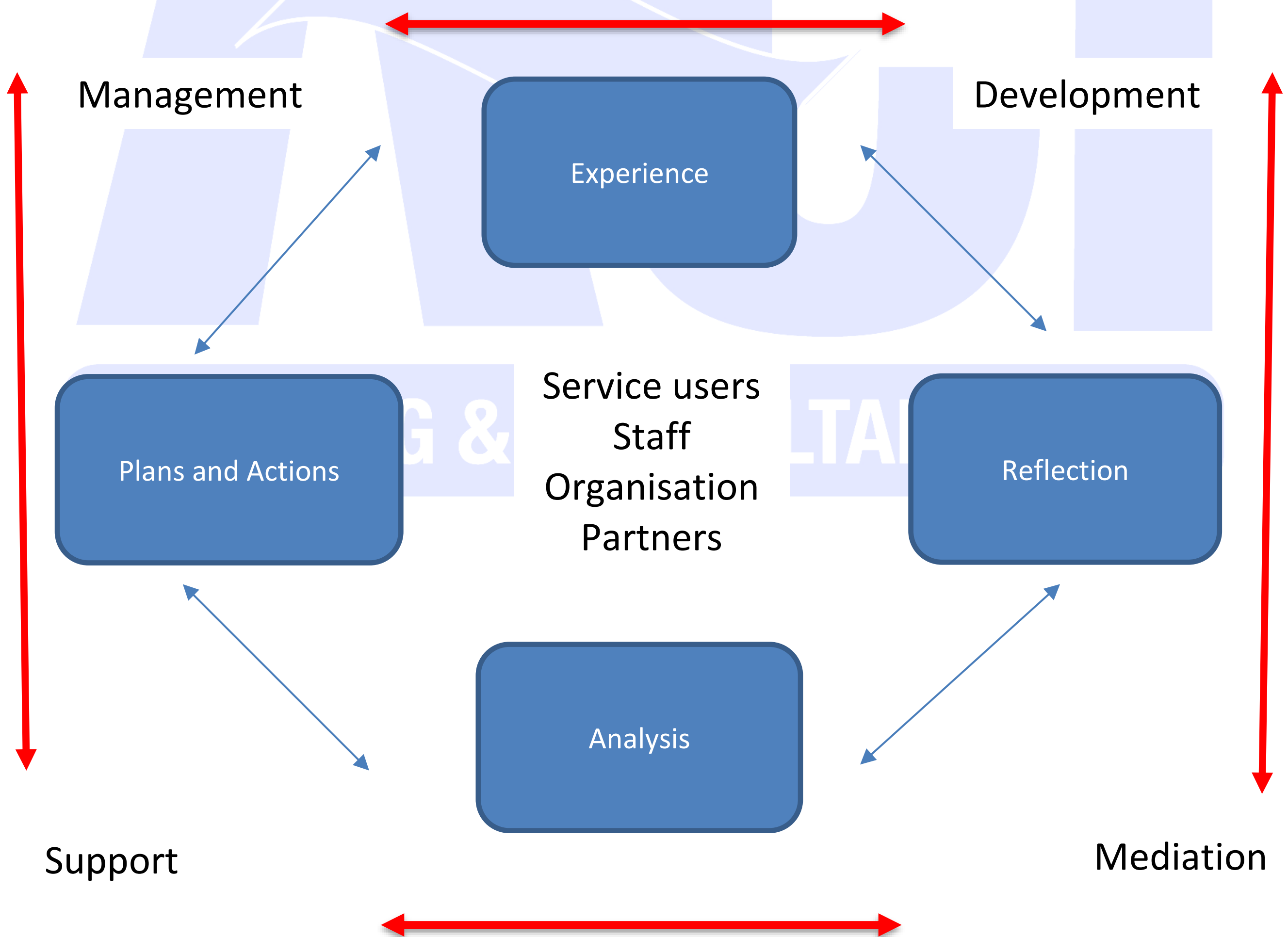
Clinical supervision provides an opportunity for staff to:

- Reflect on and evaluate their practice.
- Discuss individual cases in depth.
- Adapt and reflect their practice and identify any training needs.

There are different methods of completing clinical supervision, they are:

- A one to one meeting with the supervisor and supervisee
- Group supervision with two or more peers and the supervisor
- Peer or co-supervision this is where practitioners discuss their work but no individual is supervisor
- A combination of the above.

A useful effective model of supervision and/or peer review is Morrison 2005. It can be used in any environment and allows the person to reflect on their experience. Then analysis and plan actions.



Being involved in adult safeguarding can have a potential personal impact on professionals. If you feel that you are affected, it is advised that you to speak with a trusted colleague. You can seek support from your line manager who will be able to refer you to occupational health if needed. It is important not to neglect your own wellbeing, seek help and support if you feel you are being affected.

Missed Outpatients Appointments

Following a missed outpatient's appointment action should be taken based on clinical need and a risk assessment. Health professionals should follow their own Trust policy on the procedure for missed outpatient appointments. However, the following action should be considered if an assessment of risk and clinical judgement indicate that the adult is at risk:

- Contact the referrer for further information
- Make every effect to contact the patient
- Consider if the non-attendance is out of character for the patient.
- If it is a mental health outpatient's appointment, consider contacting the community team for a follow up
- When the patient is contacted, identify the reason for non-attendance and resolve any issues if possible. Offer a further appointment and send a letter.
- If a further appointment is refused inform the referrer.

If a patient is considered to be of high risk contact with the GP or referrer should be by telephone as soon as possible. If the patient cannot be contacted consider a home visit. If following these measures, the patient still cannot be contacted then while maintaining confidentially consideration should be given to contacting the patient's carer or family. At each point documentation must be completed, including the rationale for each action.

If You Witness an Incident

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- Ensure that the person is not in any immediate danger. You may need to call 999 and report the incident.
- Report the incident to your manager immediately/as soon as possible
- Do not disturb anything that could be used as evidence – only the police should deal with evidence at a potential crime scene.
- You must be prepared to make a witness statement to your manager, social services staff and possibly the police.

If Someone Makes a Disclosure to You

Remember: Always believe the person reporting the abuse

In some circumstances, a person may tell you that they are being or have been abused.

The main thing to do here is to listen very carefully and attentively to what the person is saying. This could stir up a lot of negative feelings and emotions for you and be difficult to deal with. It will also be very difficult for the person who is making the disclosure. Handling the situation is extremely important as it could have a direct bearing on the outcome.

Do not promise to keep the information confidentially – you may have to explain that you have a duty to inform your manager.

Action to Take:

- Allow the person to talk until they have completely told you their story
- Inform them that you will be telling your manager. You may need to reassure them by saying that your manager is trained and experienced in how to deal with this situation
- Do not probe for further details
- Do not express you own feelings or emotions – do not judge
- Accept how they feel
- Assure them that they are and will be taken seriously
- Do not rush the person – allow them time
- Summarise back to them what you have heard to show that you have understood and allow them to correct any information they feel necessary
- Report to your manager as soon as possible

Consent to Report Abuse

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If a person discloses to you or you suspect a person is being abused, you should seek consent from them to report the abuse to an appropriate person. As mentioned previously in the six point of information sharing, a person's right to confidentiality is not absolute. It may be overridden where there is evidence that sharing information is necessary to support an investigation, it is in the person's best interest or where there is a risk to others e.g. in the interests of public safety, police investigation, implications for regulated service.

What to Do If an Individual Declines Help

The first thing to do is to establish if the person has full mental capacity to make decisions about their own wellbeing. An adult who can make their own decision may decide that they don't want any help.

If the person does not want any safeguarding action to be taken, it may be reasonable not to intervene further:

- If no-one else is at risk
- If there is no immediate risk of death or major harm
- If all decisions are fully explained and recorded

All other agencies and local authorities will need to be informed and involved as necessary. The Care Act 2014 state that a risk and capacity assessments is likely to be useful. The legislation makes clear that adult safeguarding responses should be guided by the adult themselves, to achieve the outcomes that they want to achieve.

The Department of Health advises (in statutory guidance on the implementation of The Care Act 2014) that adult social care departments should record all the steps they have taken to complete an assessment of the things that a person wants to achieve and the care and support that they need. Research indicates that intervening successfully depends on practitioners taking time to gain the person's trust and build a relationship, and going at the person's own pace.

If you are unable to complete a risk assessment, or if the person refuses to help then you must show that it is been offered. Also, that you have given the person information on who to contact and how to get help if they want it in the further.

The Data Protection Act 1998 allows information to be shared in a situation of 'vital interest', where it is critical to prevent serious harm or distress or where someone's life is threatened.

What You Should Record

You should record the details of the allegation or the grounds for suspecting abuse. Include the date, time and place of the incident, the people involved and any observed injuries. Also, the behaviour and appearance of the victim and what they said using their words not yours.

NHS Professionals give the following guidelines for record keeping:

- Health care professionals have a duty to keep up to date with, and adhere to, relevant legislation, case law and national and local policies relating to information and record keeping (NMC 2009).
- Handwriting must be legible and written in blank ink to enable legible photocopying or scanning of documents if required.
- Records must be accurate and written in such a way that the meaning is clear (NMC 2009) (HPC 2008).
- Records must demonstrate a full account of the assessment made and the care planned and provided and actions taken including information shared with other health professionals.
- All entries in a record must be dated (to include date/ month/ year), timed accurately and signed.
- All entries in a record must be recorded as soon as possible after an event has occurred, providing current information on the care and condition of the individual.
- All entries in a record must be recorded, wherever possible, with the involvement of the individual or their carer and written in language that the individual can understand.

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- Records must demonstrate any risks identified and/ or problems that have arisen and the action taken to rectify them (NMC 2009)
- First entries on each page of the record must include the printed name and signature of the person recording the information.
- Abbreviations, jargon, meaningless phrases or offensive statements must not be included in any records.
- In the event of an error being made, entries must be corrected by striking the error through with one line, and applying the author's initial, time and date, by the correction. The original entry should still be read clearly. Errors must not be amended using white correction fluid, scribbling out or writing over the original.
- Records must never be falsified
- Health care professionals must develop communication and information sharing skills as accurate records are relied on at key communication points, especially during handover, referral and in shared care.
- Legal requirements and local policies regarding confidentiality of individual records must be followed at all times
- Health care professionals remain professionally accountable for ensuring that any duties delegated to non-registered practitioners are undertaken to a reasonable standard and records made by pre-registration nurses/midwives or care support workers are countersigned (NMC 2005) (HPC 2008)

Ensure whatever is written is fact rather than opinion. A fact is something that can be checked and backed up with evidence. Opinion is based on belief or views.

Reporting to The Care Quality Commission (CQC)

The CQC state that they must be informed when people using your service are:

- Affected by abuse (or alleged abuse)
- An abuser (or alleged abuser)
- Both affected and an abuser (or alleged abuser)

If you have an account with the CQC Provider Portal, you can send them notifications online. If you don't have access to the Provider Portal, you can notify them by filling in a form called 'Statutory Notification: Abuse or allegation of abuse concerning a person who uses the service' and emailing it to HSCA_notifications@cqc.org.uk.

NHS trusts report allegations of abuse through The National Reporting and Learning System (NRLS) do not need to notify the CQC separately.

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Achieving Best Evidence

Information taken directly from: Achieving Best Evidence in Criminal Proceedings – guidance on interviewing victims and witnesses, and guidance on using special measures.

It is of crucial importance that the needs of vulnerable and intimidated witnesses are identified as early as possible during the criminal justice process and the information recorded and passed on to the crown prosecution service (CPS). Early identification of a vulnerable or intimidated witness and effective inter-agency working in support of the witness will improve the quality of an investigation by assisting the witness to give information to the police and assist the legal process by helping the witness to give their best evidence in court. This is best achieved where local criminal justice agencies work together and with other agencies to develop effective networks and local protocols for sharing information, as well as comprehensive awareness-raising and training

It is important to ensure that any visually recorded statement is of good quality so that where a prosecution takes place this can be conducted as effectively as possible.

Vulnerable and intimidated witnesses need support from the moment they experience or witness a crime – even before they report the crime and enter the criminal justice system. The quality of this pre-charge support is critical in building trust with the witness at the first point of contact. Support needs to be sustained throughout the whole process of reporting the crime, making a statement, pre-trial preparation, entering the court procedures and post-trial.

Practitioners should be aware of the special measures provisions available to assist vulnerable and intimidated witnesses at the discretion of the court and the categories of witness to which they apply.

Further advice and information can be obtained from the police or the CPS.

What If Your Concern Involves One of Your Colleagues?

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In all circumstances, the same procedure must be followed.

You have a duty to report your concern if you think someone is being abused or if you think that poor standards of care, a misuse of authority or a breach of professional conduct is making conditions increase the risk to adults at risk.

If your complaint concerns your manager or they have failed to act on a concern/complaint, then in the first instance you will have to report to their manager. If the matter is not of high urgency you should raise your concerns through your organisation's whistle blowing procedure.

Whistleblowing

This is where a care worker raises a concern about bad practice so that action can be taken. You have a duty to raise bad practice so that it can be resolved.

The word whistleblowing refers to the disclosure by staff of any incidents of malpractice, negligence or serious omissions of duty at work. The word whistleblower refers to the person making the disclosure.

Under the Public Interest Disclosure Act (PIDA) 1998 people now have protection against any form of retribution or victimisation as a result of disclosing information. This allows care workers to raise at an early stage any concerns about any malpractice being witnessed.

If possible the whistleblower's anonymity will be respected if required, however, the whistleblower must remember that this may affect the manager's ability to investigate the matter. Anonymity cannot be respected if this would have an adverse effect on any serious criminal proceedings, or infringement of code of conduct.

ONCE YOU HAVE REPORTED YOUR SUSPICIONS IT WILL BE THE RESPONSIBILITY OF THE MANAGER TO INVESTIGATE THE CIRCUMSTANCES AND TO DETERMINE THE NEXT COURSE OF ACTION TO BE TAKEN.

IF YOU ARE SUBJECT TO ABUSE AND/OR HARRASSEMENT FROM A SERVICE USER AND/OR FAMILY MEMBER THIS MUST ALSO BE REPORTED AT ONCE TO THE MANAGER.

References

The Care Act 2014
Department of Health – Information: To Share or not to Share, Government Response to the Caldicott Review
Safeguarding Adults – NHS England
SCIE – Social Care Institute for Excellence

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