Safeguarding Adults Training

Alerter

Abuse don’t tolerate it
don’t ignore it
do report it!
Introduction

Welcome to the County Durham Safeguarding Adults Inter-agency partnership Alerter training workbook.

The aim of the workbook is to help raise awareness of Safeguarding Adults' policies and procedures in County Durham, including how to recognise and report abuse and the role of the alerter.

Learning Outcomes

Once you have completed the workbook you will:

- Understand what we mean by safeguarding adults
- Be able to identify the different categories of abuse
- Have an understanding of who an ‘adult at risk’ is
- Be able to identify the signs and behaviours that may indicate abuse is taking place
- Know where abuse takes place
- Understand the roles and responsibilities of the alerter
- Have an increased awareness of Safeguarding Adults' procedures and how you report your concerns

How do I use the workbook?

The workbook is designed for you to work through, either individually or managers may want to go through the content with a small group of staff. If you need any help completing the workbook please talk to your manager. There will be exercises for you to complete throughout the workbook. If you are completing the workbook as a group all members of the group should write down their answers to the exercises in their own copy of the workbook. Once you have finished the workbook you will be asked to complete a multiple choice assessment individually and submit this to your manager for marking.

Other ways of accessing Alerter training

Along with the workbook a half day taught course is also available. If you are interested in any of these methods please speak to your manager.
Background to Safeguarding Adults

Exercise 1
Take a few minutes to think about what we mean by ‘safeguarding adults’ and why it is important to protect the adults we work with from abuse. Note your answers in the box below.

Care Act 2014
The Care Act 2014 came into force on the 1st April 2015. It places safeguarding on a statutory footing and sets out the safeguarding adult duties for Durham County Council and partner agencies.

It places a requirement on the Local Authority (LA) to set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that the local safeguarding arrangements and partners act to help and protect adults. This should help everyone involved understand how important Safeguarding Adults’ work is and ensure that they continue to work together to make sure that people can live a life free of abuse through:

- Having consistent approaches to safeguarding adults across all agencies
- Increasing public and professional awareness in all agencies
- Allowing a joint approach to issues
County Durham Safeguarding Adult Inter-agency Partnership has a policy and procedural framework which is intended to provide support and guidance to effective safeguarding practice. If you want to read the procedures they are available on the County Durham Inter-agency Partnership website: [www.safeguardingdurhamadults.info](http://www.safeguardingdurhamadults.info)

**Safeguarding Adults**

In 2005 the Association of Directors of Social Services published a document called ‘Safeguarding Adults’. This document established a set of eleven good practice standards to be used as both a tool to review work already being done and as a way of developing future safeguarding work to ensure that all adults have a right to live a life free from violence and abuse.

There is other legislation that can be used independently or in conjunction with the Care Act when working with adults to help minimise the risks and support people to be safe from harm. Examples of the legislation that could be used include criminal law, and the Mental Capacity Act (2005), when someone lacks the capacity to make their own decisions about how they are looked after, perhaps because of dementia or a learning disability.

**What is abuse?**

**Exercise 2**

Have a look at the following examples. In the space provided write down whether you think abuse is taking place and if so what type.

<table>
<thead>
<tr>
<th>Case 1 - Mrs Brown lives in a residential care home. She has been asking to go to the toilet for half an hour but is told by staff that they are too busy and has now been incontinent. The carer smacks her hand and tells her she is ‘naughty.’</th>
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<tbody>
<tr>
<td>Is this abuse?</td>
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<tr>
<td>What type of abuse do you think it is?</td>
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<tr>
<th>Case 2 - Jane Green is 25 and has a learning disability. She lives at home with her mum and step-dad. He has started going into her room at night, pulling back the covers and looking at her naked. He tells her not to tell her mum.</th>
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</thead>
<tbody>
<tr>
<td>Is this abuse?</td>
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<tr>
<td>What type of abuse do you think it is?</td>
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</table>
Case 3 - Mrs Smith lives at home. She is unable to go out because of severe arthritis and she sometimes gets confused. Her neighbour shops for her every week but doesn’t give her any change.

Is this abuse?

What type of abuse do you think it is?

Case 4 - Mr Rogers has mental health problems and after a period as an inpatient has gone to live with his aunt. He is a Muslim convert. His aunt says he can eat what she cooks him, including pork, as she’s not going to make anything special to ‘pander to his whims’.

Is this abuse?

What type of abuse do you think it is?

Feedback

In all of these cases there is a concern that abuse may be taking place.

Safeguarding Adults (ADSS 2005) states that:

Abuse - the misuse of power by one person over another – has a large impact on a person’s independence. Neglect can prevent a person who is dependent on others for their basic needs exercising choice and control over the fundamental aspects of their life and can cause humiliation and loss of dignity.

• Abuse is a violation of an individual’s human and civil rights
• Abuse may consist of a single act or repeated acts
• Abuse may be deliberate or unintentional
• It may cause harm temporarily or over a period of time

When considering whether or not abuse has taken place, it is important to remember that intent is not an issue.

Types of Abuse

We will now look at what the different types of abuse are. After reading the definitions below look again at the answers you gave to exercise 2 and see if you want to make any changes. The types of abuse are:
Physical

This is the physical ill treatment of an adult, which may or may not cause physical injury.

This may include:
- Hitting, punching or slapping
- Pushing or shaking
- Kicking
- Pinching or scratching
- Improper administration of medication or treatments or denial of prescribed medications/treatments

Physical abuse can also occur when people are not provided with adequate care and support, causing them unjustifiable physical discomfort. This can include:

- Inappropriate use of restraint or sanctions such as forced isolation;
- The withholding of food, drink or necessary aids to mobility or independence such as walking aids, hearing aids, spectacles or dentures.

Sexual

Sexual abuse includes acts which involve physical contact and others that do not. Contact abuse may include rape, sexual assault and touching in a sexual way. Non-contact abuse may include the person being forced to be photographed naked or made to let other people look at their body.

Sexual abuse can include an isolated incident of assault, or sexual acts within an ongoing relationship where that adult hasn’t given consent or is not able to, perhaps because they do not have the mental capacity to do so, or they are unable to because the abuser is seen to be too powerful. Abuse usually involves acts performed by the perpetrator on the person being abused, but sometimes they may be forced to do things to themselves, the person abusing them, or others.

Financial or material abuse

This involves an individual’s funds, resources or possessions being taken or inappropriately used by a third party. The person may be more at risk if they don’t understand their finances or depend on others for the management of their money. Financial or material abuse may include:

- Theft, fraud or extortion through threat
- Exploitation, e.g. preventing the adult access to independent legal advice, or exerting pressure to influence the drawing up of a will
• The misuse or misappropriation of property, possessions or benefits by someone who has been trusted to handle the adult’s finances or who has assumed control of their finances by default
• Preventing the adult’s access to his or her funds or possessions

Financial abuse is the main form of recorded abuse by Office of the Public Guardian amongst adults and children at risk. It can occur in isolation or as research has indicated where there are other forms of abuse there is the potential for financial abuse to be occurring also.

Neglect and Acts of Omission

This is the deliberate withholding of, or intentional failure to provide a necessary level of care and support for an adult to meet his or her needs. This could be active, where someone deliberately refuses to do something they know the person needs done to meet their needs, or passive, where the person might not realise what care is needed or how to provide it. Neglect could include:

• An adult’s medical or physical care needs being ignored
• Being given the wrong type or too much or too little medication
• Not allowing the adult to get help from health, social care or education services
• Withholding the necessities of life, for example adequate food and drink, heating or clothing

The Mental Capacity Act 2005 contains a criminal offence of ‘wilful neglect’ under which a person can be prosecuted if proven to have wilfully neglected a person lacking capacity that they care for or represent.

Discriminatory

This is when a person may have prejudicial views about someone. This could be because of the person’s disability, mental health problems or learning disability. It could also be because of their age, race, gender, cultural background, sexual orientation or because they have a dependence on drugs or alcohol. Discriminatory attitudes towards someone might lead to other types of abuse. The person might also find it difficult to access services they require.

Acts of discriminatory abuse could include forms of harassment, slurs or similar treatment, physical abuse or assault, sexual abuse, financial abuse and neglect.
Organisational

Organisational abuse can include practices of an abusive regime, for example in a care home or hospital, where the rights of the people that use that service are denied. It may be that the needs of the person using the service are ignored in order to make an organisation easier to manage or to save money.

It might include:
- Ignoring other forms of abuse that are taking place
- Abuse by more than one person or staff
- Staff misusing their power over the people who use their services
- Medication being used inappropriately to manage the person’s behaviour
- Bad practices not being reported

Later we will look at the importance of reporting bad practice and how we can do this by using whistleblowing (speaking out) procedures.

Psychological

We find that there is usually a psychological element to all forms of abuse. It may include:

- The abuser acting in a calm but destructive manner;
- The person is intimidated, e.g. by threats of physical harm, shouting or swearing;
- Humiliating the person;
- Denial of the person’s basic human rights;
- Indifference to the needs of the person;
- Treating the adult as a child.

Three additional categories of abuse have been introduced through the Care Act 2014:

Self-Neglect

Self-neglect is any **failure of an adult to take care of himself or herself** that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets.

Although self-neglect can happen as a result of an individual's choice of lifestyle, it can also occur due to a mental health problems such as depression, poor physical health, cognitive (memory or decision making) difficulties, or a physical inability to care for oneself.
Modern Slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Perpetrators of this abuse will use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Modern slavery is a breach of an adult’s human rights and involves adults in the UK or who have been brought from overseas being forced to illegally work against their will.

Some of the common types of modern slavery include, domestic servitude, forced to engage in criminal activities, sexual exploitation and forced labour.

Domestic Violence and Abuse

In 2013 the Home Office revised the definition of domestic violence and abuse as:

‘Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality’

It can include; psychological, physical, sexual, financial, emotional abuse, so called ‘honour-based’ violence, female genital mutilation, forced marriage.

Now you have read the definitions of abuse and had a chance to look at your answers again we will now look at the types of abuse we have identified in the case scenarios.

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<tr>
<th>Case 1 - Mrs Brown</th>
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<tr>
<td>In this case physical abuse has occurred; Mrs Brown has been hit.</td>
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<td>There is also a psychological element as Mrs Brown is being treated like a child by being told she is ‘naughty’.</td>
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<tr>
<td>This could also be organisational abuse if the home is being run in such a way that the routines of the home, in this case when people are taken to the toilet, are there for the staff rather than the needs of the residents.</td>
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<th>Case 2 - Jane Green</th>
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<tr>
<td>In this case it is sexual abuse.</td>
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<td>As we have seen in the definition there does not need to be any contact for sexual abuse to have taken place.</td>
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<td>There may also be a psychological element if her step-father is frightening her to make her keep quiet about what is happening.</td>
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Case 3 - Mrs Smith
In this situation there is a concern that financial abuse may be taking place.

It appears that Mrs Smith’s neighbour is taking the money. Perhaps it’s because she thinks Mrs Smith would want her to have some money for her help, but we do not know that and shouldn’t make the assumptions that this is the case.

Case 4 - Mr Rogers
In this case Mr Rogers is not having his cultural needs met, therefore there is a concern that discriminatory abuse is taking place.

You might say that he could shop and cook for himself but he might not be well enough to do this without support.

If this was happening in the hospital and they were saying that they don’t have the time or experience to prepare special meals it could also have been organisational abuse as Mr Rogers’, and quite probably other patients’, cultural needs are not being met.

Later we will look in more detail at the signs and behaviour that might indicate that abuse is taking place. But first we will look at the people who are at risk of being abused and when safeguarding duties apply.

**Abuse or Neglect Vulnerability Factors**

We could all be subject to abuse at some point in our lives. But certain groups of people could be at greater risk.

**Exercise 3**

In the box below list some of the things that might lead to someone being at greater risk of abuse.

Although under previous safeguarding guidance the terms vulnerable adult and adult at risk were used within safeguarding work. The Care Act has changed the definition of when safeguarding duties apply, to an Adult who:
• has needs for care and support (whether or not the LA 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 duty to undertake safeguarding enquires in response to a raised concern is no longer dependent upon the requirement for an adult to be in receipt of or eligible for community care services.

**What factors could mean that someone is at greater risk of abuse or neglect?**

Often the person is unable to take care of themselves or protect themselves without help. Think about Mrs Brown in case 1. She relies on staff for basic needs like going to the toilet.

They might be isolated because they don’t have any social networks including education and employment. Mrs Smith in case 3 might have no one else visiting her except her neighbour. She might be worried that if she complains about not getting her change, no one will visit her and she won’t have anyone to go shopping for her.

The person might not know who to go to for help or may need some help to tell someone who could do something about the abuse. They may think that no one will believe them. Think about Jane Green in case study 2. She could be frightened to tell anyone because she thinks that no one would believe her and her mum would be angry. She also might be frightened about what her step-father would do if she told anyone. Even if she did want to say something she might have problems communicating because of her learning disability.

People might also think that the standard of care they are receiving is all they can expect for example, in case study 1, Mrs Brown might believe that the poor standard of care she is receiving is the normal expected standard.

It is important that when we consider someone is an adult as defined under the Care Act safeguarding definition, that we follow the inter-agency procedures to ensure they are safeguarded. This includes reporting our concerns. We will look at how to do this later.
## Signs that abuse may be taking place

### Exercise 4

Think about and make notes of some of the signs and behaviours that you might see that could indicate abuse is taking place. After you have done this read the list of signs and behaviours that abuse may have taken place. These are taken from the inter-agency procedures.

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<th>Neglect and acts of omission</th>
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<th>Organisational</th>
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<th>Modern slavery</th>
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<th>Domestic Abuse</th>
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<th>Self-neglect</th>
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<tr>
<th>General signs that abuse has taken place</th>
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Feedback – Signs that abuse may be taking place

The following lists are taken from the Durham inter-agency procedures and detail the signs that abuse may be taking place. It is important when reading this to remember that there may be other reasons for some of these signs and behaviours. However if you are concerned that it may be abuse you must pass on your concerns. We will look in more detail at how you do this later.

Psychological Abuse

• Low self-esteem, depression or tearfulness
• Lack of confidence or anxiety
• A feeling of worthlessness and perhaps self-abuse or self-neglect
• Agitation
• Ambivalence or resignation
• Increased levels of confusion, a decreased ability to communicate or urinary or faecal incontinence
• Sleep disturbance
• The adult feeling or acting as if they are being watched all of the time
• The adult withdrawing themselves from valued social activities or contacts
• The adult using language they wouldn’t normally, e.g. communication that sounds like things the perpetrator might say
• The adult showing signs of behaviour that is out of character, e.g. overtly promiscuous, sexually overt, anger or verbal outbursts
• The adult showing deference or submission to the perpetrator

Physical Abuse

• Injuries in unusual place, e.g. cheeks, ears, neck, inside of mouth or buttocks
• Injuries that are the shape of objects, e.g. hand, teeth marks, cigarette burns, rope burns
• Injuries to head or scalp, e.g. black eyes
• The presence of several injuries, bruises or scars of a variety of ages (look for fading)
• Burns or scalds with clear outlines or that have a uniform depth over a large area, e.g. the buttocks
• Unexplained fractures, dislocations or sprains
• Injuries that have not received medical attention
• Marks of physical restraint
• Skin infections
• Dehydration or unexplained weight changes
• Medication being ‘lost’ or ‘misplaced’
• Evidence of over and under use of medication
• Sleep deficit or unexplained fatigue
• A change in the adult’s usual behaviour patterns or physical functioning
• Behaviour that indicates that the adult is afraid of the perpetrator or is avoiding the perpetrator, or is afraid in the presence of certain objects
• The person flinches at physical contact or asks not to be hurt
• He or she seems reluctant to undress or uncover parts of the body
• A person being taken too many different places to receive medical attention

Sexual Abuse
• Sexually transmitted diseases, recurrent bouts of cystitis or unexplained pregnancy
• Pain, itching, tears, bruises or bleeding in genital or anal areas
• Bruises on the abdominal area, inner thighs or breasts
• Torn or blood-stained underwear
• Evidence of soreness when the adult is sitting or walking
• Unexplained problems with catheters or going to the toilet
• ‘Love bites’
• Oral infections
• Behaviour that shows the adult is trying to take control of their body image, e.g. symptoms of eating disorders such as anorexia or bulimia
• Withdrawal
• The adult using overtly sexualised behaviour or language that is unusual for them
• Disturbed sleep pattern
• Any sudden changes in behaviour, particularly incontinence or confusion

Financial or Material Abuse
• Sudden loss of assets or unexplained withdrawals from a person’s bank/savings account
• Unusual or inappropriate financial transactions
• The disappearance of bank statements, other documents or valuables including jewellery
• Visitors whose visits always coincide with the day the person’s benefits are cashed
• A person’s inability to explain what is happening to their income
• Insufficient food in the house or bills not being paid
• Loans being taken out by the adult in circumstances that give cause for concern
• Disparity between the adult’s assets and living conditions
• Reluctance on the part of family or friends or the person controlling funds to pay for replacement clothes or furniture
• The person who is managing the adult’s finances being concerned with money, or perhaps experiencing some kind of financial difficulty themselves
• A feeling that the adult is being tolerated in the family home due to the income their benefits generate, and not being included in the activities the rest of the family enjoys
• Recent changes in property title deeds, or alterations of wills or signing over assets

Neglect and Acts of Omission

• Malnutrition and/or dehydration
• Unexplained rapid or continuous weight loss or weight gain
• Poor physical condition, e.g. skin ulcers or excoriation, pressure sores or a pale or sallow complexion
• Hypothermia due to inadequate heating or lack of suitable clothing
• The adult not having access to necessary aids to mobility or independence, e.g. walking aids, hearing aids, spectacles or dentures
• The adult being exposed to unacceptable risk
• The wearing of inadequate or inappropriate clothing
• Evidence of untreated medical problems
• Evidence of personal care support not being given, e.g. poor hygiene, incontinence odour, dirty fingernails, old food residue in-between teeth, broken or missing dentures or stained clothing
• The adult being left in a soiled or wet bed, or expected to sleep in dirty or soiled bedding
• Callers/visitors being refused access to the person
• Missed medical appointments and a carer’s/care worker’s reluctance to involve health and social care professionals in the person’s care

Discriminatory Abuse
• An older person being acutely aware of their age or of ‘being a burden
• The same may apply to a person who has a physical or sensory impairment
• The adult may seem overly concerned about how others perceive their behaviour, skin colour, sexual preference etc.
• The adult may try to be more like other people and hide their individuality
• The adult may react angrily when attention is drawn to their individuality
• The adult’s carer may be overly critical or anxious about these issues
• Disparaging remarks may be made
• The person may be made to dress differently

Organisational Abuse

• Arbitrary decision making by the agency/organisation or service
• In care home, strict, regimented or inflexible routines for rising, retiring, mealtimes, going to the toilet and bathing etc.
• Over-medication of people
• Evidence of inappropriate physical intervention taking place
• The absence of effective care plans and risk assessments
• A lack of regard for people’s dignity and need for privacy
• Denial of individuality and opportunities to make informed choices and take responsible risks
• Lack of stimulation and opportunities for people to engage in social and leisure activities
• Lack of provision to meet specific cultural or spiritual needs
• Lack of personal clothing and possessions
• In care settings an unsafe and unhygienic living environment

Domestic Abuse

• present as afraid or anxious to please their partner / family member
• frequent need to check in with or receiving frequent harassing phone calls
• presenting with frequent injuries, with the excuse of “accidents”
• frequent unexplainable absence from appointments, work or social events without reason
• dressing in clothing designed to disguise bruising or scars (i.e. long sleeves in summer / sunglasses indoors)
• talk about their partner’s / family member temper, jealousy or possessiveness
• isolated and restricted from seeing family and friends
• limited / restricted access to money or processes
• unable to go out or mix freely with other without their partner or family member present
• low self-esteem or overly self-critical or blaming
• depression, anxiety or suicidal

Modern Slavery
• signs of physical or psychological abuse
• malnourished or unkempt
• isolated and/or withdrawn
• restricted freedom of movement or activity
• under the control or influence of others
• appear unfamiliar with their neighbourhood or where they work
• living in dirty, cramped or overcrowded accommodation
• living and working from the same address
• no personal / identification documentation
• limited / inadequate clothing and/or few personal processions
• dropped off / collected for work on regular basis at very early and/or late hours of the day
• frightened or hesitant to seek help due to not knowing who trust or where to get help and/or fear of violence to themselves or family

Self-neglect
Some typical characteristics of self-neglect may be:
• Poor standards of personal care
• Evidence of significant hoarding
• Evidence of urine or faeces human or animal in the home
• Uninhabitable, filthy and verminous home conditions
• Refusing important health care
• Non co-operative with services
• Substance misuse
• No support family or other support networks – isolated lifestyle
• Fire hazards
• Victim of crime, anti-social behaviour or abuse
• Perpetrator of crime, anti-social behaviour

**General Signs that abuse may have taken place**

• Difficulty experienced by practitioners in gaining access to the adult on their own, or the adult gaining opportunities to contact them
• The adult not getting access to medical care or appointments within other agencies
• Isolation of the adult
• Regular transferring of the adult’s case from one agency to another, or ‘agency hopping’
• Repeated visits by the adult to a GP or A&E for no obvious reason, or where there is no apparent change in health or medical circumstances
• Reluctance by the adult or his supporters to seek GP or medical help
• Refusal by the adult to accept support from a previously trusted carer/care worker
• Where one or more agencies – e.g. police or welfare, raise concerns

**Where does abuse take place?**

**Exercise 5**

Think again about the case studies in exercise 2. Write down in the boxes below where you think the abuse has taken place? Then in the final box list other places where abuse could happen.

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<th>Other places where abuse can take place</th>
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Feedback

Abuse can take place in any setting. In the case studies we have shown it taking place in residential care, in the person’s own home or in a relative’s home. There are of course many other places where abuse could take place. This could include places the person visits, for example day centres or community activities or even health care settings. It may be behind closed doors, because the abuser doesn’t want to be found out, or in public, because the person who is abusing doesn’t realise that what they are doing is wrong. Whether the harm or abuse is intended or not, it is wrong.

Exercise 6 – Who can abuse and who should report it?

In the following list put a tick against who you think could be a perpetrator of abuse and who could be an alerter.

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<th>Abuser</th>
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<td>A social worker</td>
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<td>The police</td>
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<td>An ambulance driver</td>
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<td>The manager of a residential home</td>
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<td>A family member</td>
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<td>A nurse</td>
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<td>A care assistant</td>
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<td></td>
</tr>
<tr>
<td>An adult at risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A domestic assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The local shopkeeper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Feedback

Who can abuse?

Anyone could be an abuser. It could be a staff member or volunteer in any organisation or someone in the community including those who think the person is ‘easy pickings’ for example the bogus workman. It could also be a member of the person’s family. Abuse can take place within any family relationship. Adults can be victims of domestic abuse, so called ‘honour based’ violence or forced marriage.

Sometimes one adult with care and support needs can abuse another, for example in a residential setting. This should still be reported as both the person who has been abused and the person who has abused may need support.
People can abuse intentionally for example they might want to hurt the person, or unintentionally, for example by not realising that the way they are caring for someone is wrong. This might be because they haven’t been trained to undertake a particular procedure or they have been told by another member of staff to do it a particular way, for example lifting someone incorrectly or tying someone to a bed to stop them getting up during the night.

If you, as a member of staff, are concerned about being asked to do something you feel is wrong, or you have not been trained to do, talk to your manager. If you are still concerned or think your manager is implicated you may need to consider using your own whistleblowing procedures. We will discuss whistleblowing later.

**Who should report it?**

**Anyone** can report or alert someone to their concern.

You can see from the list above that while ‘anyone’ can abuse, that also, ‘anyone’ can report a concern. The person reporting their concern is ‘an alerter’.

The definition of an alerter is: any person who has concerns about an adults' safety or believe the adult to be experiencing or at risk of experiencing abuse or neglect.

It is ‘everyone’s responsibility to safeguard’, and we all need to know how to report concerns. Later in the workbook we will tell you how concerns are reported for staff or volunteers in different organisations and for members of the public.

First we will look at what as an 'alerter' you have to do if someone tells you about something that’s happened to them, or if you have observed something happening or see signs or behaviour that raises your concern that the person may have been abused.

**Alerter Do’s and Don’ts**

**Exercise 7**

Put a tick against what you should do and a cross against what you shouldn’t do

<table>
<thead>
<tr>
<th>Q</th>
<th>Should you, as an alerter</th>
<th>√ or X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ensure the person isn’t in immediate danger and if they are seek police or medical help (999)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Make promises that they will never see the person that has been</td>
<td></td>
</tr>
<tr>
<td>Step</td>
<td>Action</td>
<td>Answer</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>3</td>
<td>abusing them again</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Report your concerns</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Listen carefully if the person is telling you about something that’s happened to them</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Ask detailed questions of the person and witnesses to make sure abuse has happened</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Record what was said using only the person’s own words</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Give the person contact details so they can report any further issues or ask questions</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Make a record following your agency’s recording guidelines</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Discuss the incident in the staff room and ask your friend for advice</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Try to make sure that any potential evidence isn’t contaminated</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Tell the person that you won’t say a word to anyone else about what they’ve told you</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Put yourself or anyone else in danger</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Be judgemental, especially if you think that the person they are accusing couldn’t possibly have done it.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Remember the person might not want their family informed, indeed the family may actually be involved</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Give your report to your manager for confidential safekeeping</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Let the person know what will happen next</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Tell the person they will receive feedback</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Discuss what’s happened with the alleged perpetrator</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Conduct your own investigation</td>
<td></td>
</tr>
</tbody>
</table>

### Answers

Compare your answers to ours and read our explanation on what you should and shouldn’t do

<table>
<thead>
<tr>
<th>Q</th>
<th>As alerter</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If the person is in immediate danger any delay in contacting emergency services could put the person in greater danger.</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>We cannot make promises that we cannot keep. We don’t know for certain that they will never see the person again.</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>It is important to report your concerns, even if you are not absolutely positive that abuse has taken place. It is still a concern that needs to be dealt with.</td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>It is important to remain calm.</td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>We must listen carefully if the person is telling us about something that’s happened to them. If not we might miss some essential information. Also how would you feel if you thought someone wasn’t listening to you when you were telling them something really important?</td>
<td>✓</td>
</tr>
<tr>
<td>6</td>
<td>We shouldn’t ask detailed questions of the person or witnesses to make sure abuse has happened. Our duty as alerter is to pass on our concern, not to be absolutely sure that abuse has occurred.</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>It is important to record what was said using only the person’s own words.</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>words. This information could be used as evidence later so needs to be accurate.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Give the person contact details so they can report any further issues or ask questions. Think about times when you have been talking to someone and hours later thought ‘I wish I’d asked…’ It’s just the same for someone who may have experienced abuse.</td>
<td>✓</td>
</tr>
<tr>
<td>9</td>
<td>Make a record following your agencies recording guidelines. We will talk about what you should record in more detail later in the workbook.</td>
<td>✓</td>
</tr>
<tr>
<td>10</td>
<td>Although we have a duty to pass on our concerns, this should be to the appropriate person within your organisation. We shouldn’t discuss it with anyone else.</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>Try to make sure that any potential evidence isn’t contaminated. We will talk about preserving evidence later in the workbook.</td>
<td>✓</td>
</tr>
<tr>
<td>12</td>
<td>We can’t say we won’t tell anyone else. We have a duty to pass on our concerns and we should tell the person this is the case. It is important not to put yourself or anyone else in danger. You might have to consider whether you need to dial 999</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>It is important not to be judgemental. We may not think the person they are accusing could have done anything wrong, but an investigation still needs to be carried out. Remember the person might not want their family informed as the family may actually be involved.</td>
<td>X</td>
</tr>
<tr>
<td>14</td>
<td>Give your report to your manager for confidential safekeeping</td>
<td>✓</td>
</tr>
<tr>
<td>15</td>
<td>Let the person know what will happen next. They are likely to be worried about what’s going to happen so by giving them this information you can help reassure them</td>
<td>✓</td>
</tr>
<tr>
<td>16</td>
<td>Tell the person they will receive feedback. They will want to know what’s happened as a result of what they’ve said. In no circumstances should you discuss what’s happened with the alleged perpetrator. If you did this you could be putting the adult in danger or the perpetrator could get rid of important evidence.</td>
<td>✓</td>
</tr>
<tr>
<td>17</td>
<td>You must not conduct your own investigation. This is not the role of the alerter and you could jeopardise a police investigation by doing so.</td>
<td>X</td>
</tr>
</tbody>
</table>

### How to raise your concern

The answer to question 3 in exercise 7 states that you have to report your concerns even if you are not absolutely sure abuse has taken place. Remember, the Care Act definition, when an adult who has needs for care and support and is, or is at risk of experiencing abuse or neglect. The process flow chart on page 30 gives you details on how staff (both paid and unpaid) from all organisations should do this. It is important that you discuss any concerns you have with your line manager or supervisor. They will decide whether the concern needs to be reported.
Safeguarding applies to a range of low to high risk types of abuse and it is important to recognise issues that require minimal intervention from those that require more formal inter-agency statutory intervention, which under Durham County Safeguarding Adults framework is known as Adult Protection. The views and wishes of the individual at risk is central to any decisions.

Members of the public can also contact Social Care Direct themselves if they have any concerns.

It is important to consider any immediate risk or danger and take preventative action. For example, does the adult need urgent medical attention, is the assistance of the police required, Dial 999.

Preserving Evidence

It is important to remember that if abuse has taken place that we need to ensure the welfare and the immediate safety of the adult who has been abused or neglected.

However it is also important to consider that if you are the first on the scene where someone is abused what you do can have an impact upon any potential forensic evidence. Having some basic awareness, can help to ensure the police are able to collect any evidence they may need for their investigations.

You can use the ‘3 P’s’ as a prompt:

1. Person(s)
2. Place(s)
3. Property

For all the above instances, ‘wearing gloves’ will prevent any potential evidence from being contaminated. And for some of the instances, there may be CCTV footage, which will need to be secured.

Some points to consider:

- Person(s) - If it is rape or sexual assault the victim should be advised not to change or wash their clothes or themselves. If the person is wearing an incontinence pad it should not be destroyed. You should also consider whether there is further or wider risk to other(s).
- Place(s) - If the abuse happened in one or more rooms you should ideally close off the rooms until the Crime Scene Investigator (CSI) arrives to obtain forensic evidence; you should also record any other locations that the person(s) tells you about.
• Property - If there is financial abuse it is important to act quickly to report your concern as there may be some evidence. It might be appropriate to leave any documents alone, e.g. cheque books or bank books, so no one can touch them, however if there is a risk that others will handle them put them in a clean plastic bag to preserve any fingerprint evidence.

Remember it is not your job to investigate

What you should record

You will see in exercise 7 that one of the things an alerter has to do is record details of what they have seen or been told. So what should we record and how should we record it? All organisations will have their own recording procedures and guidelines but there are some key points that we all have to adhere to when we are recording safeguarding concerns.

Exercise 8

Look at the following statements and mark whether they’re true or false.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Record the time as well as date when the abuse has taken place</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Don’t record that there was someone else sitting in the lounge where it happened because they might not have seen anything</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Use the person’s own words, even if you think they didn’t mean to use the word they did use</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Write down that in your opinion you think the person is lying</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Write in pencil so you can rub out any mistakes</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Write down where it happened</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>If you use electronic systems and write some rough notes first keep your hand written notes too</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Don’t give your report to your line manager. It is okay to keep it in your handbag until someone asks for it</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Following recording ensure you put the date and time the record is made and sign your report</td>
<td></td>
</tr>
</tbody>
</table>
**Feedback**

Compare your answers and look at the explanations. These are some of the key things we should and shouldn’t do when you are recording.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>You should record the time and date when the abuse has taken place</td>
<td>True</td>
</tr>
<tr>
<td>2</td>
<td>You cannot say for certain that the person didn’t see anything so you should add that they were there. During the investigation someone, e.g. the police, might want to talk to that person. It is important to record what the person said, not what you thought they wanted to say</td>
<td>True</td>
</tr>
<tr>
<td>3</td>
<td>You should be careful to record the facts, not your own opinions. You should write in pen, black ink, for photocopying. You should not use tippex or blank out the words. Put a line through. You should be able to read the words that you’ve changed</td>
<td>False</td>
</tr>
<tr>
<td>4</td>
<td>You should write down where it happened</td>
<td>True</td>
</tr>
<tr>
<td>5</td>
<td>Yes you have to keep your rough notes. You may be asked for them during an investigation</td>
<td>True</td>
</tr>
<tr>
<td>6</td>
<td>Remember confidentiality and keeping your records secure. Your handbag is not secure. You need to give the report to your manager for confidential safe keeping</td>
<td>False</td>
</tr>
<tr>
<td>9</td>
<td>You should sign your report and put the date and time when you have made the record</td>
<td>True</td>
</tr>
</tbody>
</table>

**Whistleblowing (Speaking out)**

We have talked about reporting our concerns and how we do this. But what if you believe the manager you normally report to is implicated or you have practice concerns that you have already passed on but believe nothing has been done?

Every organisation should have their own Whistleblowing (speaking out) procedures. These procedures provide the assurance of your organisation that paid and voluntary staff can raise concerns about behaviour of others or about practice. Procedures should also give information about how the member of staff who raised the concerns is supported whilst concerns are investigated. They also need to say how members of staff who are alleged perpetrators are supported. If you don’t know where your Whistleblowing (speaking out) procedures are in your organisation ask your manager or Human Resources department.
What happens after I report my concerns?

On page 31 the process flowchart shows what happens after you pass on your safeguarding adults concern. This gives information about what happens after the referral is made to Social Care Direct. If you want to find out more about this process you can access the procedures on the website: www.safeguardingdurhamadults.info

End of Course Assessment

You have now completed the safeguarding adult’s alerter workbook.

Pass your completed workbook to your manager who will confirm that you have completed all the exercises.

Your manager will then give you a short multiple choice assessment to complete individually to check your understanding. Once you have completed the assessment pass it back to your manager and they will mark it. The pass mark for this assessment is ten out of twelve.

If you do not achieve the required pass mark your manager will discuss with you what you need to do next.

Thank you for using the alerter workbook. Remember to pass it to your manager and ask for the assessment sheet.
The process for responding to Abuse and Neglect

Do's and don'ts for receiving alert

In all cases, if an adult is in immediate danger, take preventative steps and call 999 for the emergency services

Member of the public
- Has concerns adult is at risk of abuse or neglect
- Contact Social Care Direct (SCD) 03000 26 79 79
- Social Care Direct will accept anonymous referrals. However, this may inhibit any further investigation

Employee within Children and Adults Services
First
- Discuss concerns with your line manager/supervisor
Then
- Manager considers information and refers concern to SCD if necessary
- SCD will respond to safeguarding enquiry and ask others to make enquiries
- SCD will decide on appropriate referral using Risk Threshold Tool: Safeguarding Enquiry or Adult Protection

Employee from: NHS, independent or voluntary sector agency, Durham County Council (excluding CAS)
- Follow agency's guidelines
- Discuss your concern first with your line manager/supervisor and record as required by your service
- Manager/supervisor uses Safeguarding Adults Risk Threshold Tool*?
- If appropriate, refer to Social Care Direct 03000 26 79 79

Do
- Do ensure the person is not in immediate danger. If they are, seek police or medical assistance (999)
- Do remember to remain calm
- Do listen carefully if the person discloses abuse
- Do secure the scene if necessary and if possible
- If you suspect financial abuse, consider placing cheque books, bank cards etc into a plastic bag in case they are required as evidence
- Do explain to the person that you have a duty to discuss the issue with your line manager/supervisor
- Do remember, the person may not want their family informed as the family may actually be involved
- Do make a note of the time, date and setting in which the allegation was made, if the event was witnessed and any witnesses to the event (e.g. incident report, patients notes, client case file)
- Do make a note of anyone else who was there at the time
- Do record what was said using ONLY the person's own words
- The account you record must be legible and include the date and your signature
- Do ensure your written account follows your agency's guidelines
- Do provide information to the person about the steps that will be taken and reassure them that the issue will be taken seriously
- Do give the person your/SCD contact details so that they can report any further issues or ask any questions
- Do inform the person that they will receive feedback
- Do give your report to your line manager/supervisor to keep in a safe and confidential place

Don’t
- Don’t place yourself or anyone else in danger
- Don’t be judgemental
- Don’t make promises you cannot keep
- Don’t ask detailed or probing questions
- Don’t interfere with, or contaminate potential evidence following physical or sexual assault, for example, by washing, sheet changing, teeth cleaning etc
- Don’t discuss the incident with anyone else except your line manager/supervisor
- Don’t question witnesses except to obtain basic information
- Don’t leave detailed confidential information on answer machines
- Don’t, in any circumstances, discuss the issue with the alleged perpetrator
- Don’t attempt to influence or intimidate potential witnesses
- Don’t conduct your own investigation
Safeguarding alert - what happens next?

Employee suspects abuse or neglect & informs line manager

Line manager reports concerns to Social Care Direct 03000 26 79 79
(based on Safeguarding Adults Risk Threshold Tool*)

SCD decides on appropriate response - Safeguarding Enquiry or Adult Protection
(based on Safeguarding Adults Risk Threshold Tool*)

Safeguarding enquiry
Concern logged by SCD.
Appropriate support/advice given
No formal procedures

Adult Protection Referral received within one hour

Initial decision - Lead officer decides whether to invoke Adult Protection procedures within 5 working days

Lead officer decides to invoke procedures:
- They consider abuse cannot be ruled out
- They ensure the person is safe from harm
- They use Safeguarding Adults Risk Threshold Tool* to record rationale

Strategy required
- Can be face to face, meetings or by telephone
- Lead officer decides on appropriate agency involvement - eg police, NHS, housing

Executive strategy required?
- Lead officer informs head of adult care if there are issues of multiple, institutional or very serious abuse
- Head of adult care makes decision regarding Executive Strategy and appoints appropriate chair person
- Police and CQC must be invited

Strategy/Executive Strategy within 5 days of Adult Protection referral

- Investigative team appointed by lead officer
- Investigation starts within 48 hours of strategy
- Completed in 28 days except in complex cases

- Assessment of adult’s care and support needs
- Runs parallel to investigation
- Completed within 28 days of referral

Closure and debrief
- Adult Protection closed once all actions have been undertaken for the victim, alleged perpetrator and service eg referral to the Disclosure and Barring Service
- Debrief held within 5 days of completion of safeguarding investigation and assessment

* See Inter-Agency Policy and Procedures online at www.safeguardingdurhamadults.info

Working with the Safe Durham Partnership Altogether safer

CAS15880 Children and Adults Services, CMI Team 2015