



**Durham
Safeguarding Adults
Partnership**

Workbook

Safeguarding Adults Training Raising a Concern

Updated 2022

A magnifying glass with a silver frame and a black handle is positioned over a light blue background. The lens of the magnifying glass is focused on a piece of white paper with bold, black, sans-serif text. The text reads: 'Abuse', 'don't tolerate it', 'don't ignore it', and 'do report it!'. The magnifying glass is angled slightly to the left, and the text is centered within the lens.

Abuse
don't tolerate it
don't ignore it
do report it!

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Exercises to Complete

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Introduction

The aim of the Durham Safeguarding Adults Partnership (DSAP) Raising a Concern workbook is to raise awareness of safeguarding adults: the roles and responsibilities everybody has in ensuring adults at risk are protected from abuse and neglect; Safeguarding Adults policies and procedures in County Durham; how to recognise abuse and neglect; and what to do and who to tell.

Once you have completed the workbook you will:

- Understand what we mean by safeguarding adults
- Be able to identify the different types of abuse and neglect
- Have an understanding of who an 'adult at risk' is
- Be able to identify the signs and behaviours that may indicate abuse or neglect is taking place
- Know where abuse and neglect take place
- Understand your role and responsibilities to pass on concerns
- Have an increased awareness of Safeguarding Adults procedures and safeguarding processes in County Durham.

Who the workbook is for and how to use it

This workbook is aligned with two national competency frameworks:

- The Bournemouth University National Competency Framework for Safeguarding Adults, Concise Version for Staff and Employers, reviewed in 2018.
- The Adult Safeguarding: Roles and Competencies for Health Care Staff (RCN Intercollegiate document) published in August 2018.

The Raising a Concern workbook is for:

- All staff and volunteers who work in health or social care settings
- All staff and volunteers who have regular contact with the public
- All involved in the governance of an organisation that works with, cares for, or has contact with adults who may have care and support needs: trustees/management committee members, directors, elected Members, NHS Trust Board Governors...

The workbook covers the competencies required for:

- Staff Group A (Bournemouth). For example: all staff and volunteers in health and social care settings, all frontline staff in Fire and Rescue Services, Police and Neighbourhood Teams and Housing, Primary Care Clerical and Administration staff, Domestic and Ancillary staff, Health and Safety Officers, staff working in Prisons and custodial settings, other support staff, Elected Members, Governing Boards and Safeguarding administrative support staff.
- NHS Level 1 & Level 2 (Intercollegiate Document). That is all staff working in health settings; all practitioners that have regular contact with patients, their family or carers, or the public.

The workbook is designed for you to work through, either on your own or with a small group of staff or volunteers.

- If you need any help completing the workbook, please talk to your manager or volunteer coordinator.
- 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 or type in their answers to the exercises in their own copy of the workbook.
- Once you have finished the workbook you will each be asked to complete a multiple-choice assessment and give it to your manager or volunteer coordinator for marking.
- There are taught courses available that follow on from the Raising a Concern workbook. If you are interested in the other courses, please speak to your manager or volunteer coordinator.

Exercise 1a

What do you think 'safeguarding adults' means? And why is it important to protect the adults we work with from abuse or neglect? Note your answers in the box below.

Safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect.

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

[Care and support statutory guidance](#)

Is this similar to the answer you gave?

The important thing to remember here is that safeguarding is not just about identifying and reporting abuse. It's also about **trying to prevent abuse from happening to begin with**, promoting the welfare of the person and everyone working together to support the person.

The Care Act 2014

The [Care Act 2014](#) brought together all previous legislation about care and support and put Safeguarding Adults onto a statutory basis for the first time. It gave local authorities duties to establish Safeguarding Adults Boards (SABs) and to be the lead in making safeguarding adults enquiries. Other organisations have statutory duties to cooperate in safeguarding adults enquiries.

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 or neglect. In Durham we call the SAB the Durham Safeguarding Adults Partnership (DSAP) to reflect our approach.

The Care Act is supported by the [Care and Support Statutory Guidance](#) which replaced the No Secrets guidance and is regularly updated. Everybody should be working within the very readable statutory guidance, but make sure you use the latest version (currently January 2022) and not the consultation document.

There is other legislation that can be used independently or with the Care Act 2014 when working with adults to help minimise risk and support people to be safe from harm.

Exercise 1 b

Try to match the legislation to the statements and pictures below

- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Sexual Offences Act 2003
- Mental Capacity Act 2005
- Fraud Act 2006
- Care Act 2014



1 This act made it an offence for a person in a position of trust to dishonestly abuse that position to make gain for him/herself.

- Act title and year



2 This act states Everyone has a right to life, free from torture or inhuman or degrading treatment.

- Act title and year



3 This act makes it an offence for those engaged in providing care, assistance or services for people with Learning Disabilities or Mental Health to have a sexual relationship with people whom they are providing care for.

- Act title and year



4 This act introduces new responsibilities for adult social care, outlines who might be entitled to care and how care should be funded. The act also places safeguarding adults procedures on a statutory footing.

- Act title and year



5 This act states if capacity is not considered we could potentially be taking away a person's independence and choice and, therefore, if someone is unable to make a decision his/her capacity needs to be assessed and recorded; any decision made needs to be in the person's best interest.

- Act title and year



6 This act introduced disclosure procedures under which staff could, in confidence, raise any serious concerns they may have about an employee's practice.

- Act title and year

These are the correct answers:

- 1 Fraud Act 2006
- 2 Human Rights Act 1998
- 3 Sexual Offences Act 2003
- 4 Care Act 2014
- 5 Mental Capacity Act 2005
- 6 Public Interest Disclosure Act 1998

Other legislation that also supports safeguarding adults includes:

- Criminal offences
- Mental Health Act 1983
- Serious Crime Act 2015
- Modern Slavery Act 2015
- Criminal Justice and Courts Act 2015
- Data Protection Act 2018
- Domestic Abuse Act 2021

Adult safeguarding – what it is and why it matters

The aims of safeguarding adults are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adult concerned

- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe, and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect.

Safeguarding in the Care Act 2014 is based on upholding Human Rights

These articles are particularly relevant:

- Article 2: Right to life
- Article 3: Right not to be tortured or treated in an inhuman or degrading way
- Article 4: Right to be free from slavery or forced labour
- Article 5: the right to liberty and security
- Article 8: Right to respect for your private and family life, home and correspondence

What does upholding Human Rights mean?

Staff in the NHS, local authorities, and employed by commissioned services and care providers all have duties to promote and protect human rights:

- Right to life means identify real, immediate, and future risks to life and take all reasonably expected preventative measures to avoid that risk – when it is known, should be known, or is suspected, by the staff carrying out public functions
 - Includes special protections where there is mental illness/self harm/suicidal thoughts or threats/distress
- Freedom from torture and inhuman or degrading treatment' includes acts carried out by individuals, such as severe domestic abuse, or coercion and control - again when known or ought to be known by staff
 - Includes organisational abuse, closed cultures
 - Inhuman or degrading treatment does not need to be deliberate but is of a high level of severity

Six key principles underpin all adult safeguarding work

The six principles as set out in the Care and Support Statutory Guidance apply in all sectors and settings including healthcare, social care services, social work, welfare benefits, housing, wider local authority functions and the criminal justice system.

They should inform the ways in which professionals and other staff work with adults. the six principles are accompanied here with these 'I' statements.

Empowerment

People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens".

Prevention

It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”.

Proportionality

The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed”.

Protection

Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want”.

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me”.

Accountability

Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they”.

Making Safeguarding Personal

Making Safeguarding Personal is an approach brought into the Care and Support Statutory Guidance as well as these principles, that recognises that safeguarding is about the individual:

“We all have different preferences, histories, circumstances and lifestyles.”

Making Safeguarding Personal means safeguarding adults activity 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.

Exercise 1 c

Think of some questions that would put the adult and their views and wishes at the centre of the discussion.

Possible questions could include:

- “What does being safe mean to you?”
- “What will help you to feel safer?”
- “What would you like to happen next?”
- “How can we best make that happen?”

Making Safeguarding Personal is an approach to safeguarding for everyone, regardless of mental capacity or anything else. We can use advocates, and we can ask people who know the person what they might have wanted or preferred and get an idea of what outcomes they would have wanted.

Dignity and Respect

Everybody has the right to be treated with dignity and respect and the right to live a life free of abuse and neglect. By treating people with dignity and respect we can help to prevent forms of abuse. High quality services that respect peoples' dignity should:

- Have a zero-tolerance policy on abuse;
- Support people with the same respect you would want for yourself or a member of your family;
- Treat each person as an individual by offering a personalised service;
- Enable people to maintain the maximum level of control over their own lives;
- Listen to people and support them to express their views and don't make assumptions;
- Respect people's right to privacy;
- Ensure people feel able to complain without fear.

What is abuse or neglect?

Exercise 2

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

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 care worker smacks her hand and tells her she is 'naughty'.

Is this abuse or neglect?

What type of abuse do you think it is?

Case 2 - Jane Green is 25 and has a learning disability. She lives at home with her mum and stepdad. 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.

Is this abuse?

What type of abuse do you think it is?

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.

Abuse may be:

- a single act or repeated acts
- a failure to act, neglect or act of omission
- deliberate or the result of negligence or ignorance
- multiple – often there is more than one pattern or type at the same time
- a criminal offence which should be treated that way.

There may be no other person involved in causing harm, e.g. with self-neglect.

Patterns of abuse vary and include:

- serial abuse, in which the person causing harm seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse, sexual exploitation, and other criminal exploitation;

- long-term abuse, often in the context of an ongoing family relationship such as domestic violence between (ex)-partners or generations, or persistent psychological abuse;
- opportunistic abuse, such as theft occurring when money or jewellery has been left lying around.

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

Types and Patterns of Abuse and Neglect

We will now look at the different types and patterns of abuse and neglect as illustrated in the Care and Support Statutory Guidance as the sorts of behaviours that could give rise to a safeguarding adults concern.

After reading the list below, look again at the answers you gave to Exercise 2 and see if you want to make any changes. The types of abuse or neglect are here in the order given in the Care and Support Statutory Guidance and are:

Physical Abuse

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
- misuse of medication or treatment or denial of medication/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 physical sanctions such as forced isolation;
- withholding of food, drink, or necessary aids to mobility or independence such as walking aids, hearing aids, spectacles, or dentures.

Domestic Violence and Abuse

There are different kinds of domestic abuse, but it's always about having power and control over you. [Domestic abuse and safeguarding adults](#).

The Domestic Abuse Act 2021 definition of domestic abuse:

Person A's behaviour towards another person, B, is "domestic abuse" if:

- A and B are each aged 16 or over,
- and they are personally connected to each other,
- and the behaviour is abusive, that is
 - physical or sexual abuse
 - violent or threatening behaviour
 - controlling or coercive behaviour
 - economic abuse
 - psychological, emotional, or other abuse.

- It does not matter whether the behaviour consists of a single incident or a course of conduct (pattern of behaviour).
- Behaviour towards B includes towards another person e.g. B's child

People are 'personally connected' if they:

- are or have been, married or civil partners, to each other
- have agreed to marry one another or enter into a civil partnership (whether or not the agreement has been terminated)
- are, or have been, in an intimate personal relationship with each other
- each have, or there has been a time when they each have had, a parental relationship in relation to the same child
- are relatives.

This recognises that extended family members may be involved in domestic abuse, coercion and control especially:

- so called 'honour-based' violence
- female genital mutilation (FGM)
- forced marriage.

The definition is regardless of sex, sexuality, or gender.

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

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

NB: While the Domestic Abuse Act definition of domestic abuse applies to people aged 16 and over, in the Care Act 2014 and Care and Support Statutory Guidance safeguarding adults applies to adults aged 18 and over.

Sexual Abuse including

- rape
- indecent exposure
- sexual harassment
- inappropriate looking or touching
- sexual teasing or innuendo
- sexual photography
- subjection to pornography or witnessing sexual acts
- sexual assault
- sexual acts to which the adult has not consented or was pressured into; it is not consent if it is coerced, tricked, manipulated, or controlled.

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, made to let other people look at their body, or controlled through social media.

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 person alleged to be causing harm on the person being abused; but sometimes an adult may be forced to do things to themselves, the person abusing them, or to others.

Psychological Abuse Including

- emotional abuse
- threats of harm or abandonment
- deprivation of contact
- humiliation and belittling
- blaming
- control
- intimidation
- coercion
- harassment
- verbal abuse
- cyber bullying
- isolation
- unreasonable and unjustified withdrawal of services or supportive networks.

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

- the abuser acting in a calm but destructive manner
- humiliating the person
- denial of the person's basic human rights
- indifference to the needs of the person
- treating the adult as a child.

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. The person may not know there is anything wrong. It can occur in isolation, but where there are other forms of abuse there is the potential for financial abuse to also occur. Financial or material abuse may also include:

- theft, fraud, or extortion through threats;
- internet scamming and doorstep scamming, which often targets isolated people;
- 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;
- coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions;
- preventing the adult's access to his or her funds or possessions.

The Office of the Public Guardian records financial abuse as the main form of abuse carried out by attorneys or deputies when found to be misusing their legal powers.

- For example, Anne, living in a care home, has no money to pay for outings, clothes, toiletries, because her son, who has Power of Attorney and control over her money, is treating it as his own money; he has stopped paying the top up care fees.

Modern Slavery encompasses:

- slavery
- human trafficking
- forced labour and domestic servitude
- sexual exploitation
- being forced to engage in criminal activities and begging.

Traffickers and slave controllers will use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. There is often extreme violence. Often people with learning disabilities, or drug and alcohol problems, or who are homeless are targeted.

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

The Modern Slavery Act 2015 includes two offences:

- slavery, servitude and forced or compulsory labour
- human trafficking.

In one Durham case, a member of the public called police when they saw several males visiting a house answered by a female dressed only in lingerie. Police found three Chinese young women forced to be sex workers. It was debt bondage, that is, debts created by traffickers.

Workshops on Modern Slavery will be available later in 2022, via DSAP website.

Discriminatory Abuse including forms of:

- harassment
- slurs or similar treatment
- physical abuse or assault, sexual abuse, financial abuse and neglect.

It is based on discrimination due to a person's protected characteristic under the Equality Act 2010:

- Age
- Disability including learning disability and mental health problems
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

This is when a person may have prejudicial views about someone. This could also include someone's cultural background, the way they behave, the way they dress, 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.

Discriminatory abuse would include, where someone with a learning disability is targeted for their money, home, or other reason, but they think that the abusers are their friends or that they are in a relationship. Owing to the coercive nature of much mate crime, what may be most apparent is psychological abuse. Mate crime is also a form of disability hate crime.

Organisational Abuse

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 a service easier to manage or to save money.

It might include:

- ignoring other forms of abuse or neglect that are taking place;
- abuse by more than one person;
- staff misusing their power over the people who use their services;
- medication, restraint, or seclusion being used inappropriately to manage the person's behaviour;
- bad and poor practice 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.

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 proactive, where someone deliberately refuses to do something that they know the person needs to have done to meet their needs; or passive, where the person might not realise what care is needed or how to provide it safely.

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 or access health, social care, or education services
- withholding the necessities of life, for example adequate food and drink, heating or clothing.

[Section 44 of the Mental Capacity Act 2005](#) contains a criminal offence of ill-treatment or wilful neglect under which a person, including any member of staff, an attorney, or a family member, can be prosecuted if proven to have ill-treated or wilfully neglected a person who lacks capacity that they care for or represent.

[Section 20 to 25 of the Criminal Justice and Courts Act 2015](#) created criminal offences involving ill-treatment or wilful neglect of an adult, including those with capacity, by paid care staff providing social care or health care, or their supervisors or directors, or by the care provider.

Self-Neglect

Self-neglect covers a wide range of behaviours, including hoarding behaviours.

Self-neglect behaviours can mean a person may not be keeping themselves clean, maybe neglecting to care for their own health or their surroundings, may refuse care or treatment for health and care needs, or could be hoarding various types of possessions to the point of being a risk.

Self-neglect is a continuum of behaviours ranging from moderate to severe. It may be unintentional, for instance not eating due to memory issues. Where self-neglect gets out of control, including an inability to avoid or control self-harm, it can lead to a high risk of death or serious harm to the adult involved and to others' health and safety.

"A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support".

Care and Support Statutory Guidance

Self-neglect may have links to mental disorder, trauma, adverse childhood experiences (ACE), Post Traumatic Shock Disorder (PTSD), addictions, brain injury, learning disability, and significant bereavement. There may be an accumulation of events or a one-off trigger. Behaviours such as self-neglect may be coping mechanisms.

Hoarding, which may or may not appear with self-neglect, has been recognised as an anxiety disorder since 2013.

Self-neglect and hoarding are never a 'lifestyle choice'. There are resources about self-neglect on the DSAP website:

[Good practice guidance for professionals - Durham Safeguarding Adults \(safeguardingdurhamadults.info\)](https://safeguardingdurhamadults.info)

Other terms for abuse

There are also other terms to describe abuse which you may also come across:

- **Sexual exploitation**, a type of sexual abuse, is coercion or manipulation into sexual activity, often can involve human trafficking [Sexual Exploitation guide](#)
- **Criminal exploitation** in addition to sexual exploitation it might involve people being coerced to beg, steal, work in exploitative and dangerous conditions, or being unpaid (Modern Slavery).
- **Grooming**, which draws people into an abusive situation; it may take a few minutes or may take weeks and months. It is often about sexual abuse, financial abuse, exploitation, or radicalisation.
- **Radicalisation** often targets people's vulnerabilities, drawing them into extremism and potential terrorist activities. An individual may have been subject to grooming, exploitation, coercion and intimidation. In the North-East right-wing extremism is more common. People are increasingly recruited online. [Prevent awareness e learning](#)
- **Hate crime**: People targeted because of their sexuality, disability, race and ethnicity, faith, or gender identity. This is also discriminatory abuse.
- **County Lines** is about gang related activity selling illegal drugs. Children are coerced and exploited to be the street trader; the County refers to gang drug

activity moving out of inner cities to county areas; the Line is the mobile number used to sell.

- **Home Invasion (Cuckooing)** which often accompanies County Lines is the targeting of people living with dementia or with a learning disability and taking over their accommodation to use as a base for selling the drugs from. [Home Invasion briefing](#)

Now you have read the definitions of abuse and neglect 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.

Case 1 - Mrs Brown

In this case physical abuse has occurred; Mrs Brown has been hit. There is also a psychological element as Mrs Brown is being treated like a child by being told she is 'naughty'.

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.

Case 2 - Jane Green

In this case it is sexual abuse. As we have seen in the definition there does not need to be any contact for sexual abuse to have taken place.

There may also be a psychological element if her stepfather is frightening Jane to make her keep quiet about what is happening.

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, and so 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 the cultural needs of Mr Rogers, and quite probably other patients, 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 or neglected and when safeguarding duties apply.

What situations might increase the risk of abuse or neglect?

We could all be subject to abuse or neglect at some point in our lives. But certain situations put people at greater risk or increase opportunities for abuse to occur.

Exercise 3

In the box below list some of the things that might lead to someone being at greater risk of abuse or neglect, or that might increase opportunities for abuse.

What factors could mean that someone is at greater risk of abuse or neglect or that increase opportunities for abuse?

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. Bereavement may have caused social isolation.

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 2. Jane 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 stepfather 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 1, Mrs Brown might believe that the poor standard of care she is receiving is the normal expected standard. Often, people don't want to be 'a burden'.

Under the Care Act Section 42, safeguarding duties apply when an Adult (i.e. someone who is 18 years old or above):

- a) has needs for care and support (whether or not they are receiving support from the local authority or indeed anyone),
- b) is experiencing, or at risk of, abuse or neglect, and
- c) 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.

It is important that when we consider whether someone is an adult at risk as defined by the Care Act, that we follow the DSAP inter-agency procedures to ensure they are safeguarded. This includes passing on our concerns and worries. We will look at how to do this later.

Signs that abuse or neglect may be taking place

Exercise 4

Sometimes there might be things that make you think or suspect that abuse or neglect is taking place, even if you do not see an incident or anything happen. The signs and indicators that one or more types of abuse or neglect may be taking place could be:

- visible - something you notice or see
- behavioural - such as the way that someone acts, or if their behaviour has changed
- financial or environmental – in someone's surroundings

Think about and make notes of some of the signs and behaviours that you might see that could indicate abuse or neglect is taking place.

Physical Abuse

Domestic Abuse

Sexual Abuse

Psychological Abuse

Financial or Material Abuse

Modern Slavery

Discriminatory Abuse

Organisational Abuse

Neglect and Acts of Omission

Self-Neglect

General signs that abuse or neglect has taken place

Feedback – Signs that abuse or neglect may be taking place

The following list of signs and behaviours that abuse or neglect may have taken place are taken from the DSAP multi-agency procedures. It is important when reading this to remember that there may be other reasons for some of these signs and behaviours. But if you are concerned that it may be abuse or neglect

you must pass on your concerns. We will look in more detail at how you do this later.

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 person alleged to be causing harm or is avoiding the abuser, 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 to many different places to receive medical attention

Domestic Abuse

- Presents 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's 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 thoughts

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

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 person alleged to be causing harm might say
- The adult showing signs of behaviour that is out of character, e.g. sexually overt, anger, or verbal outbursts
- The adult showing deference or submission to the person alleged to be causing harm

Financial or Material Abuse

- Sudden loss of assets or unexplained withdrawals from a person's bank or 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 activities enjoyed by the rest of the family
- Recent changes in property title deeds, or alterations of wills, or signing over assets
- Contracts such as for mobile phones being put in the person's name

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 possessions
- 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 to trust or where to get help, and/or fear of violence to themselves or family

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 orientation, gender identity, 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 a 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 or restraint 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

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, glasses, 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

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-operation with services
- Alcohol or substance misuse
- No support from family or other support networks – isolated lifestyle
- Fire hazards
- Victim of crime, anti-social behaviour, or abuse
- Carrying out 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 with 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 their supporters to seek 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 housing, raise concerns.

Carers and safeguarding

Circumstances in which a carer (unpaid family member or friend) could be involved in a situation that may require a safeguarding response include:

- a carer may witness or speak up about abuse or neglect;
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with;
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding enquiry is undertaken, and other agencies are involved as appropriate. Durham County Carers Support can offer advice and support.

Where does abuse or neglect take place?

Exercise 5

Think again about the cases in Exercise 2. Write down in the boxes below where you think the abuse or neglect has taken place. Then in the final box list other places where abuse or neglect could happen.

Case Study 1

Case Study 2

Case Study 3

Case Study 4

Other place where abuse can take place

Feedback

Abuse and neglect 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, and 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, community activities, or health care settings. It could be in temporary accommodation, or on the street with those who are rough sleeping. 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 or neglectful doesn't realise that what they are doing is wrong.

Whether the harm, abuse or neglect 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 person causing harm, abuse, or neglect, and who could be the person raising a concern.

	Abuser	Person who should raise a concern
A social worker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A police officer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
An ambulance driver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A manager of a residential home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A family member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A nurse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A care assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
An adult at risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A domestic assistant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A local shopkeeper	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
You	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Feedback: who can abuse?

The Care and Support Statutory guidance lists **anyone** including:

- Spouses/partners, family members
- Neighbours or friends
- Acquaintances
- People who deliberately exploit vulnerable adults
- Paid staff or volunteers
- Strangers

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. Someone who is homeless might be abused by another homeless person, or targeted by criminals, or targeted by members of the public. Doorstep callers might target older people. It is often 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 care setting. This should still be reported to your relevant safeguarding lead, as both the person who has been abused and the person who has caused harm may need support. It may be a criminal offence.

An adult's needs for care and support must not be a barrier to reporting a crime; if there is an assault or other crime the adult has a right to justice. If it may be a criminal offence, police advice should be sought, or reports made to the police and local authority (more on how to report below).

Any allegation of sexual abuse is potentially criminal, and the adult may require access to a rape suite. If an adult is manipulated into changing a will by family, it is potentially coercion and control which is a crime. We will discuss preserving evidence later.

People can abuse deliberately 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 certain 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 or volunteer, 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 organisation's whistleblowing procedures. We will discuss whistleblowing later.

Colleagues may be abusive, whether intentionally or not.

Safeguarding adults concerns

A safeguarding adults concern is a suspicion or an allegation that an adult who seems to have needs for care and support is at risk of or is experiencing abuse or neglect. Abuse or neglect may be deliberate or unintentional.

Even if the abuse or neglect is not deliberate, staff have a responsibility to respond. There is no need for proof; use your gut instinct – if something does not feel right it probably isn't. If there is any concern pass it on and record your report.

What does a need for care and support mean?

"The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent".

"The adult's needs for care and support are due to a physical or mental impairment or illness...Local authorities must consider...if the adult has a condition as a result of either physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury...a formal diagnosis of the condition should not be required".

Care and Support Statutory Guidance

Who should report safeguarding concerns?

Anyone can pass on or report their concerns about abuse or neglect.

You can see from the list above that while 'anyone' can cause harm, also, 'anyone' can report a concern.

Mrs Jackson has been registered with the GP practice for over 40 years. When she comes to reception today, it is noticed that she is starting to look unkempt and is not as chatty as usual. Her presentation is different. You are aware that she recently moved in with her son-in-law.

- It is possible that it might not be a physical ailment but could be abuse or neglect. Pass on what you have seen and know.

Administrative staff or medical secretaries in a GP practice are the first to answer the phone. They may be the ones who first become aware of missed medications, or treatment that was not given.

- Be vigilant about safeguarding adults and raise concerns

It is 'everyone's responsibility to safeguard', and we all need to know how to raise 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 you have to do if someone tells you about something that's happened to them, or if you see something happening, or observe signs or behaviours that raises your concern that the person may be abused or neglected.

Dos and Don'ts

Exercise 7

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

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

Answers

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

Q	You should	Answer
1	If the person is in immediate danger any delay in contacting emergency services could put the person in greater danger.	<input checked="" type="checkbox"/>
2	We cannot make promises that we cannot keep. We don't know for certain that they will never see the person again.	<input type="checkbox"/>
3	It is important to report your concerns, even if you are not absolutely positive that abuse or neglect has taken place. It is still a concern that needs to be dealt with.	<input checked="" type="checkbox"/>
4	It is important to remain calm.	<input checked="" type="checkbox"/>
5	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?	<input checked="" type="checkbox"/>
6	We shouldn't ask detailed questions of the person or witnesses to make sure abuse has happened. Our duty is to pass on our concern, not to be absolutely sure that abuse has occurred.	<input type="checkbox"/>
7	It is important to record what was said using only the person's own words. This information could be used as evidence later so needs to be accurate.	<input checked="" type="checkbox"/>
8	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 or neglect.	<input checked="" type="checkbox"/>
9	Make a record following your agency's recording guidelines. We will talk about what you should record in more detail later in the workbook.	<input checked="" type="checkbox"/>
10	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.	<input type="checkbox"/>
11	Try to make sure that any potential evidence isn't contaminated. We will talk about preserving evidence later in the workbook.	<input checked="" type="checkbox"/>
12	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.	<input type="checkbox"/>
13	It is important not to put yourself or anyone else in danger. You might to consider whether you need to dial 999.	<input type="checkbox"/>
14	It is important not to be judgemental. We may not think the person they are accusing could have done anything wrong, but a safeguarding enquiry still needs to be carried out.	<input type="checkbox"/>

Answers continued

Q	You should	Answer
15	Remember, the person might not want their family informed as the family may actually be involved.	<input checked="" type="checkbox"/>
16	Give your report to your manager for confidential safekeeping.	<input checked="" type="checkbox"/>
17	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.	<input checked="" type="checkbox"/>
18	Tell the person they will receive feedback. They will want to know what's happened as a result of what they've said.	<input checked="" type="checkbox"/>
19	In no circumstances should you discuss what's happened with the person alleged to be causing harm or neglect. If you did this, you could be putting the adult in danger, or the abusive person could get rid of important evidence.	<input checked="" type="checkbox"/>
20	You must not conduct your own enquiry. This is not part of raising a concern and you could jeopardise any police investigation by doing so.	<input checked="" type="checkbox"/>

How to raise your concern

The answer to question 3 in Exercise 7 states that you have to pass on and report your concern even if you are not absolutely sure abuse or neglect has taken place.

It is important that you discuss any safeguarding concerns you have with the person or officer identified in your organisation's procedures – likely to be your line manager or supervisor, volunteer coordinator, or safeguarding lead. They will decide whether the concern needs to be reported to Durham County Council Social Care Direct, and how records should be stored, in line with your organisation's procedures.

Often people ask if they need consent to pass on a concern about possible abuse or neglect. Your organisation's procedures will be clear; you must do so regardless.

Sometimes Safeguarding Adult Reviews (SARs) have found that adults have been harmed or died due to information not being shared. Remember that the UK General Data Protection Regulation (UK GDPR), Data Protection Act 2018 and Human Rights Act 1998 are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately and kept safe.

SARs also often find that the Mental Capacity Act 2005 has not been used or used properly. Personal and professional responsibility threads through your response to potential abuse, neglect and self-neglect. If there is a significant mismatch between what someone says, "Go away, I'm fine, I don't want help" and their wellbeing or the state of their surroundings suggests otherwise...or if they are gradually declining...

- Notice it, be proactive, be curious, pass on your concern;
- Think about whether there should be a formal capacity assessment and raise it with your manager.

Remember, the Care Act definition, when an adult who has needs for care and support and is experiencing, or is at risk of, abuse or neglect and cannot protect

themselves. The process flow chart on the last page gives you details on how staff and volunteers from all organisations should report concerns.

Safeguarding applies to a range of low to high-risk types of abuse and neglect and it is important to distinguish low risk issues that require resolving within an agency for instance by a care provider, from those that require formal S42 enquiries, and from high-risk situations that need swift multi-agency S42 statutory intervention. The views and wishes of the individual at risk is central to any decision or plan.

You may find you have concerns outside your work or volunteering role, such as for a family member, neighbour, or about something you see when out, or on social media. Members of the public can contact Social Care Direct 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 now? If so, dial 999. Or for non-urgent queries call 101 for police and 111 for NHS.

Preserving Evidence

It is important to remember that if abuse or neglect has taken place that we need to ensure the welfare and the immediate safety of the adult who has been abused or neglected, and to ask what they would like to happen next.

But it is also important if you are the first on the scene where someone has been abused, to consider that it might be a crime scene and so 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 in some 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 adult 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 a risk to other(s).
- **Place(s)** - If the abuse happened in one or more rooms you should ideally close off the rooms to allow opportunity for trained professionals e.g. a Crime Scene Investigator (CSI) to advise or to secure forensic evidence if required; you should also record any other locations that the person(s) tells you about. **Do not clean up** or allow anyone else to clean, and do not move anything.
- **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, bank books or bank cards, so no one can

touch them; but 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 to do if there are safeguarding adults concerns is to record details of what you 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 keep to when we are recording safeguarding concerns.

Exercise 8

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

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

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.

Answers

Question	True	False
1 You should record the time and date when the abuse or neglect has taken place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 You cannot say for certain that the person didn't see anything so you should add that they were there. During a safeguarding enquiry someone, e.g. the police, might want to talk to that person.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 It is important to record what the person said, not what you thought they wanted to say.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 You should be careful to record the facts, not your own opinions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 if handwritten, 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 You should write down where it happened.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Yes, you do have to keep your rough notes. You may be asked for them during an enquiry.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 You should sign your report and put the date and time when you have made the record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACTS

The FACTS prompt can help you make a good report.

F - **factual**;

A - **assessment** – what has happened;

C - **clarity** – plain and clear language so everyone will understand;

T - **timely** – as soon as you can while still fresh in your mind;

S - **specific** – think about the purpose, be concise and relevant.

Whistleblowing or 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 procedures for Whistleblowing or Speaking out, under the Public Interest Disclosure Act 1998. These procedures assure you that your organisation takes it seriously, that paid staff and volunteers can raise concerns about the behaviour of others or about practice. Procedures should also give information about how the member of staff who raised the concerns will be supported while concerns are looked into. They also need to say how members of staff who are alleged to have caused harm are supported. If you don't know where your Whistleblowing or Speaking out procedures are in your organisation, ask your manager or Human Resources department. NHS Foundation Trusts have Freedom to Speak Up Guardians. [‘Raising a concern with CQC: whistleblowing quick guide’](#)

What happens after I report my concern?

After you have passed on your concern to the appropriate person in your organisation in line with your procedures, they will decide if it should be reported to Social Care Direct based on risk and harms and will link internal reporting routes such as your incident reporting mechanism with safeguarding as relevant.

Once a safeguarding adults concern is reported to Social Care Direct (a phone call system currently), the information is recorded and assessed. Social Care Direct will decide on an appropriate response, which could involve conversations, gathering more information, and finding out what the person's wishes and views are. This is what is called a Section 42 enquiry under the Care Act; it will establish the views and wishes of the adult and will help to decide if something should be done to help and protect the adult, and find out what, if any, action may be needed, and by who.

Safeguarding adults is different to assessing if an adult is eligible for care and support services.

- “The eligibility criteria that the local authority sets for services and support are not relevant in relation to safeguarding. Safeguarding enquiries should be made on the understanding of the risk of neglect or abuse, regardless of whether the adult would meet the criteria for the provision of services.”

If you want to find out more about this process you can access the procedures on the website: www.safeguardingdurhamadults.info

More information and support

If you are concerned about abuse or neglect, use your organisation's procedures and contact as appropriate your safeguarding lead or safeguarding team, line manager, or volunteer coordinator.

Safeguarding contacts:

- If someone is in immediate danger call police on 999
- Non-emergency call police on 101
- Non-emergency /advice call NHS on 111

- Adult seems to have needs for care and support? Call Social Care Direct on 03000 26 79 79
- Concerned about a child? Call First Contact 03000 26 79 79

Other contacts:

- Domestic Abuse? Call Harbour Support Services 03000 20 25 25
- DAN Service – Domestic Abuse Navigator Service for clients with complex needs Call 0191 386 23 03
- Modern Slavery Helpline Call 08000 121 700
- National police Prevent advice line Call 0800 011 3764
- Durham County Carers Support Call 0300 005 1213

NHS England have produced a Safeguarding app that is for everyone. You can download it from the app store, just search for NHS Safeguarding or visit <https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/>

There are Safe Car Wash and Farm Work Welfare apps to help report and tackle modern slavery produced by the Clewer Initiative.

[The Clewer Initiative | Modern slavery apps](#)

Durham Safeguarding Adults Partnership is the statutory Safeguarding Adults Board established under the Care Act 2014. You can find out more about Durham Safeguarding Adults Partnership on the webpage:

[About us - Durham Safeguarding Adults \(safeguardingdurhamadults.info\)](http://safeguardingdurhamadults.info)

There are resources you can use on the Durham Safeguarding Adults Board website including Easy Read guides:

<http://www.safeguardingdurhamadults.info/article/18052/Leaflets-and-posters>

The Herbert Protocol: support if adults are at risk of going missing

<http://www.safeguardingdurhamadults.info/article/18026/Useful-links>

End of Course Assessment

You have now completed the Safeguarding Adults Raising a Concern workbook. Pass your completed workbook to your manager or volunteer coordinator who will confirm that you have completed all the exercises.

Your manager or volunteer coordinator 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 or volunteer coordinator and they will mark it. The pass mark for this assessment is ten out of thirteen.

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

On passing your assessment your manager or volunteer coordinator will return your workbook to you and send the assessment to DSAP Business Unit. A certificate for you will be emailed back.

Thank you for using the workbook. Remember to pass it to your manager or volunteer coordinator and ask for the assessment sheet. Once you have the workbook back don't file it away; keep your workbook on your desktop for reference.

Dos and Don'ts for responding to Abuse and Neglect

Also online: [Safeguarding Dos and Don'ts](#)

Dos and don'ts if there are concerns that an adult is at risk of abuse or neglect



**Durham
Safeguarding Adults
Partnership**

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 an adult is at risk of abuse or neglect
- Contact Social Care Direct (SCD) call **03000 26 79 79**
- Social Care Direct will accept anonymous reports. But this may inhibit any further enquiry

DCC Children's Services and DCC Adult and Health Services

First

- Discuss concerns with your line manager/supervisor

Then

- Manager considers information and reports concern to SCD if necessary
- SCD will respond to safeguarding enquiry and ask others to make enquiries
- SCD will decide on next steps using Risk Threshold Tool Safeguarding Enquiry

NHS, independent or voluntary sector agency, or other statutory or Durham County Council services

- 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, report to Social Care Direct Call **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, patient notes, client case file)
- Do make use of a body map to illustrate physical injuries
- 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 person alleged to have caused harm
- Don't attempt to influence or intimidate potential witnesses
- **Don't conduct your own enquiry or investigation**