

textbook

A/601/8574

Principles of
safeguarding and
protection in health
and social care

Standards

Know how to recognise signs of abuse

Define the following types of abuse:

- physical abuse
- sexual abuse
- emotional/psychological abuse
- financial abuse
- institutional abuse
- self-neglect
- neglect by others

Abuse is a deliberate action or inaction that causes physical and/or psychological or emotional harm. Deliberate action is done on purpose, e.g. locking a person into their room; deliberate inaction means deliberately neglecting a person, e.g. by not helping them with their personal hygiene. If you follow the news you will know that, unfortunately, abuse is a very common occurrence; hardly a month goes by without a new discovery of an adult being taken advantage of. In England the total number of alerts and referrals related to the safeguarding of adults in 2014/15 was 1,044,630 (www.data.gov.uk). As with all statistics though, one has to be careful not to take them on face value, as not every alert or referral is substantiated or backed up with evidence and not every form of abuse is detected. Therefore, these numbers should be seen as an estimate.

You should be able to identify the different types of abuse and neglect and the signs or 'indicators' that they are happening.

The more you are able to get to know someone the more you are likely to notice any changes. In workplaces where care and support are short term, this can be more difficult, but you should still look out for any signs or indicators. Ten main types of abuse or neglect have recently been identified under the Care Act 2014 (England). Incidents may be one-offs or repeated, and affect 1 person or more. Workers should look beyond single incidents or individuals to identify patterns of harm.

Identify the signs and/or symptoms associated with each type of abuse

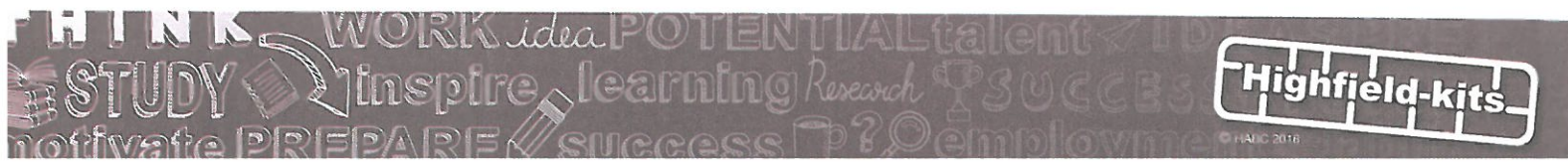
Sadly, people who have been abused as children have a higher risk of abusing others once they are adults. This may have to do with the moral values that they established as a child.



Sometimes people abuse others to draw attention to themselves. One example of this is the Munchausen's syndrome by proxy (feigned illness syndrome) where people physically abuse others by poisoning or overdosing and initiating unnecessary medical intervention so are to be perceived as caring and supportive of this person.

There are 10 types of abuse and neglect that can cause harm identified in the Care Act 2014. These are listed in the table below.

Type of abuse	Signs/Indicators
<p>Physical abuse is an individual's body being injured or hurt due, for example, to assault, hitting, slapping or pushing. It can also be the wrong use of restrictive practices (see below).</p> <p>Examples could be the misuse of medication or using inappropriate restraint such as locking someone in a room, tying them to a chair or using inappropriate physical sanctions.</p>	<p>Injuries that are unexplained or haven't been treated. There could be a number of injuries of different ages and in different places. Examples include:</p> <ul style="list-style-type: none"> • broken bones • bruises • unexplained loss of clumps of hair • bite, burn or scald marks
<p>Domestic violence – is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. It includes psychological, physical, sexual, financial and emotional abuse, and so-called 'honour-based' violence.</p>	<p>Signs of domestic violence can be any of those relating to the different types of abuse or neglect that can occur in any incident</p>



Modern slavery – this encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- Signs of physical or psychological abuse, being malnourished or unkempt, appearing withdrawn.
- Rarely being allowed to travel on their own, seemingly under the control and influence of others, rarely interacting or appearing unfamiliar with their neighbourhood or where they work.
- Having few or no personal belongings or documents.
- Avoiding eye contact, appearing frightened or hesitant to talk to strangers and law enforcers.

Financial or material abuse is the use of a person's funds and belongings without their permission. This could be theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- Bills not being paid.
- Loss of assets such as a house being sold and the money from the sale disappearing.
- Expenditure higher than the living conditions suggest.
- Not having enough food or clothing.

Sexual abuse is when a person becomes involved in sexual relationships or activities that they do not want to be involved in. They may have said that they do not want to be involved or they may be unable to give consent. Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting to.

- Pain, sores and bruising around the inner thighs and genital, anal or breast areas.
- Bloodstained underwear.
- Pain and discomfort when walking or sitting.
- Sexually transmitted infections and pregnancy are indicators for sexual activity and can indicate abuse if the person does not have the capacity to provide consent.

<p>Neglect is also known as the 'omission to act' or 'failure to act'. It is a failure to meet the basic needs of the individual. It includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services and the withholding of the necessities of life, such as medication, adequate nutrition and heating.</p>	<p>Indicators of neglect by others and of self-neglect are similar. They include:</p> <ul style="list-style-type: none"> • malnutrition • dehydration • bedsores • dirty clothing and bedding • taking the wrong dosage of medication
<p>Self-neglect is a person's failure or refusal to take care of their own basic needs. Neglecting to care for one's personal hygiene, health or surroundings can include a wide range of behaviours such as hoarding.</p>	<p>See neglect above</p>
<p>Psychological abuse results in a person feeling worthless, unloved or uncared for. It includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.</p>	<ul style="list-style-type: none"> • Anxiety • Lack of confidence • Low self-esteem
<p>Organisational abuse happens where services provided are focused on the needs of the organisation. For example, not providing choice over meal times or bed times because this is easier for the organisation. It includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one-off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, processes, policies and practices of the organisation.</p>	<ul style="list-style-type: none"> • Poor care standards • Rigid routines • Lack of staff learning, development and support

Discriminatory abuse refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010. It involves ignoring a person's values, beliefs and culture and includes forms of harassment, slurs or similar treatment because of race, sex, gender reassignment, age, disability, sexual orientation, religion or similar belief, marital or civil partnership status, pregnancy or maternity.

- Poor service that does not meet the person's needs
- Verbal abuse and disrespect
- Exclusion of people from activities and/or services

Discrimination can be either *direct* or *indirect*—see unit 3 on equality and inclusion.

Restrictive practices

This term refers to actions that may need to be used such as physical restraint or use of devices, medication or seclusion. Restrictive practice must always be legally and ethically justified and must ever only be used when absolutely necessary to prevent serious harm. Any restrictive practice that is used inappropriately will almost certainly be a breach of human rights.

You will need to be aware of the signs of abuse in the table above and how to respond to these. You will explore responses to abuse later in this unit but here are some actions that you can take if you are in a lead adult care worker role that will support your team members and help them to understand and respond to potential abuse.

- Ensure that other workers are familiar with the policies and procedures of safeguarding individuals
- Ensure that all workers attend safeguarding adults training – this may need to include training on safeguarding children if they have regular contact with them
- Make safeguarding and wellbeing a regular item on the team meeting agenda
- Discuss aspects of safeguarding in supervision or set short tasks in between sessions
- Keep yourself up to date



Think about

Take a moment to think of some other ways to support or lead your colleagues.

Describe factors that may contribute to an individual being more vulnerable to abuse

Abuse and neglect can take place anytime and anywhere. Abuse has the potential to happen wherever there are relationships involving power. Statistics show that in most cases of abuse the abuser has been known to the victim beforehand.

Some particular situations increase an individual's vulnerability to the risk of abuse or neglect happening. Examples are:

- in an individual's own home it is easier for an abuser to hide their actions from others. The home is a private space where no one sees what's going on apart from, maybe, children. One person might have more power than the other due to physical strength, or to having more money, knowledge or higher status in society. In a caring relationship this power would be used to support the weaker person but in an abusive one it will be turned against them. Although domestic violence is generally associated with violence against women, there is a high percentage of men who suffer from abuse. Unfortunately, our society still portrays the image of the man as being more powerful which leads to many men being too ashamed to ask for help.
- organisational abuse is more likely to happen when standards are poor and routines are planned to fit around a rota or workers feel unsupported by their management. This can lead to a way of working that everyone begins to see as acceptable. They do not try to challenge the situation because they are afraid of speaking out about what is being accepted by the majority. This can happen in any kind of organisation such as residential care, shelters, day centres, clinics and drop-in centres.
- any workplace where individuals display difficult or challenging behaviour that workers are not trained or supported to deal with.
- particular care and support needs of the individual such as a sensory need, a mental health issue, dementia or a learning disability. A

reaction could be taken as a symptom of their condition rather than an attempt to tell someone what is happening to them.

- the community: abuse can happen in the community when a dominant group of people abuses a minority or individuals. A classical cliché is that of the mafia threatening and oppressing whole neighbourhoods, a modern day notion being the conflict between gangs. But we can also read about it in the papers on a regular basis: ethnic minorities, homeless or homosexual people being harassed, bullied, raped, robbed or beaten up by members of the community. These abusive groups derive their dominance quite often from supremacy in numbers.
- stressful situations: sometimes abuse occurs because stress and pressure have built up due to personal circumstances or working conditions, e.g. a staff member is overworked, and/or has not had sufficient education and training.

STRESS

Other factors that may contribute to an individual being more vulnerable to abuse or neglect might lie within themselves. These predisposing factors could be age, mental health issues, dementia, learning disabilities or a previous history of having been abused themselves.

Let's take a look at the predisposing factors in more detail.

- **Age** - according to the American psychoanalyst Erik Erikson's stages of psychosocial development, the last

stage of a person's life is characterised by reflection on their lives. They look back on their experiences and achievements and either like what they see, which will give them integrity, the feeling of having been true to themselves: or they dislike it, which could lead to feelings of despair and depression as they realise it is now too late to change things. These feelings could lead to older people resigning themselves to the way they are treated or, if they are lonely, they might crave any social contact even if it is abusive.

- **Mental health** - people with mental health issues quite often have a distorted view of the world, e.g. if a person suffers from schizophrenia and hears voices in their head, they can feel very depressed at times. Their trust in their own perceptions, their confidence and self-esteem will be low, which will make it easier for an abuser to persuade them that what is happening to them is their own fault and is acceptable. Their inability to see things clearly might cause them to think that they deserve the treatment because something is wrong with them.
- **Dementia** - this is the term for a group of disorders that have in common a decline in the functioning of the brain.

An individual with dementia will gradually lose the ability to think, reason and remember, which means they could forget the names of relatives and friends or not recognise them. As you might imagine, it is very difficult and frustrating for family members to care for a person with dementia who does not know who they are. Because of the confusion and anxiety the condition causes in the brain

of those affected, they might turn to behaviour that is difficult to respond to or harmful to themselves or others. It is therefore essential that carers have a good network of guidance and support as caring for someone with dementia is extremely challenging and a stressed carer might lose control and turn abusive if a situation overwhelms them.

- **Learning disabilities** - although a learning disability as such doesn't make a person more likely to be abused, it is the imbalance of power held by the adult care worker or their informal carer that puts the person with a disability at risk. Individuals with learning disabilities quite often rely on others for support with personal care, and if they have been in the care system for a long time they might be used to doing as they are told. They might lack the mental capacity to distinguish right from wrong and to make informed decisions. They might not know their rights and thus passively accept what is happening to them.
- **History of abuse** - sadly, a history of being abused can make an individual more vulnerable to further abuse if they are not given the chance to work through the experience, e.g. through therapy. Being abused hits on the victim's feelings of lack of self-worth and self-esteem: they feel disenfranchised and may lack the confidence needed to change their situation as they might feel it is their own fault. An abuser will often blame the victim, e.g. by saying, 'you make me angry' or 'you are hurting me by not doing what I ask of you'. Eventually, the victim might resign themselves to the conclusion that all

the attention they will ever get is negative. An abuser is very good at detecting insecurities in other people and might seek them out as being vulnerable.

Know how to respond to suspected or alleged abuse

Explain the actions to take if there are suspicions that an individual is being abused

Workers across a wide range of organisations need to be vigilant about adult safeguarding concerns in all walks of life. Findings from serious case reviews have sometimes stated that if professionals or other staff had acted upon their concerns or sought more information, then death or serious harm might have been prevented. Regardless of the safeguarding concern everyone should understand what to do, and where to go to get help and advice.

You should know what to do if you suspect abuse. All suspicions have to be followed up in a formal way. It is your responsibility to respond to suspicions in line with your workplace's safeguarding policies and procedures. You must understand:

- what you should do if you suspect abuse or neglect is taking place, including whom you should report to in the first instance
- what you should do if it is not appropriate to raise your concerns with that person

- what you should do if you feel that your concerns have not been addressed or if you experience a barrier in any part of the process

You could have suspicions against:

- a colleague
- a person close to the individual
- your line manager
- other professionals or people involved with the individual

In each of these cases you need to know how to take action to comply with your duty of care of safeguarding the adults you are supporting.

Before you start talking to someone about your suspicions, you need to ensure that they are based on facts and have nothing to do with a potentially biased view because of personal dislikes. It is very important that you get your facts right if you spot signs and symptoms of abuse. Accusations can leave a mark on someone's reputation, stigmatise them, even if it turns out later that these were unfounded and false.



Therefore the first thing you need to do when you spot signs and symptoms of abuse is to record your suspicions as factually as possible, including dates and times when an observation has been made. State what has raised your concern in the first place and include in your document any evidence you might have. You may want to try to find out more by asking the individual questions, but make sure that they are open questions, e.g. 'How did that happen?', and not suggestive in any form, e.g. 'Did that happen while Sam was on duty?'; as this would be considered a leading question. But be careful with this approach as it could easily lead to you overstepping the line and acting outside the boundaries of your role.

In the first instance you should always talk to your supervisor or line manager. These people are the first line of reporting procedures and will know how to proceed with your suspicions and set the adult safeguarding process into motion. This reporting of unsafe or illegal practice in the workplace is called whistle-blowing. Most organisations will have a whistleblowing policy which provides you with guidelines on how to address the issue. Policies are there for a reason, so make sure that you always refer to these.



There may be times, though, when you feel that it would be inappropriate for you to speak with your manager or supervisor, especially if you have concerns regarding their practice or the running of a service.

You can then obtain support from the outside, e.g. the regulator in your country, a union representative or local police. In England, the CQC, for example, provide a confidential and anonymous service for individuals who wish to raise concerns or 'whistle-blow'. Whistle-blowing is the professional way of ensuring the wellbeing of individuals who might be depending on your observance to help stop abuse or neglect.

Should someone suspect you of abusing your power as an adult care worker, you need to make sure that you do everything you can to help the investigation to establish the truth.

Explain the actions to take if an individual alleges that they are being abused

Allegations of abuse or neglect could be made against a range of different people who have contact with the individual, e.g.

- a colleague

- a person close to the individual

- your line manager

- other professionals/people involved with the individual

- yourself

Again, it is important in each of these cases to be familiar with your organisation's safeguarding policies and procedures.

Here are some key facts you need to bear in mind when reacting to allegations of abuse.

safeguarding officer. If you are uncertain if abuse has taken place, you can contact the adult safeguarding coordinator, who will be able to guide and support you.

Once alleged abuse or neglect is reported, every area and county has its own multi-agency adult safeguarding procedures, which it must follow. For more information, search the internet for your local authority's policies and procedures.

Policies

Should you yourself be subjected to allegations, seek legal support as necessary and inform your union representative if you have one. They are there to help you through the process of investigation. You will probably be suspended while the enquiry takes place and it is important that you help the investigation along to the best of your knowledge and belief. It is also useful to ask colleagues and other individuals whether they might act as witness or character referee. Remember that allegations of abuse have to be taken seriously and followed up, no matter who is the accused. You would not want it any other way if it concerned one of your colleagues.

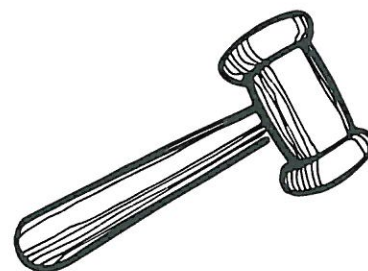
Identify ways to ensure that evidence of abuse is preserved

In an emergency situation you must take action to protect the safety and wellbeing of the individual. If they need medical assistance you should call for a suitably qualified worker, this will be different in a hospital to in the community where you would call 999 for an ambulance. If you

suspect that injuries are not accidental, make the worker aware of this so they can preserve evidence that could be used in a criminal case. You should speak to your manager about the next steps to take. If an offence has been committed it may be necessary to contact the police and a safeguarding investigation may need to be started immediately.

As an incident of abuse might well classify as a criminal offence, you have to make sure that any evidence of it is preserved and not tampered with. Unless you are a police officer or have the authority to carry out an internal investigation, you are not allowed to collect any evidence. That's why it is very important that the location where the abuse has occurred is left undisturbed.

The police, local councils and safeguarding organisations publish guidance on the internet on how to ensure that evidence is preserved for later reference.



The main guidelines are as follows.

- Don't touch anything unless it is necessary for the victim's wellbeing and try to keep other people from entering the location where the abuse has occurred until police arrive

- Handle the abused person as little as possible and preserve anything you used to warm or comfort the victim, e.g. a blanket
- Don't clear away anything or tidy up, e.g. don't wash clothes or bedding or other items of potential evidence
- With the individual's consent, ensure written records, e.g. notes, bank statements, receipts, letters, evidence of power of attorney, are kept in a safe place or copied
- Try to keep the alleged perpetrator away from the victim
- If a person has just been sexually assaulted, ask them not to wash, drink, clean their teeth or go to the toilet until police arrive; keep any relevant clothes or bedding safe
- Try to get the person's consent to arrange for a medical examination as soon as possible
- Record any physical signs of injuries on a sketched body diagram, including shape, colour and size

- If there are any witnesses whose memory, you feel, will not last over the duration of the enquiry, try to obtain written, signed and dated statements from them
- Always remember to sign and date your own records and notes.

Your first priority should always be the wellbeing of the individual and in very traumatic situations it might not be possible to follow these guidelines to the letter. Remember, though, that your initial response while waiting for the police might be essential for the proceeding of the investigation. Your actions or inactions in preserving evidence could determine the success or failure of the enquiry, therefore, it is vital that you give your best in preserving any evidence.



Understand the national and local context of safeguarding and protection from abuse

Identify national policies and local systems that relate to safeguarding and protection from abuse

The Care Act 2014 defines adult safeguarding as protecting an adult's

right to live in safety, free from abuse and neglect. In Wales, a working definition currently is, 'a person who is 18 years of age or over, and who may be in need of community care services by reason of mental or other disability, age or illness

and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or serious exploitation.'

Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. Safeguarding balances the right to be safe with the right to make informed choices, while at the same time making sure that the adult's wellbeing is promoted including taking into consideration their views, wishes, feelings and beliefs in deciding on any action. Adult care organisations have particular responsibilities, but every worker has a part to play.

As an adult worker, it may be thought of as abuse or neglect if you cause harm to someone or do not do the things you should to prevent harm. It is important that you know the ways of working to safeguard adults in your workplace.

An adult at risk of harm is defined as someone who has needs for care and support, and is experiencing, or at risk of, abuse or neglect and is unable to protect themselves.

Under the Care Act 2014, your local authority has the lead role in relation to adult safeguarding and must:

- **make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect**

- **establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom**

- **set up a safeguarding adults board (SAB)**

- **arrange, where appropriate, for an independent advocate**

- **cooperate with each of its relevant partners**

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) or is experiencing, or is at risk of, abuse or neglect**
- **as a result of circumstances that put them at risk, is unable to protect themselves from either the risk of, or the experience of, abuse or neglect**

There are national policies on safeguarding adults, e.g. guidance, regulations and training as well as local systems, e.g. organisational safeguarding policies and local multi-agency adult safeguarding groups.

In their guidance about compliance, The Fundamental Standards of Care the Care Quality Commission (CQC) has catalogued a list of publications related to safeguarding. This can be found on the CQC website www.cqc.org.uk

Useful policies, guidance and codes of practice referring to safeguarding in adult care can be found on the following websites:



ADASS – The Association of Directors of Adult Social Services - www.adass.org.uk/

Deprivation of Liberty Safeguards Guidance - 31 MARCH 2015. This relates to providing care in hospitals and care homes to support individuals in a way that doesn't restrict their freedom - <http://www.gov.co.uk/government/publications/deprivation-of-liberty-safegaurds-forms-and-guidance>

www.gov.co.uk/government/publications/adult-safeguarding-statement-of-government-policy

Key pieces of legislation are listed below:

In England, the Care Act 2014 makes it the duty of local authorities to make enquiries if someone is being abused or neglected, or is at risk of abuse or neglect in their area. They must also set up multi-agency safeguarding adults boards to review cases when people die as a result of neglect or abuse and where it is suspected that agencies could have done more to safeguard them. <https://www.gov.uk/guidance/care-and-support-statutory-guidance>

In Wales there are different arrangements with overall similar intentions; for example, there are regional safeguarding and protection boards. There are then area adult protection committees. You can find out more information here: www.ssiacymru.org.uk/home.php?page_id=3015

The Mental Capacity Act 2005 aims to protect and empower people who are unable to make choices for themselves.

The Human Rights Act 1998 gives specific rights to every person living in the UK, for example the right to life and freedom from torture and degrading treatment.

The Data Protection Act 1998 regulates the way in which personal data needs to be handled and therefore protects people's data from being placed in the wrong hands, which may increase the risk of abuse or neglect.



The Equality Act 2010 protects people from discrimination and disadvantage due to protected characteristics including race, gender, disability, sexual orientation, gender reassignment, religion and age.

www.gov.uk/government/collections/mental-capacity-act-making-decisions
www.legislation.gov.uk/ukpga/1998/42/contents

www.gov.uk/data-protection/the-data-protection-act

www.gov.uk/equality-act-2010-guidance

As well as these national policies on safeguarding and protection from abuse, there are also local systems that provide guidance and support.

An example of these local systems is:

The organisation's policies and procedures on safeguarding and protection:

Every organisation will have its own set of guidelines, geared specifically to the services it provides. Although the policies all have the wellbeing of the individual as their main aim, they will differ slightly, depending on whether you are working in supported living with individuals with learning disabilities, in a homeless shelter or in a residential care home for older people. These guidelines will also differ slightly depending on whether you are working in Leeds, Birmingham or the rest of England and the UK as every local safeguarding authority develops its own policies and procedures in accordance with national guidelines.

The common denominator for all safeguarding policies and procedures is that exact guidelines are laid down on how workers are to behave when abuse is suspected or alleged. They will give information on signs and symptoms of abuse, how to behave with the victim, lines of reporting and important telephone numbers so that any worker who familiarises themselves with these can feel confident when dealing with an incident. local adult safeguarding boards aim to ensure that local agencies collaborate, work together and share information to provide an effective response team for vulnerable adults who have suffered abuse and to contribute to prevention in their area.

The adult safeguarding boards in England have 3 core partners – the local authority, the NHS and the police. In addition, a

wide range of different agencies will be included in the partnership arrangements and receive regular communication and opportunities to participate. These can be:

- providers of adult care services
- providers of sheltered and supported housing
- regulators of services
- other relevant law enforcement agencies (including the Crown Prosecution Service)
- voluntary and private sector agencies
- other local authority departments, e.g. housing and education
- probation departments
- DSS benefit agencies
- carer support groups
- user groups and user-led services
- advocacy and advisory services
- community safety partnerships
- services meeting the needs of specific groups experiencing violence
- agencies offering legal advice and representation

Explain the roles of different agencies in safeguarding and protecting individuals from abuse

Safeguarding adults reviews (SARs)

Safeguarding adults boards (SABs), which are set up by local authorities, must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is suspicion that partner agencies could have worked more effectively to protect the adult. SABs must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. SABs are free to arrange a SAR in any other situation involving an adult in its area with needs for care and support. In Wales SARs are called serious case reviews.



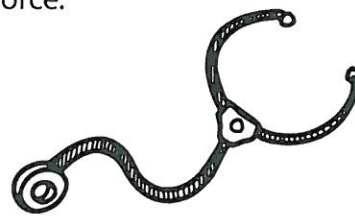
As we have touched upon in the last section, multi-agency protection arrangements gather a variety of people from different organisations.

Let us look at the roles of some of these in more detail:

Social Services: they lead and coordinate the safeguarding arrangements.

The Adult Services Department Safeguarding Team will initiate inquiries into alleged abuse and ensure the safety of the victim, e.g. by accommodating them in a safe place.

Providers of adult care services: they support and care for individuals in a person-centred way, empowering them to have choice and control and giving them a voice to express themselves. Their policies and procedures cover guidelines on safeguarding and protection of those they provide care and support for and their workforce.



Police: they will investigate and prosecute if the abuse has fulfilled the elements of a criminal offence. Police will work together with the Disclosure and Barring Service (DBS) to check police records of people who want to work in care. They can also give you advice and provide you with fact sheets, e.g. on elder abuse and neglect, protective behaviour, victims' rights or prevention and reduction of domestic violence.

Care Quality

Commission: this is the independent regulator for all adult care services in England. The CQC gives guidance to care providers on how to implement the government's standards in their policies and procedures. It also inspects care providers, checks whether they comply with these standards and publishes results on its website.



Social Care Institute for Excellence: this is a charity that aims to improve care by researching and analysing care practice to find out and share which strategies work best. SCIE provides training, learning materials and consultancy for adult care workers to improve their knowledge, and also information so that individuals and persons in its network know their rights and can make informed decisions.

Independent Safeguarding Authority: this has been created to prevent unsuitable people from working with vulnerable individuals. The ISA has set up a vetting and barring system, the Protection of Vulnerable Adults scheme (POVA), which creates a list of people who are barred from working with vulnerable individuals who are 18 or over. As from December 2012 the Independent Safeguarding Authority and the Criminal Advice Bureau merged into the Disclosure and Barring Service (DBS). Anyone who seeks a profession in adult social care has to have clear DBS checks and be checked against the POVA list before they can start working.

Advocacy and advisory services: they provide advocates who try to establish a person's feelings, wishes and beliefs and help the individual to make these needs and wishes known. Advocates work in partnership with the individual and offer them help and support, e.g. when composing a complaint, for making informed choices or reporting incidents of abuse.

All these agencies, along with others, e.g. Age UK and MIND, are working together to

ensure that adults who may be vulnerable are safeguarded and that harm and abuse is prevented by providing information, advice and education about the issues surrounding abuse and neglect.

Identify reports into serious failures to protect individuals from abuse

Sadly, having the best legislation, policies and procedures and codes of practice in place and valuing ethics like the duty of care doesn't always protect individuals from abuse.

In terms of the number of victims, one of the biggest cases of abuse in British history is that of Harold Shipman, a general practitioner, who was alleged to have murdered more than 250 patients over the course of his career.

In 1998, when a relative of his last victim reported him to the police after finding a forged will, a police investigation was launched. Shipman was tried before court and subsequently, in January 2000, found guilty of killing 15 female patients by administering lethal injections of diamorphine (heroin). He was sentenced to 15 consecutive life sentences in Wakefield Prison, West Yorkshire. After his arrest in 1998, jewellery was found in Shipman's garage which he had stolen from his patients: the value amounted to over £10,000.

At the time of the trial Alan Milburn, the Secretary of State for Health, initiated the Shipman Inquiry, an independent private investigation into Harold Shipman's actions.

The sixth and final report into the inquiry in 2005 found that Shipman had killed over 250 patients since 1971, most of them elderly and women, but with one of his victims being as young as four.

The Shipman Inquiry concluded that serious failures had occurred in protecting Shipman's patients. There were some major concerns the team had discovered which led to subsequent recommendations of better control of the use of potentially harmful drugs, changes in the way doctors are regulated and better training for coroners to raise awareness for suspicious deaths. The Harold Shipman case was so shocking because it brought to light the magnitude of abuse that could happen without anyone noticing or asking questions.

But abuse is also happening on all scales, like in the case of Winterbourne View, a private hospital for persons with learning disabilities and challenging behaviour. In 2011 the BBC current affairs documentary programme Panorama broadcast an undercover investigation into physical and psychological abuse at Winterbourne, with carers repeatedly assaulting and unnecessarily restraining individuals. This particular case has been the catalyst for change in the sector and a determined effort to move further towards increased person-centred approaches in care and support.

Identify sources of information and advice about your own role in safeguarding and protecting individuals from abuse

When working in adult social care you have the duty to promote the interests,

rights and wellbeing of the individuals you support or care for. To develop your skills, understanding and knowledge about your own role in safeguarding and protecting individuals from abuse it is imperative that you know how to access sources of information and advice.

Information and advice can either come from within your organisation or from beyond.

Sources from within your workplace that help your development with regards to safeguarding and protection are as follows

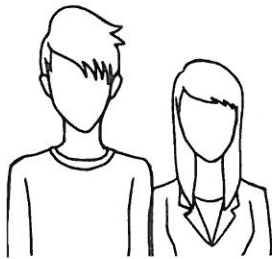
Policies and procedures: these have been referred to throughout this and other units. Your organisation's policies and procedures are your foundation, so make sure you familiarise yourself with them. They will give you guidance on abuse prevention and recognising the signs and symptoms, but also on procedures when abuse has occurred.

Manager/supervisor: they can mentor you and offer guidance about what is expected of you in your work role with regards to safeguarding and protecting vulnerable adults. Your manager/supervisor should always be your point of contact for any questions or concerns you might have. They can also help if your issues are too complex to be solved by just reading the policies and procedures.



Learning and development: a lot of organisations are offering safeguarding training to raise awareness of abuse, and to explain signs and symptoms and lines of reporting. Other awareness training which informs you about the specific challenges of some conditions will be invaluable, too, e.g. dementia, autism or challenging behaviour awareness.

Colleagues: they will often be your first choice of information source as they are working alongside you and will have more skills and experience to advise you in very specific situations. They will also be able to point you in the direction of other potential sources of guidance.



Examples of external sources of advice and information.

Professional bodies/trade unions, such as Royal College of Nursing, British Association of Occupational Therapy, Chartered Society of Physiotherapy (these are examples, some information is only available to members).

Social Care Institute for Excellence (SCIE): this organisation aims to improve care by researching and analysing care practice to find out and share which strategies work best. www.scie.org.uk/

Social Services: the adult services department of your local authority will be able to provide advice and support on safeguarding and protecting vulnerable individuals.

The regulator in your country will give guidance on government policies
Carers Direct Helpline 0300 123 1053: Offers all-week telephone support and advice to carers in regard to their own support and safeguarding and protection of the individuals they care for. www.nhs.uk/conditions/social-care-and-support-guide/pages/carers-rights-care-act-2014.aspx

The internet can be a useful source of information. Be sure to use reputable websites and check the information you find.



Understand ways to reduce the likelihood of abuse

Explain how the likelihood of abuse may be reduced by:

- working with **person-centred values**
- encouraging **active participation**

- promoting choice and rights

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.

Person-centred care should help the individual to make their own choices, assess and take risks. It is important they understand the consequences of the decisions they could make. For example, if a friend brings an individual some food (on a hot day) that has been out of the fridge for a while it is their right to weigh up whether it is likely to make them ill and to decide whether to eat it. In this way those who receive care and support can contribute to their own safeguarding. In adult social care alongside the Care Act 2014 is the 'Making Safeguarding Personal' initiative led by the Directors of Adult Social Services and the Local Government Association. It introduced the phrase 'no decision about me, without me' and asserts that safeguarding 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. Following the 6 principles above will help this to become a reality.

In adult care the person-centred values include:

- **individuality** - focus on the individual's personal needs, wishes and values
- **rights** - e.g. to express themselves and be kept safe from harm, as well as the right to respect, dignity and equality
- **choice** - the ability to make decisions gives people control over their lives
- **privacy** - giving the individuals space where and when they need it and treating them in a dignified way
- **independence** - puts the emphasis on what the individual can do rather than on what they are unable to do
- **dignity** - to treat someone politely and with respect, valuing their individuality and ethical and moral standards
- **respect** - showing consideration for the individual's opinions and feelings
- **partnership** - involve the individual and their family/friends in the decision-making process

Working in a person-centred way works in partnership with the individual and focuses on their unique needs, therefore minimising the risk of degrading treatment and neglect. Respecting someone and treating them with dignity is the opposite of abusing power to harm them.

Encouraging active participation

Active participation describes a way of working that makes sure an individual can take part in the activities and relationships of everyday life as independently as possible. They are an active partner in their own care and support. Ensuring someone has the right equipment that they need to get around or to eat and drink without help are good examples of resources that support active participation.

It embeds 2 central values of person-centred adult care: the individual's rights and their independence or autonomy. The individual should be included in all aspects of their care as an equal partner who is the expert in relation to their own care and knows best what way of life matters most to them. Active participation reduces the risk of abuse through empowerment of the individual; feeling an equal partner in the care relationship, they will be more confident in making complaints and voicing disapproval.

Risk enablement plays a natural part in self-directed care and support. It empowers the individual to take control over their care, doing what they can to prevent themselves from being harmed or injured and agreeing the care and support that they need. For example, if an individual wants to go to the bathroom on their own but has mobility problems and is also feeling weak due to being unwell, risk enablement would be used to ensure they have the mobility equipment they need, and that they have a way of calling for help if they get into difficulty. Being in control increases their self-confidence. As confidence grows they are more likely to be open about reporting anything they are unhappy about. As a result the risk of abuse and neglect happening is reduced.

Risk enablement involves supporting individuals to identify and assess their own risks, enabling them to take the risks they choose. It is a key part of person-centred care and emphasises that the individual is the expert on their care.



An organisation that is active and positive about safeguarding adults will:

- be open and clear about how they look out for each individual's wellbeing

- be open and clear about how they put into practice the CQC Fundamental Standards and Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England www.skillsforhealth.org.uk/about-us/news/code-of-conduct-and-nationalminimum-training-standards-for-healthcare-support-workers - or the equivalent in other countries

- Show how workers should look out for abuse and neglect by publicising signs and indicators on posters or leaflets

- Be responsible for providing learning and development for workers on safeguarding adults

- Treat all allegations of abuse or neglect seriously

- Promote the values of person-centred care

Promoting choice and rights

Putting individuals who receive care and support in control of their care can reduce the chance of abuse or neglect happening. It means making sure that in any care environment dignity and rights are promoted.

- Lines of communication between individuals and workers are always open.
- Relationships are based on trust. Individuals play an active part in decisions about their care and support.
- Individuals are aware that they can share their concerns or complain and that they will be taken seriously.
- Individuals are supported to be as independent as possible to reduce their reliance on others who may take advantage of them. Individuals know their rights and understand how they can expect to be treated.

Every citizen has specific rights that are protected by law. The Human Rights Act 1998 is the main piece of legislation that outlines the rights of people in the United Kingdom.

The main rights relating to adult care work are:

- right to life
- freedom from torture and inhuman or degrading treatment
- right to liberty and security

- protection from slavery and forced labour
- right to respect for private and family life
- freedom of thought, belief and religion
- freedom of expression
- freedom of assembly and association
- right to marry and start a family
- protection from discrimination
- protection of property
- right to education

The ability to make decisions gives you control over parts of your life, which is extremely important for your mental and emotional wellbeing. You are probably taking for granted this ability to make choices, but imagine an individual receiving care and support might feel. Sometimes it is easier for a caregiver in their daily work routine to make choices for them as giving options could be more challenging and time-consuming.

Therefore, when talking to the individual about their choices, you should always encourage questions and listen carefully to the remarks being made. If they want to seek a second opinion you should support them in their wish. They might also want to talk to the manager or supervisor to hear their views.

An individual who knows their rights, is independent and able to make choices is more likely to speak up when it comes to abusive situations. They will have the confidence to know how to help themselves and whom to turn to, which makes them less likely to become victims of abuse.



Explain the importance of an accessible complaints procedure for reducing the likelihood of abuse

It is important that individuals feel able to challenge poor standards of care. They should know how to complain and feel confident to make a complaint without the fear of reprisal. Ask your employer to tell you what to do when someone wants to complain.

Information should be available in different, user-friendly formats. These should explain clearly what abuse is and also how to express concern and make a complaint. Individuals should be informed that their concern or complaint will be taken seriously, be dealt with independently and that they will be kept involved in the process to the degree that they wish to be. They should be reassured that they will receive help and support in taking action on their behalf. They should also be advised that they can nominate an advocate or representative to speak and act on their behalf if they wish. If an adult has no appropriate person to support them, and has substantial difficulty in being

involved, they must be informed of their right to an independent advocate.

An open and honest culture can encourage individuals to raise concerns before they come to harm. You should do what is appropriate in your role to try to resolve any concerns. If someone is still unhappy you must tell them how to complain. There should be a recorded process with agreed timescales. You may need to support the individual to make a complaint by explaining the process and supporting them to communicate. It is really important to make sure their voice is heard as this is part of developing a way of working that puts the individual at the centre of their care.

If an individual is unhappy with the services they receive, it is your duty of care to advise them about the complaints procedures and support them in filing a complaint, if necessary. Ensure that you familiarise yourself with the complaints procedures of your workplace so you know how your organisation expects you to respond to them.



If a person wants to make a complaint, you should:

- **take them to a quiet room to give them privacy.**
- **ensure that you outline the confidentiality policy to explain that**

you may need to pass on details that are given to you if there is a risk to the safety of the individual or others, making sure that the individual understands.

- listen to the complaint calmly and actively, assuring the individual that you are taking their feelings seriously. You should not judge or engage emotionally, but be polite and attentive. If appropriate, you could apologise to the individual and try to defuse the situation, but do not try to resolve their problem at this stage.
- explain to them the complaints policy that is in place and offer your support.

- clearly explain whom the complaint should be made to and assure them that you will let them know the outcome.

- thank them at the end of the conversation and inform your line manager about the exchange as soon as possible.

The individual might ask you to act as an advocate for them. Advocacy enables the individual to appoint a person to speak on their behalf and make sure that their wishes and needs are being heard. An advocate is the voice of the individual: they express the individual's views and fight for their rights if necessary.



Know how to recognise and report unsafe practices

Describe unsafe practices that may affect the wellbeing of individuals

Unsafe practices lead to the possibility of potentially harming someone and therefore affecting their wellbeing. Unsafe practices could affect the physical and emotional/psychological wellbeing of an individual.

Unsafe practice in adult care could be due to 3 different shortfalls:

Poor working practice

Anything you do during your daily routine as an adult care worker has the capacity to harm another person if you have not been properly trained and gained the skills, knowledge and understanding needed for your job role. Lack of training is one of

the main risks that can lead to harm, e.g. if untrained staff are expected to assist an individual to move; if they don't know how to keep track of medication intake, or don't store toxic liquids properly. As well as adult care workers being inadequately trained to fulfil the expectations of their work roles, there is also the problem of under-trained staff substituting for staff in senior positions, with responsibilities they aren't ready and prepared for.



Resource difficulties

Imagine how difficult it would be to move people around without the correct equipment, e.g. a wheelchair or hoist for supporting individuals to get out of bed. Unfortunately, quite a few service providers are lacking the funds to provide adequate equipment or the equipment they have is outdated or faulty. Carers and individuals will then have to make do with what is given, which might result in the individual feeling devalued and being put at risk of physical harm.

Another example of resource difficulties could be missing locks on doors, windows or medicine cabinets which increases the likelihood of accidental injuries. Being in a remote spot and not having transport to ensure individuals can participate in recreational activities could lead to them feeling frustrated and isolated.

Operational difficulties

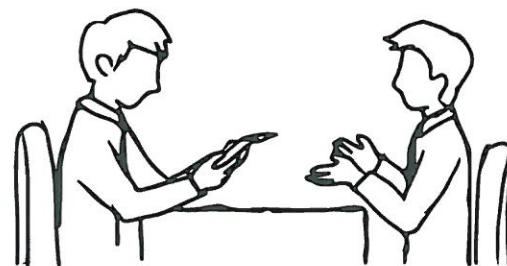
These are difficulties that lie within the working environment, e.g. due to bad management. Shortage in personnel could lead to staff members being stressed, having to rush through their schedules and cutting corners for lack of time. Policies and procedures cannot be followed if care workers have to manage double the workload due to a lack of staff, and the result could be that care plans are not being read and therefore the individual's needs are not being met. Poor hygiene standards and overworked and tired staff may also contribute to an unsafe environment for individuals. If agency staff are being brought in, they are unlikely to have the time to familiarise themselves with policies and procedures or the

individual's care plans, and therefore they may act in a situation-related, rather than in a person-centred, way.

Explain the actions to take if unsafe practices have been identified

Apart from enabling the individual to have the lifestyle they wish and helping them to find ways to bring about the changes they desire, the person-centred approach also has the wellbeing of the individual in mind, thus trying to keep risks to a minimum. It is your duty as adult care worker to ensure your own safe practice, so it is important that you raise any concerns you might have about the wellbeing of anyone you provide care and support to. This could be poor working conditions or equipment or untrained staff, as well as suspected abuse. Therefore, if you consider an action to be unsafe and you feel you don't have the appropriate training, stop what you are doing and talk to your supervisor or manager immediately.

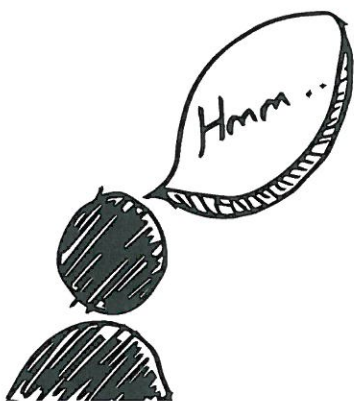
If this is not possible at the time and the task needs to be carried out, assess the risks together with a senior colleague and evaluate whether you have the expertise to minimise the potential for harm. However, never instigate any action that lies beyond your job role.



Once the immediate problem is resolved, you have to raise your concerns with your line manager or supervisor and ask for

help and support. It could be that more staff should be employed, new equipment needs to be bought, training opportunities created or policies and procedures reviewed. It is the employer's responsibility to ensure a safe environment which enables individuals to thrive.

There may be times when you feel that it would be inappropriate for you to speak with your manager or supervisor, especially if you have concerns regarding their practice or the running of a service. You should refer to your organisation's whistle-blowing policy. If necessary you can find external support from your social care regulator, such as the Care Quality Commission (CQC) in England. They provide a confidential and anonymous service for individuals who wish to raise concern or whistle-blow.



Describe the action to take if suspected abuse or unsafe practices have been reported but nothing has been done in response

When abuse or an unsafe practice has taken place, it needs to be dealt with swiftly and efficiently. Therefore, it is important that you take the matter further if management has failed to deal with it.

Whistle-blowing is the reporting of unsafe or illegal practices in the workplace. Most organisations have a policy or agreed ways of working that will tell you how to raise your concerns. Your employer should provide or explain their whistle-blowing policy. You have a responsibility to report things that you feel are not right, are illegal, or if anyone at work is neglecting their duties. Speaking to your manager will normally be your first step. However, if it is this person's work that you are concerned about you can seek support from a more senior person or from someone outside of your organisation, for example from the Care Quality Commission (CQC), a union representative, if you have one, or the local police. If you raise a concern with the CQC the information you give them will be dealt with in confidence, and you can raise concerns anonymously. The CQC has a quick guide to whistle-blowing or guidance for workers that gives helpful advice on speaking out about poor care and what protection you will have from the law. You can find more information here: www.cqc.org.uk/content/report-concern-if-you-are-member-staff

In Wales, the organisation Public Concern at Work is highlighted as a source of support in this area. Their website is <http://www.pcaw.org.uk/>

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