

# **Safeguarding Adults**

**Level One-Alerters**

Open Learning Pack

Multi Agency Staff

**2018/22**

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## Section One

### 1.1 Guidance Notes

This open learning pack has been designed as an alternate way to learn about Safeguarding Adults and directly links to the Care Act 2014.

The pack is based on the Learn to Care; National Competency Framework for Safeguarding Adults. **Staff Group A Level 1 Alerters.** (Third edition)

It aims to give you an awareness of the knowledge you require to work within the Combined Area Multi-Agency Safeguarding Adults Policy and Procedures, West Yorkshire, North Yorkshire and York 2018 and the Care Act 2014.

This pack should take approximately 4 weeks to complete with 1 hour guided learning per week.

**The pack is now split into two parts:**

1. Open Learning Pack Subject Specific Information
2. Question/Answer booklet

### INTERNAL STAFF

**There are two options for completing the Question/Answer booklet:**

#### **1. Electronic**

- Remember to save each time you complete any answers, to ensure you do not lose your work
- Fill in the completion form
- Email your completed Question/answer booklet for marking to: [Workforcedevelopmentadults@wakefield.gov.uk](mailto:Workforcedevelopmentadults@wakefield.gov.uk)
- Once received and marked a certificate will be issued

#### **2. Print**

- The questions and complete them in **black ink**
- Fill in the completion form in **BLOCK CAPITALS**, forms that are incomplete or ineligible will be returned to the supervisor/manager
- Post to: Adults Integrated Care Workforce Development Team, Room G08, Civic Centre, Ferrybridge Road, Castleford, WF10 4JH
- Once received and marked a certificate will be issued

## EXTERNAL ORGANISATIONS

- Pass your completed question/answer booklet to your manager for marking (a marking set is available for them on request).
- Fill in the completion form and:
  - Post to: Adults Integrated Care Workforce Development Team,  
Room G08, Civic Centre, Ferrybridge Road, Castleford, WF10 4JH
  - Email to: [Workforcedevelopmentadults@wakefield.gov.uk](mailto:Workforcedevelopmentadults@wakefield.gov.uk)
- Once received a certificate will be issued

**All questions must be completed in full and all answers must be your own work. Please do not copy and paste and put answers into your own words.**

## 1.2 Aim of the Open Learning Pack

To ensure that all employees work within the Care Act 2014 and the Combined Area Multi Agency Safeguarding Adults Policy and Procedures for West Yorkshire and North Yorkshire and York (2018)

To enable employees in Adults, Health & Communities and the Private, Voluntary and Independent Sectors to develop knowledge and skills based on the Learn to Care National Competency Framework for Safeguarding Adults. **Staff Group A Level 1 Alerters** (Third edition).

## 1.3 Learning Outcomes

By completing this open learning pack you will be able to:

- Explain the context, principles and values of adult safeguarding
- Describe what safeguarding is and your role in safeguarding adults
- Explain what to do if you suspect a child is being abused
- Describe the different categories of abuse; significant harm or self-neglect and the linked agendas
- Recognise an adult potentially in need of safeguarding and the action you need to take
- Explain the procedures for raising a safeguarding concern
- Describe the process of whistleblowing
- Identify the policies, procedures and legislation that support adult safeguarding

## 1.4 Context, Principles and Values

The Care Act 2014 places a duty on local authorities to promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support

Wellbeing is a broad concept. It is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life (including care and support provided and the way it is provided)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individuals contribution to society

There is no hierarchy in the areas of wellbeing listed above – all are equally important. There is also no single definition of wellbeing, as how this is interpreted will depend on the individual, their circumstances and their priorities.

The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. Underpinning all individual care and support functions (that is any process, activity or broader responsibility that you perform) is the need to ensure that doing so focuses on the needs and goals of the person concerned.

You must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as “the wellbeing principle” because it is a guiding principle that puts wellbeing at the heart of care and support.

The wellbeing principle applies in all cases where you are carrying out a care and support function, or making a decision, in relation to a person. It applies equally to adults with care and support needs and their carers. In some specific circumstances, it also applies to children, their carers and to young carers when they are subject to transition assessments.

### **Promoting Wellbeing**

Staff can promote a person’s wellbeing in many ways. How this happens will depend on the circumstances, including the person’s needs, goals and wishes, and how these impact on their wellbeing. There is no set approach – each case should be considered on its own merits. Consider what the person wants to achieve, and how the action which is being taking may affect the wellbeing of the individual in relation to the nine areas listed in the definition of wellbeing. During the assessment process, for instance, the assessor should explicitly consider the most relevant aspects of wellbeing to the individual concerned, and assess how their needs impact on them.

It is likely that some aspects of wellbeing will be more relevant to one person than another. Assessors should adopt a flexible approach that allows for a focus on which aspects of wellbeing matter most to the individual concerned. Although the wellbeing principle applies specifically when staff perform an activity or task, or make a decision, in relation to a person, the principle should also be considered by social workers when undertaking broader, strategic functions, such as planning and review.

The statutory guidance to the Care Act 2014 also outlines a fundamental principle that must underpin social work practice in relation to adult safeguarding:

The importance of:

- Protecting the person from abuse and neglect and in carrying out any care and support functions professionals consider how to ensure that the person is and remains protected from abuse and neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.

## **Equality and Diversity**

It is every person's human right to live a life free from abuse and neglect. Every adult with care and support needs has an equal right to support and protection regardless of their individual differences or circumstances. Throughout safeguarding adults due regard must be given to individual differences, including age, disability, religion or belief, sex, sexual orientation, race or racial group, caring responsibilities, class, culture, language, pregnancy and marital or civil partnership status.

## **Duty of Care**

Everyone has a clear moral and/or professional responsibility to prevent or act on incidents or concerns of abuse. A duty of care to adults at risk is fulfilled when all the actions reasonably expected of a person in their role have been carried out with appropriate care, attention and prudence. Duty of care will involve actions to keep a person safe from harm when they are in your care, or using services and will also include respecting the person's wishes and protecting their rights.

The nature of an individual's duty of care will vary according to their role. In all cases however, it will involve taking allegations or concerns seriously, and owning one's responsibilities to safeguard adults at risk.

## **Defensible Decision Making**

Effective professional judgement and decision making is the key to responding to safeguarding adults concerns. A duty of care in relation to those decisions or judgement will be considered to be met where:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Policies and procedures have been followed
- Practitioners and their managers adopt an investigative approach and are consultative and proactive

Defensible decision making is about making sure that the reasons for the decisions, as well as the decision itself, have been thorough and can be explained.

## **1.5 Professional Role**

All staff should be aware of the **imbalance of power** generated by the need of a person who uses services for care, assistance and guidance. This means that the relationship is **not one of equality** and the responsibility for the maintenance of **professional boundaries** rests with the **practitioner**, not with the people who use services.

## 1.6 The Whole Family, Children & Young People

As social care workers you may come into contact with other family members, children and young people you also have a duty of care to them.

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In all adult safeguarding work, staff working with the person at risk should establish whether there are children in the family and whether checks should be made on the children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

Children and young people may be at greater risk of harm or be in need of additional help in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties.

Abuse within families reflects a diverse range of relationships and power dynamics, which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk. In particular staff may be assisted by using domestic abuse risk management tools as well as safeguarding risk management tools. Staff providing services to adults, children and families should be able to identify risk and abuse to children.

If you have any concerns about the wellbeing of other family members or **children & young people** within the family or suspect abuse may be taking place, you have a duty to **immediately** raise your concerns to your **manager** or supervisor or to social care direct.

### Signs of Child Abuse:

- Frequent unexplained injuries
- Consistently poor hygiene
- Becoming unusually secretive and reluctant to share information
- Unexplained gifts or possessions
- A parent regularly collecting children from school when drunk/on drugs
- Demanding or aggressive behaviour
- Frequent lateness or absence from school
- Avoiding their own family
- A young person misusing drugs or alcohol
- A child being constantly tired
- Sexual or aggressive language
- Self-harming
- Being overly obedient



### **Together we can tackle child abuse**

- We all have a role to play in protecting children and young people from child abuse and neglect
- All children have a right to be safe and should be protected from all forms of abuse and neglect
- A third of all people who suspect abuse do nothing. Some do not act because they're worried about being wrong. You don't have to be absolutely certain about your suspicions; if you feel something is not right report it. You do not have to leave your details.

Information is usually gathered from many sources, and your report would form one part of a bigger picture.

### **Transition**

Together the Children and Families Act 2014 and the Care Act 2014, create a new comprehensive legislative framework for transition when a child turns 18 (Mental Capacity Act applies once a person turns 16). The duties in both Acts are on the local authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adults policy and procedures work in conjunction with those for children and young people.

## **1.7 Reporting a Concern**

To Raise a **Safeguarding Concern** Contact **Social Care Direct or your manager** who will then contact Social Care Direct

**If you are worried about the safety or wellbeing of an adult at risk or older person please contact Social Care Direct.**

They will deal with your concerns and offer advice and support about what to do.

### **Social Care Direct**

- Telephone 0345 8 503 503
- Fax 01924 303455
- Mincom 01924 303450
- Email: [social\\_care\\_direct@wakefield.gov.uk](mailto:social_care_direct@wakefield.gov.uk)



**For information/advice:**

[adultsafeguardingteam@wakefield.gov.uk](mailto:adultsafeguardingteam@wakefield.gov.uk)

**For additional information please visit:**

[www.wakefield.gov.uk/HealthAndSocialCare/AdultsAndOlderPeople/SafeguardingAdults](http://www.wakefield.gov.uk/HealthAndSocialCare/AdultsAndOlderPeople/SafeguardingAdults)

## 1.8 Adult Safeguarding – What it is and why it matters

The term 'adult at risk' is now used within the Safeguarding Adults Multi Agency Policy and Procedure for West Yorkshire and North Yorkshire and is accepted as being more respectful to those to whom it refers.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst 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 any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adults to establish what being safe means to them and how that can be achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of the individual's wellbeing, as defined in Section 1 of the Care Act.

The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities 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 wellbeing of an adult
- Address what has caused the abuse or neglect

### **Prevention in Adult Social Care**

Section 2 of the Care Act 2014 requires local authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs, or reduce care and support needs). Organisations should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies. Partners should embrace strategies that support action before harm can occur. Where abuse or neglect has occurred, steps should be taken to prevent it from reoccurring wherever possible, doing so within relevant parameters but sharing intelligence to support the holistic partnership approach to prevention.

## 1.9 Six Key Principles underpin all Adult Safeguarding work

**Empowerment** –Adults are encouraged to make their own decisions and are provided with support and information.

“I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.”

**Prevention** – Strategies are developed to prevent abuse and neglect that promote resilience and self-determination.

“I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.”

**Proportionate** –A proportionate and least intrusive response is made balanced with the level of risk.

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

**Protection** – Adults are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.

“I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.”

**Partnerships** – Local solutions through services working with their communities.

“I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.”

**Accountability** – Accountability and transparency in delivering a safeguarding response.

“I am clear about the roles and responsibilities of all those involved in the solution to the problem.”

## 1.10 Making Safeguarding Personal

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, whilst 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.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. The focus on safeguarding adults is on achieving an outcome which supports or offers the opportunity to develop and maintain a private life. This includes the wishes of the adult at risk to establish, develop or continue a relationship and their right to make an informed choice. Practice should involve seeking the person's desired outcomes at the onset and throughout the safeguarding arrangements, and checking whether the desired outcomes have been achieved.

In addition to these principles all safeguarding partners must take a broad community approach when establishing safeguarding arrangements. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised.

The case study below helps to illustrate this:

Two brothers with mild learning disabilities lived in their family home, where they had remained following the death of their parents some time previously. Large amount of rubbish had accumulated both in the garden and inside the house, with cleanliness and self-neglect also an issue. They had been targeted by fraudsters, resulting in criminal investigation and conviction of those responsible, but the brothers had refused subsequent services from adult social care and their case had been closed.

They had, however, had a good relationship with their social worker, and as the concerns about their health and wellbeing continued it was decided that the social worker would maintain contact, calling in every couple of weeks to see how they were, and offer any help needed, on their terms. After almost a year, through the gradual building of trust and understanding, the brothers asked to be considered for supported housing; with the social workers help they improved the state of their house enough to sell it, and moved to a living environment in which practical support could be provided.

Making safeguarding personal means it should be person led and outcome focussed. 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.

**You are now ready to complete Section One questions 1 – 12**

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## Section Two

### 2.1 Safeguarding History

Looking at the past history of abuse cases enables us to begin to understand:

- Why abuse is sometimes not identified
- The difficulty in identifying perpetrators
- Our professional roles and responsibilities

Abuse is not a new phenomenon and the recording of abuse can be traced back to the early 1960s. It was first recorded in the USA where young babies were identified via hospital admissions as having multiple injuries caused by the parents. This area of child protection led to a gradual awareness of Adult abuse.

However awareness of Adult abuse did not start to become widespread until the 1970s in the United States. Barker and Bernstein coined two definitions of maltreatment and 'granny bashing'. Although maltreatment is a term not normally used in the UK, it is still used in the United States.

In the UK the Government introduced the formal recognition of adult abuse with the introduction of a document called 'Elder Abuse' (DOH Guidance 1993). This was the first real step that any Government had taken to formally recognise and offer guidance to health and social care staff. Adult Abuse is now recognised in our society and it has become accepted that the perception of adult abuse is a reality. In March 2000 the Department of Health (DOH) issued NO SECRETS, 2000, with the intention of developing and implementing multi-agency policies and procedures within the adult protection framework. No Secrets required all local authorities to have a multi-agency policy by 2001.

The Care Act 2014 now replaces the above guidance and for the first time gives a clear legal framework for Safeguarding.



## 2.2 Abuse and the Law

### **The Care Act 2014**

The Care Act overhauls the social care system in England, reforming and streamlining much of the legislation on access to, administration of, and responsibilities for care services. The previous legal framework for safeguarding was neither systematic nor co-ordinated, and reflected sporadic development of safeguarding policy over the last 25 years. The Care Act for the first time sets out a clear local framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

Although local authorities have been responsible for safeguarding for many years, there has never been a clear set of laws behind it. As a result it was often very unclear who was responsible for what, in practice. The Act aims to put this right by creating a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree how they must work together and what roles they must play to keep adults at risk safe.

### **Courts and Criminal Justice Act 2015**

The Courts and Criminal Justice Act 2015 introduced an offence of providing for care worker/care provider offences of ill-treatment or wilful neglect. It is an offence (under s20) for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual. A “care worker” is an individual who, as paid work, provides health care for an adult or a child (with certain exceptions) or social care for an adult. Significantly, a care worker also includes those with management responsibility and directors (of equivalents) of organisations providing such care.

There is also a separate offence (under s.21) relating to care providers. A care provider will commit this offence where:

- An individual who has the care of another individual by virtue of being part of the care provider’s arrangements ill-treats or wilfully neglects that individual
- The care providers activities are managed or organised in a way which amounts to a gross breach or a relevant duty of care owed by the care provider to the individual who is ill-treated or neglected, and
- In the absence of the breach, the ill-treatment or wilful neglect would not have occurred or would have been less likely to occur.

It should be noted in relation to what will be s.21 does not include those who are receiving direct payments. It is anticipated that use will be made whenever possible of the potential for using these new changes as the offence removes the requirement to prove lack of capacity which has proved a very difficult challenge in Police S44 Mental Capacity Act (MCA) investigations.

The offences under S.44 MCA 2005 will remain of importance but only to cover instances of ill-treatment or wilful neglect by family members or others falling outside the category of paid care workers.

### **Human Rights Act 1998 –**

There are also associated laws which prosecutions are pursued within the 'existing legal framework.' The main body of the law is the Human Rights Act (1998) which most of the current UK law must be compatible with.

Under the Human Rights Act there is a duty on public bodies (local authorities) to safeguard adults – all persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights act to intervene proportionately to protect the rights of citizens.

### **Other Associated Acts of Parliament include:**

#### **Fraud Act 2006**

The Act gives a statutory definition of the criminal offence of fraud defining it in three classes - fraud by false representation, fraud by failing to disclose information, and fraud by abuse of position. It provides that a person found guilty of fraud is liable to a fine or imprisonment for up to twelve months on summary conviction (six months in Northern Ireland), or a fine or imprisonment for up to ten years on conviction on indictment.

#### **Sexual Offences Act 2003**

Sex offences are crimes that are covered by the Sexual Offences Act 2003. The first part of the Act covers sexual offences. The second part covers offenders with an emphasis on the protection of vulnerable individuals. It gives a comprehensive list of sex offences to protect individuals from abuse and exploitation, and is designed to be fair and non-discriminatory.

### **Rape and Consent**

Rape includes penetration of the mouth as well as penetration of the vagina or anus by the penis. The new measures of consent are designed to redress the balance in favour of victims without prejudicing the defendant's right to a fair trial, to help juries reach just and fair decisions on this difficult area of criminal law. Consent is defined by law as: person consents if he or she agrees by choice to the sexual activity and has the freedom and capacity to make that choice

#### **Other Offences in the 2003 Sexual Offences Act**

- Trafficking persons for the purposes of sexual exploitation
- Sexual abuse of vulnerable persons with a mental disorder

These include situations where:

- The person is unable to refuse because of a lack of understanding
- The person is offered inducements, threatened or deceived, and
- There is a breach of a relationship of care, by a **care worker**
- Voyeurism, that criminalises those who watch for sexual gratification people engaged in a private act without their consent
- Exposure, where a man or woman exposes their genitalia with intent to cause alarm or distress.

Preparatory offences, such as:

- Drugging a person with intent to engage in sexual activity with that person
- Committing any offence with intent to commit a sexual offence; and
- Trespassing on any premises with intent to commit a sexual offence
- Engaging in sexual activity in a public lavatory.

All the circumstances at the time of the offence will be looked at in deciding whether the defendant is reasonable in believing the complainant consented. People will be considered most unlikely to have agreed to sexual activity if they were subject to threats or fear of serious harm, unconscious, drugged, abducted, or were unable to communicate because of a physical disability.

### **Mental Capacity Act 2005**

The Mental Capacity Act 2005 came into force in England and Wales in 2007. The Act aims to empower and protect people who may not be able to make some decisions for themselves. It also enables people to plan ahead in case they are unable to make important decisions for themselves in the future.

Most of the Act came into effect in October 2007, although some parts of it became law in April 2007.

The Act applies to anyone aged 16 or over in England and Wales. It protects people with mental health problems as well as people with dementia, learning disabilities, or stroke or brain injuries. These people may find it difficult to make decisions some or all of the time. In addition, anyone can use the Act to plan ahead in case they are unable to make decisions in the future.

The Act applies to situations where people may be unable to make a particular decision at a particular time. For someone with a mental health problem, this will depend on how they are feeling or the impact of their condition on them at that time. In some cases, they may be able to make the decision at a later date.



The Mental Capacity Act sets out in law what happens when people are unable to make a particular decision.

### **Principles of the Mental Capacity Act (2005)**

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who lack mental capacity:

- A person must be assumed to have capacity unless it is established that he/she lacks capacity
- A person is not to be treated as unable to make a decision unless all practical steps to help him/her to do so have been taken without success
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision
- An act done or decision made, under this Act for and on behalf of a person who lacks capacity must be done or made in his/her best interests

Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights of freedom of action

In the event that the person does not have the mental capacity to consent to decisions about their own welfare, a 'best interests' decision will need to be made in line with the Mental Capacity Act.

### **Deprivation of Liberty Safeguards (DOLS)**

These provide legal protection for those vulnerable people who are, or may become, deprived of their liberty within the meaning of Article 5 of the European Commission for Human rights (ECHR) in a hospital or care home.

They do not apply to people detained under the Mental Health Act 1983. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable, in a person's own best interests. If deprivation of liberty cannot be avoided, it should be for no longer than is necessary. The safeguards provide for deprivation of liberty to be made lawful through 'standard' or 'urgent' authorisations processes. These processes are designed to prevent arbitrary decisions to deprive a person of liberty and give a right to challenge deprivation of liberty authorisations.

The Supreme Court established the 'Acid Test', for when a person is deprived of their liberty for the purposes of Article 5 of the European Convention of Human Rights:

"The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements".  
*Cheshire West and Chester Council v P (2014) UKSC 19, (2014) MHLO 16*

In terms of deprivation of liberty, 'continuous supervision and control' means complete and effective control of the person. Continuous does not necessarily

mean every minute of the day, it is more about the overall impact on the person's life.

The following examples are likely to amount to continuous supervision and control:

- The adult need constant of frequent supervision for their safety
- The adult would not be left alone on their own for more than a short period, even if they asked to be
- Carers are effectively, deciding on many aspects of their daily life (e.g. when to get up and go to bed, where to sit, when to watch the television, when to eat, when and where to go out)
- The adult needs support with all or many everyday tasks (e.g. cooking, shopping, bathing) and would be stopped from trying to do them if no other carer was available to help or supervise them at the time
- Their care plan or carers impose significant restrictions on their contact with their family

In terms of deprivation of liberty, 'not free to leave' means the person without mental capacity, to decide about their accommodation is required to live there for a sustained period.

### **Domestic Violence, Crime and Victims Act 2004**

This is concerned with criminal justice and concentrates upon legal protection and assistance to victims of crime, particularly domestic violence. It also expands the provision for trials without a jury, brings in new rules for trials for causing the death of a child or vulnerable adult, and permits bailiffs to use force to enter homes.

## **2.3 Whistleblowing**

At a local level Wakefield Council has a strong whistleblowing policy in which it states that:

Whistleblowing is when employees with concerns about abuse or neglect of service users come forward and voice those concerns. Wakefield Council wants to encourage and enable employees to raise those concerns with the Council without fear of reprisal.

Staff are encouraged to write their concern down or speak up - including background information, who it concerns, dates, places, but staff do not have to prove the wrongdoing. This is the role of the investigating officer.



**You are now ready to complete Section Two questions 1 – 5**

## Section Three

### 3.1 Aim of Safeguarding Adults

The aims of safeguarding adults are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals play their part in preventing, identifying and responding to abuse or neglect
- Providing information and support in accessible ways to help people understand the different types of abuse, how to stay safe and how to Raise a Concern about the safety and wellbeing of an adult; and
- Address what caused the abuse or neglect

### 3.2 Abuse

This section considers the different types and patterns of abuse and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide to the sort of behaviour which could give rise to a safeguarding concern. There are also a number of case studies showing the action that was taken to help the adult stay or become safe.

Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered although the criteria at (1.7 above) will need to be met before the issue is considered as a safeguarding concern.

Under the Care Act 2014 there are now ten different categories of abuse within the adult safeguarding framework. However, it must be recognised that abuse does not usually occur in a vacuum, in that victims can experience a number of categories of abuse at the same time.



The 10 Categories of Abuse detailed in the Care Act 2014 are:

- Physical
- Domestic Abuse
- Sexual
- Psychological
- Financial or Material
- Modern Slavery
- Discriminatory
- Organisational / Institutional
- Neglect or Acts of Omission
- Self-Neglect

### 3.3 Physical Abuse

It is estimated that physical abuse represents 56% of known abuse in care environments.

Physical abuse is non-accidental harm to the body. Physical abuse can also occur when people are not provided with adequate care or support causing them unjustifiable discomfort. This includes unwarranted and inappropriate restraint, forced isolation or confinement and the withholding of necessary aids. It can also include but is not limited to, assault, hitting, slapping, pushing and inappropriate physical sanctions. Physical abuse also includes the improper administration of drugs or treatments or the denial of prescribed medication. Restraint unlawful or inappropriate restraint or physical interventions and/or unlawful deprivation of liberty is physical abuse.

#### **Possible indicators:**

- The victim may cower when approached/Face may be expressionless
- Consistent hunger/Unexplained weight loss
- Poor hygiene/Soiled clothing
- Constant fatigue or listlessness
- Unexplained or increasing confusion
- Urine burns/bed sores
- Lack of mobility aids

### 3.4 Domestic Abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged over 16 or who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to:

Examples of domestic abuse include psychological, physical sexual, financial, emotional abuse; as well as so called 'honour' based violence, forced marriage and female genital mutilation.

An offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence imposes a maximum 5 years imprisonment, a fine or both.

The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection for victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention. It sets out the importance of recognising the harm caused by coercion or control, the cumulative impact on the victim and that a repeated pattern of abuse can be more injurious and harmful than a single incidence of violence.

Controlling or coercive behaviour does not relate to a single incident, it is a **purposeful pattern of behaviour** which takes place over time in order for one individual **to exert power, control or coercion over another**. This offence focuses responsibility and accountability on the perpetrator who has chosen to carry out these behaviours.

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

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

The types of behaviour associated with coercion or control may or may not constitute a criminal offence in their own right. It is important to remember that the presence of controlling or coercive behaviour does not mean that no other offence has been committed or cannot be charged. However, the perpetrator

may limit space for action and exhibit a story of ownership and entitlement over the victim. Such behaviours might include:

**Possible indicators:**

- Isolating a person from their friends and family
- Depriving them of their basic needs
- Monitoring their time
- Monitoring a person via online communication tools or using spyware
- Taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep
- Depriving them of access to support services, such as specialist support or medical services
- Repeatedly putting them down such as telling them they are worthless
- Enforcing rules and activity which humiliate, degrade or dehumanise the victim
- Forcing the victim to take part in criminal activity such as shoplifting, neglect or abuse of children to encourage self-blame and prevent disclosure to authorities
- Financial abuse including control of finances, such as only allowing a person a punitive allowance
- Threats to hurt or kill
- Threats to a child
- Threats to reveal or publish private information (e.g. threatening to 'out' someone)
- Assault
- Criminal damage (such as destruction of household goods)
- Rape
- Preventing a person from having access to transport or from working
- Serial abusing which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as so some forms of financial abuse
- Long term abuse in the context of an ongoing family relationship such as domestic abuse between spouses or generations or persistent psychological abuse or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

***This is not an exhaustive list***

Controlling or coercive behaviour does not only happen in the home, the victim can be monitored by phone or social media from a distance and can be made to fear violence on at least two occasions or adapt their everyday behaviour as a result of serious alarm or distress.

### 3.5 Sexual Abuse

It is estimated that sexual abuse represents 10% of known abuse in care environments

Sexual abuse is the involvement of people in sexual activities which they do not understand, have not given consent to or which violate the sexual taboos of the individual, family customs or usual practices.

Sexual abuse, including rape and sexual acts to which the adult at risk has not consented, or could not consent to, or was pressured into consenting.

There are two types of sexual abuse, contact abuse and non-contact abuse.

#### **Contact Abuse includes:**

- Inappropriate touching/Kissing
- Masturbation
- Oral contact
- Genital contact
- Digital penetration
- Penetration with objects
- Attempted penetration
- Rape
- Sexual acts to which the adult has not consented or was unable to consent to

#### **Non-Contact Abuse:**

- Voyeurism/witnessing sexual acts
- Pornography
- Indecent exposure
- Teasing/Innuendo
- Sexual Harassment
- Exploitation
- Inappropriate looking

#### **Possible indicators:**

- Genital or urinary infections
- Bleeding, blood found on underwear or clothes
- Sexually transmitted disease
- Bruising, genital area, inner thighs, buttocks
- Disturbed sleep pattern, nightmares
- Recent difficulty in walking or sitting
- Mood changes, e.g. depression or sudden onset of confusion
- Changes in behaviour, including withdrawal
- Overtly sexual behaviour/language
- Self-harm

Sexual abuse is not confined to issues of consent, the following factors should also be considered:

- Any sexual relationship or inappropriate sexualised behaviour between a member of staff and a service user are always abusive and Should lead to disciplinary proceedings
- A sexual act between a care worker and a service user with a mental disorder is also a specific criminal offence under Sections 38-42 of the Sexual Offences Act 2003.

### 3.6 Psychological Abuse

It is estimated that psychological abuse represents 4% of known abuse in care environments Psychological abuse is any action which has an adverse effect on an individual's mental well-being, causes suffering and effects their quality of life and ability to function to their full potential.

This may include the threat that other types of abuse could take place or a situation where a person is led to believe it could happen.

Examples of psychological/emotional abuse include – threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

#### **Potential indicators:**

- Mood swings, withdrawal, apathy
- Change in appetite
- Unusual weight gain or loss
- Unexplained fears/anxiety
- Confusion, agitation
- Weepiness, unusual bouts of crying
- Insomnia or need for excessive sleep
- Subservience
- Depression
- Withdrawn
- Ambivalence
- Increased levels of confusion
- Unexpected or unexplained changes in behaviour e.g. inappropriate dressing
- Anger, physical or verbal outbursts
- Self-abuse, low self-esteem or self-neglect
- Sexually inappropriate or overtly promiscuous behaviour



Those working with people with dementia and a learning disability must be able to differentiate between what is characteristic of the person and what might be due to abuse.

### 3.7 Financial and Material Abuse

The Care Act (2014) specifically identifies the risks posed by 'financial abuse' and financial scams. Financial abuse is the second most common form of abuse experienced by adults and in particular there is a growing awareness that individuals are being increasingly targeted by mass marketing scams and other types of financial fraud.

It is estimated that financial abuse represents 20% of known abuse in care settings. Financial abuse is the main form of abuse 'Office of Public Guardian' both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should be aware of this possibility. Financial abuse is the theft or misuse of money or personal possessions which involve an individual's resources being used to the advantage of another person. It can include internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, possessions or benefits. It can also include theft, fraud, internet scamming, coercion in relation to adults financial affairs or arrangements, such as wills, property, inheritance or financial transactions; exploitation or the misuse or misappropriation of property, possessions or benefits; the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship. There has been a marked increase in internet, postal and doorstep scams and crime.

#### **Potential indicators:**

- Unexplained or sudden inability to pay bills/unexplained shortage of money
- Unexplained or sudden withdrawal of money from accounts
- Shortage of money when they have assets
- Fear of spending on legitimate items/bills
- Carer/relative not allowing spending on own needs
- Unusual family interest in the adult at risk's assets/will
- Change in living conditions
- Lack of heating, clothing or food
- Unexplained loss/misplacement of financial documents

- The recent addition of authorised signers on a client' or donor's signature card; or
- Sudden or unexpected changes in will or other financial documents

This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

Mrs B is an 88 year old woman with dementia who was admitted to a care home from hospital following a fall. Mrs B appointed her only daughter G, to act for her under a Lasting Power of Attorney in relation to her property and financial affairs.

Mrs B's former home was sold and she became liable to pay the full fees of her care home. Mrs B's daughter failed to pay the fees and arrears built up, until the home made a referral to the local authority, who in turn alerted the Office of Public Guardian (OPG).

OPG carried out an investigation and discovered that G was not providing her mother with any money for clothing or toiletries which were being provided by the home from their own stocks. A visit and discussion with Mrs B revealed that she was unable to participate in any activities or outings arranged by the home, which she dearly wished to do. Her room was bare of any personal effects, and she has limited stocks of underwear and nightwear.

The police were alerted and interviewed G who admitted using the proceeds of the mother's house for her own benefit. The OPG applied to the Court of Protection for suspension of power of attorney and the appointment of a deputy, who was able to seek recovery of funds and ensure Mrs B's needs were met.

The above case study highlights the need not to underestimate the potential impact of financial abuse and how it can significantly threaten an adult's health and wellbeing. Most financial abuse is also capable of amounting to theft or fraud and would be a matter for the police to investigate. It may also require attention and collaboration from a wider group of organisations, including shops and financial institutions such as banks.

Internet scams, postal scams and doorstep crime are more often than not, targeted at adults at risk and all are forms of financial abuse. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the callers legitimacy but this may be a copy of a legitimate website
- Postal scams are mass-produced letters which are made to look like personal letters or important documents
- Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property, sometimes they pose as police officers or someone in a position of authority.

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

### 3.8 Modern Slavery

This encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Modern slavery is a largely covert crime, victims tend to be controlled and hidden away.

Modern slavery is an international crime involving a substantial number of source and transit countries. Organised crime groups systematically exploit large numbers of individuals by forcing and coercing them into a life of abuse and degradation.

Potential victims referred to the National Referral Mechanism 2013 were reported to be from 112 countries of origin. The five most prevalent countries of origin of potential victims were Albania, Nigeria, Vietnam, Romania and the United Kingdom.

Poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war are the key driving forces that contribute to the trafficking of victims into and through the UK.



### 3.9 Discriminatory Abuse

Discriminatory abuse may manifest itself as any of the categories of abuse previously stated. What however, is distinctive is that discriminatory abuse is motivated by oppressive and discriminatory attitudes towards a person's disability – physical or learning disability, mental ill-health or sensory impairment. Discrimination may be on grounds of disability, age, gender, race, sexuality, religious beliefs or customs or other forms of harassment, slurs or similar treatment.

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can result from situations that exploit a person's vulnerability by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example, education, health, justice and access to services and protection. The examples of discriminatory abuse may take the form of any of those listed under any of the categories already looked at. The difference lies in that the abuse is motivated by discriminatory attitudes, feelings or behaviour towards an individual.

*This category does not appear in child protection. Discriminatory category reflects Disability Discrimination Act 1995 & The Sexual Discrimination Act 1975*



#### Potential indicators:

- Tendency for withdrawal and isolation
- Fearfulness and anxiety
- Being refused access to services or being excluded inappropriately
- Resistance or refusal to access services that are required to meet assessed needs
- Loss of self-esteem. Subservience, Reduction in physical capabilities
- Depression, Fear of others, Inability to communicate
- Anxiety about eating, weight loss
- Withdrawal, apathy
- Agitation
- Paranoia
- Loss of self-esteem. Subservience
- Reduction in physical capabilities
- Depression

- Fear of others
- Inability to communicate

### 3.10 Organisational Abuse

Whenever any form of abuse is caused by an organisation, it may be organisational abuse. Organisational abuse includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

#### Organisational abuse includes:

- Neglect
- Poor professional practice
- Pervasive ill treatment
- Gross misconduct
- Repeated instances of poor care

Organisational abuse was found to be prevalent in most parts of the learning disability service

2007 Sutton and Merton Primary Care trust Investigation

#### Potential indicators:

- Regimented routines
- Following procedures too rigidly
- Not following procedures (e.g. safety)
- Stereotyped activities
- Lack of individuality
- Wearing other people's clothing
- No respect for service users/residents
- Service users unable to make choices
- Shared toiletries etc.

### 3.11 Neglect and Acts of Omission

Neglect is not providing reasonable, appropriate or agreed care, or a failure to act in a way that any reasonable person would act. When a manager or another care provider in a position of responsibility does not ensure that the appropriate care, environment or services are provided to maintain the health and safety of vulnerable people they may be open to charges of wilful neglect. This can include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care or support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Neglect and acts of omission concern the failure of any person who has responsibility for the care of an adult at risk to provide the amount and type of care that a reasonable person would expect to provide.

Neglect and acts of omission can be intentional or unintentional.

**Emotional Neglect includes** confining, isolating or ignoring someone, keeping someone out of the way.

#### **Potential indicators:**

- Left in wet or soiled clothes
- Malnutrition/Dehydration
- Pressure sores/ulcers
- Untreated medical conditions
- Restricted movement
- Reduction in physical capabilities
- Constantly making a person wait for no reason

### 3.12 Self-Neglect

There is no single operational definition of self-neglect. The Department of Health (2016), defined it as 'a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

This covers a wide range of behaviour neglecting to care for one's personal hygiene/health or surroundings and includes behaviour such as hording. Often people who self-neglect do not meet the criteria identified in (section 1.7 reporting a concern) this may then be covered by **Wakefield's VARM - Supporting People who Self-Neglect, policy and procedure**. Any suspected cases of self-neglect should be reported.

#### **Hording**

Hording does not fall under adult safeguarding but it could be considered as safeguarding in the wider sense under the umbrella of prevention. Most

people associate hoarding with the acquisition of items with an associated inability to disregard things that have little or no value (in the opinions of others) to the point when it interferes with the living space or activities of daily living.

Compulsive hoarding (more accurately described as 'hoarding disorder') is a pattern of behaviour characterised by the excessive acquisition of and an inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress. Compulsive hoarders may be conscious of their irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals. Many hoarders may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors.

Most fire authorities have prevention strategies that consistently identify the level of hoarding and use the International OCD Foundations clutter image rating. This can be invaluable in assessing risk, so including local Fire Services in any multi-agency response is vital in hoarding situations.

### **Serious Incident**

NHS England has produced a Serious Incident Framework which supports the Never Events Policy. This Framework is not a substitute for safeguarding. Where safeguarding is indicated a safeguarding referral must be made, Broadly speaking there are three scenarios:

- NHS identifies a safeguarding concern, for example through staff at Accident and Emergency seeing signs of physical abuse. This may warrant a safeguarding referral to the local authority but would not routinely be recorded as a Serious Incident (SI)
- If there are allegations about patient against patient abuse within a healthcare setting, then a safeguarding concern should be raised and an SI would need to be declared. This would also apply if there was an allegation made against a member of healthcare staff.
- There are incidents that are reported on Strategic Executive information System STEIS that are not safeguarding issues, for example a pressure ulcer that was unavoidable. Investigations will still be undertaken but without referral as a safeguarding concern.

### **Pressure Ulcers**

All health providers and local Clinical Commissioning Groups have their own procedures for reviewing how a pressure ulcer may have developed. Such cases will only become a safeguarding concern if there is a clear element of neglect and act of omission which resulted in the pressure ulcer developing.

### 3.13 Patterns of Abuse

Abuse can take place in any context. It may occur when an adult at risk lives alone or with a relative; it may occur within nursing, residential or day care settings, within hospitals or other places previously assumed safe, or in public places.

Patterns of abuse may reflect very different dynamics, such as:

- Serial abuse in which someone seeks out and 'grooms' individuals
- Sexual abuse sometimes falls into this pattern as do some forms of financial abuse.
- Long term abuse – may occur in the context of an ongoing relationship such as domestic violence between partners or generations or persistent psychological abuse
- Opportunistic abuse – such as theft occurring because money or jewellery has been left lying around
- Self-neglect – where a person declines support and assistance with their care and support needs impacting on their individual wellbeing

Abuse may consist of:

- A single or repeated acts
- An act of commission or omission
- Multiple acts, e.g. an adult at risk may be neglected and also being financially abused

Abuse may be intentional or unintentional. A number of abusive acts are crimes and informing the police must be a key consideration.

### 3.14 Who Might Commit Abuse?

Anyone might be responsible for abuse, including:

- A member of staff, a proprietor or a service manager
- A member of a recognised professional group
- A service user, or other adult at risk
- A volunteer
- A member of a community group such as a place of worship or a social group
- A spouse, relative, member of the person's social network or an unpaid carer
- A child, including the person's own son or daughter
- A neighbour, member of the public or stranger
- A person who deliberately targets adults at risk in order to exploit them



### 3.15 Indicators that could identify Potential Abuse

- Abuse can happen anywhere at any time
- There are no gender, class or social barriers
- There is no typical victim or abuser-stereotypes are not helpful
- Abuse can be premeditated and deliberate
- Abuse is not just related to carer's stress



When considering a particular situation look at the indicators listed, the more indicators you identify, the higher the risk of abuse.

#### **Lifestyles**

- Dependency
- Compliance
- Expectations of choice and control
- Limited opportunity
- Over protection
- Devalued by society

#### **Relationships**

- Carer's ability to care
- Mental or physical health of carer
- Carer's history of drug or alcohol misuse
- Debt or housing problems
- Role changes

#### **Environments**

- Failure of management
- Low status of work/ Poorly trained staff/carers
- Low morale
- Rigid routines
- Isolation
- Attitudes and behaviour of carers/staff

### 3.16 Linked Agendas

#### **Domestic Violence and Abuse**

Domestic violence and abuse is defined as:

Any indecent or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following type of abuse:

- Emotional
- Female Genital mutilation
- Financial
- Forced marriage
- Honour based violence
- Physical
- Psychological
- Sexual

The safeguarding adults procedures relate to people over 18 years and over. If the person at risk is under 18 years of age, the safeguarding children procedure should be followed.

#### **Forced Marriage**

Forced marriage is against the law and occurs when one or both spouses do not consent to a marriage and some element of duress is involved. Duress might include physical and/or emotional/psychological pressure. Forced marriage is recognised as an abuse against human rights and will also constitute abuse within the Multi Agency safeguarding Policy if the person is also an adult at risk.

The Police should always be contacted for advice in relation to suspicions or concerns about forced marriage.

The Forced Marriage Unit website provides a wealth of information and guidance [www.fco.gov.uk/forcedmarriage](http://www.fco.gov.uk/forcedmarriage), together with a helpline: 020 7008 0151.

#### **Honour-Based Violence**

So-called 'honour-based violence' is a crime or incident, which has or may have been, committed to protect or defend the perceived honour of the family and/or community.

Honour based violence can take many form; it is used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. Examples may include murder, fear of or actual forced marriage, domestic abuse, sexual abuse, false imprisonment. Threats to kill, assault, harassment and forced abortion. This list is not exhaustive.

Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community.

Honour-based violence is a crime and should be reported to the Police. If the person has needs for care and support and is unable to protect themselves as a result, a safeguarding concern should be raised.

### **Modern Slavery**

Modern slavery can take many forms including the trafficking of people, forced labour, servitude and slavery. Any consent victims have given to their treatment will be irrelevant where they have been coerced, deceived or provided with payment or benefit to achieve that consent.

The term 'modern slavery' captures a whole range of types of exploitation, many of which occur together. These include but are not limited to:

- ✓ Sexual exploitation – this includes but is not limited to sexual exploitation and abuse, forced prostitution and the abuse of children for the production of child abuse images/ videos. Whilst women and children make up the majority of victims, men can also be affected. Adults are coerced often under the threat of force, or other penalty.
- ✓ Domestic servitude – this involves a victim being forced to work, usually in private households, performing domestic chores and child care duties. Their freedom may be restricted and they may work long hours often for little pay or no pay, often sleeping where they work.
- ✓ Forced labour – victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can happen in various industries, including construction, manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (nail bars).
- ✓ Criminal exploitation – this is the exploitation of a person to commit a crime, such as pick pocketing, shop-lifting, cannabis cultivation, drug trafficking and other similar activities.
- ✓ Other forms of exploitation may include organ removal, forced begging, forced benefit fraud, forced marriage and illegal adoption.
- ✓ Human trafficking – for a person to have been a victim of human trafficking there must have been: **action** (e.g. recruitment, transportation); **means** (threat or use of force, coercion, abduction, fraud N>B there does not need to be a means for children as they are not able to give informed consent); **purpose of exploitation** (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs).

### **Prevent Agenda – Exploitation by Radicalisers who Promote Violence**

The Government's counter-terrorism strategy is the Counter Terrorism and Security Act 2015 known as CONTEST.

Prevent is an element of this strategy. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Violent extremists may target vulnerable people and use charisma and persuasive rationale to attract people to their cause.

The prevent strategy:

- ❖ Responds to ideological challenge faced from terrorism and aspects of extremism, and the threat faced from those who promote these views Provides practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support
- ❖ Works with a wide range of sectors (including education, criminal justice, faith, charities, online and health) where there are risks of radicalisation that need to be addressed

Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk from radicalisation. Channel is about safeguarding children and adults from being drawn into committing terrorist-related activity. It is about early intervention to protect and divert people away from the risk before illegality occurs.

### **Hate Crime**

Hate crime is taken to mean any crime where the perpetrator's prejudice against any identifiable group of people is a factor in determining who is victimised. Hate crime is a form of discriminatory abuse.

Hate crimes happen because of hostility, prejudice or hatred due to:

- Disability
- Gender identity
- Race, ethnicity or nationality
- Religion or belief
- Sexual orientation

This definition is based on the perception of the victim or anyone else and is not reliant on evidence. The police and other organisations work together to ensure a robust, coordinated and timely response to situations where adults at risk become a target for hate crime.

### **Mate Crime**

Mate crime is a term used where people within communities, particularly people with learning disabilities, mental health issues or substance abuse issues, and older people are befriended with the intention of them being exploited financially, physically or sexually as well as other types of abuse. It can be extreme, as it was for Steven Hoskin, a man with learning disabilities, who in 2006 was murdered in Cornwall.

Mate crime is a form of Disability Hate Crime. The Crown Prosecution Service (CPS) makes it clear that "people with learning disabilities or mental health issues are often befriended by people who exploit them. It is not CPS policy to use this term as it may introduce further confusion regarding terminology and is potentially confusing to people with learning disabilities.

### **Anti-Social Behaviour**

Anti-social behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life. This might, for example include:

- Persistent verbal abuse or threats
- Assault or physical harassment
- Racial or homophobic harassment

- Graffiti, vandalism or damage to property

Persistent anti-social behaviour can cause significant alarm, harassment and stress.

Anti-social behaviour teams bring together experienced staff from the local authority, Police, housing and other organisations to prevent and resolve anti-social behaviour. The teams will manage incidents referred, working with the private or social housing agency concerned in addressing incidents.

Anti-social behaviour should be reported to the local community safety initiative. If the person has needs for care and support and is unable to protect themselves as a result, consideration should be given to raising a Safeguarding Concern. In the event that the person is at immediate risk, contact the Police.

### **Multi-Agency Public Protection Arrangements (MAPPA)**

The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public, including previous victims, from serious harm. It aims to do this by ensuring that all relevant agencies work together effectively to:

- Identify all relevant offenders
- Complete comprehensive risk assessments that take advantage of coordinated information sharing across agencies
- Devise, implement and review robust risk management plans and
- Focus the available resources to best protect the public from serious harm

The Police, Probation and Prison Service (MAPPA Responsible Authorities) are the responsible authorities required to ensure the effective management of offenders, however NHS, social services, education and housing all have a duty to cooperate under the Criminal Justice Act (2003).

When an offender is managed through the MAPPA and they present a risk to an adult with care and support needs, consideration should be given to raising a Safeguarding Concern.

**You are now ready to complete Section Three questions 1 – 13**

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## Section Four

### 4.1 Reporting Procedures

#### REPORTING PROCEDURE

Raise a Concern

Suspected abuse of an adult at risk

Suspected abuse of child or young person

Ensure immediate safety

**Report to manager/social care direct**

#### REPORTING PROCEDURE – EMERGENCY

Where a person is at risk of imminent and/or significant physical harm

Raise a Concern

Witnessed abuse of an adult at risk

Witnessed abuse of a child or young person at risk

Call 999 / West Yorkshire Police 0845 6060606

**Report to manager/social care direct**

#### When Abuse is Suspected or Identified

- Take immediate action to ensure the safety of the person and others including yourself, if required
- Stay calm
- Reassure the person
- Believe the person and listen to what is being said
- **Record accurately**-do not ask leading questions
- Explain what you are going to do
- Report to your manager
- Be mindful of the possibility of investigation
- Remember that all types of abuse are serious
- Do not alert the abuser

### Also take into consideration

- Vulnerability of the person
- How extensive is the abuse/damage done
- How has the abuse impacted on the person
- Have other people been affected
- Was the abuse deliberate and pre-meditated
- Has anything happened which is against the law
- How high is the risk of this being repeated
- What is the risk to others

### Do Not

- **Do not** do anything that may increase the risk to the adult at risk
- **Do not** alert the alleged abuser
- **Do not** jeopardise any future investigation
- **Do not** promise to keep secrets
- **Do not** be judgemental
- **Do not** discuss the matter with anyone else other than your manager/senior
- **Do not** ask leading questions

Always consider that there may be a need for a criminal investigation and take advice if necessary. Forensic evidence can be lost if a crime is not reported or investigated quickly enough.

## 4.2 Responsibility to Raise a Concern

It is essential that all staff are aware of the reporting procedures if you suspect abuse you must immediately report it to the senior person in your organisation, this may be your manager/supervisor etc. They will then report to **Social Care Direct**. This means that all referrals go straight into the safeguarding policy and procedure framework.

Raising a Safeguarding Concern means reporting your concerns that a person over 18 years of age:

- Has or may have needs for care and support (whether or not the authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect, and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

**Reporting is to raise a concern about abuse or suspected abuse.** It may mean acting in the aftermath of an incident or interpreting and recording signals of distress or bad practice over a longer period.

Think of this as a three step process:

1. Listen
2. Record
3. Report Concern

**Remember** that within your role you may also come into contact with other family members, children and young people and that you also have a duty to immediately report any concerns of abuse or neglect.

#### 4.3 To Raise a Safeguarding Concern

##### To Raise a Safeguarding Concern Contact:

##### Social Care Direct by

- Telephone 0345 8 503 503
- Fax 01924 303455
- Mincom 01924 303450
- Email: [social\\_care\\_direct@wakefield.gov.uk](mailto:social_care_direct@wakefield.gov.uk)



##### For information/advice:

Safeguarding Adults Team:

Email: [adultsafeguardingteam@wakefield.gov.uk](mailto:adultsafeguardingteam@wakefield.gov.uk)

##### For additional information please visit:

[www.wakefield.gov.uk/HealthAndSocialCare/AdultsAndOlderPeople/SafeguardingAdults](http://www.wakefield.gov.uk/HealthAndSocialCare/AdultsAndOlderPeople/SafeguardingAdults)



#### 4.4 Who Can Raise a Concern?

Any person who has concerns that someone who has, or may have care and support needs is experiencing, or is at risk of abuse or neglect, can raise their concerns with the local authority.

This means that the adult experiencing abuse or neglect can raise their concerns themselves, but so can their friends, family members, unpaid carers, other members of the public, paid carers, professionals and organisations.

A concern may be:

- Something the adult has disclosed to you
- Something you have been told by a colleague, a friend, a relative, or the carer for the adult at risk, or someone else
- Something you have witnessed for yourself, such as changes in the person's behaviour, or how the adult at risk is being treated by someone else

Whenever possible, involve the adult at risk in decisions about raising safeguarding concern. Try to talk to the person about what the person wants to change about their situation, and what support they want to achieve that.

There are occasions when you may need to raise a concern without the person's consent,

It is in the public best interest for example:

- There is a risk to other adults at risk
- The concern is about organisational or systemic abuse
- The concern or allegation of abuse relates to the conduct of an employee or volunteer within an organisation providing services to adults at risk
- The abuse or neglect has occurred on property owned or managed by an organisation with a responsibility to provide care

The person lacks mental capacity to consent and a decision is made to raise a safeguarding concern.

A person is subject to coercion or undue influence, to the extent that they are unable to give consent.

It is in the adult's vital interests (to prevent serious harm or distress or life-threatening situations).

#### 4.5 Principles of Working with Adult Abuse

The needs of the individual who is being abused or suspected of being abused will always be of paramount concern. Staff must always remember that **adults** have the right to make informed decisions, including the taking of risks, and to have maximum control over their lives whenever possible.

**Individuals** have the right to:

- Exercise freedom of choice
- To live in an abuse free environment
- Staff valuing their individuality and being non-judgemental
- Others being aware of how their personal values and attitudes can influence the understanding of situations
- Being listened to and being allowed time to communicate any preferences and wishes
- Independent support and representation
- The protection of the law
- Have their rights upheld
- Privacy
- Be treated with dignity
- Lead an independent life
- Be able to exercise choice about how they lead their lives

#### 4.6 Prevention

Section 2 of the Care Act 2014 requires local authorities to ensure the provision of preventative services (i.e. services which help prevent or delay the development of care and support needs, or reduce care and support needs). Organisations should take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies.

Partners should embrace strategies that support action before harm can occur.

The agencies primary aim should be to prevent abuse, but if the preventive approach fails, then the Safeguarding Procedures are to be followed.

Prevention includes all activities that are taken to reduce the risk of potential abuse and the harm that it inflicts. Prevention implies risk management rather than invulnerability to risk.

- Be aware of the organisations policy and procedures
- Make sure you understand your role, and limitations, if you don't understand ask your manager/supervisor
- Liaise closely with your colleagues, team members, other organisations
- Promote empowerment and develop partnership working with the service users

- Value each service user as an individual
- Demonstrate respect/use active listening skills
- Always act in a way that supports the individual's rights
- Follow the plan of care, know and understand the service user's needs
- Be able to recognise individuals who may be unable to make their own decisions and/or protect themselves
- Recognise that the right to self-determination involves risks
- Establish good two way communication with the service user and relatives
- Ensure your recording skills are clear, accurate and factual

Where abuse or neglect has occurred, steps should be taken to prevent it from reoccurring wherever possible, doing so within relevant parameters but sharing intelligence to support a holistic partnership approach to prevention.

Organisations should implement robust risk management processes that identify adults at risk of abuse or neglect and take timely appropriate action.

Prevention should be discussed at every stage of safeguarding, and is especially important at the closure stage (which can happen at any time) when working with adults on resilience and recovery.

**You are now ready to complete Section Four questions 1 – 5**

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## Section Five

### 5.1 Police Safeguarding Unit

The Police have now co located their Child Safeguarding Unit which deals with abuse involving children and their Safeguarding Unit which deals with all aspects of abuse involving adults.

- Domestic Abuse (victim work, attrition, DASH completion, DV court, investigation of domestic violence related crimes)
- Offences involving vulnerable adults (care home abuse, fraud / abuse of position, adults at risk of death)
- Concern for safety occurrences (review and appropriate referral / dissemination)
- Management of Serious Sexual Offences & Rapes involving domestic setting or stranger
- Video Recorded Interview process – all crime types
- Claire's Law disclosure process
- Involvement in Serious Case Reviews (Adults)
- Involvement in Domestic Homicide Reviews (Adults)
- Honour based violence
- Human trafficking
- Forced marriage
- Female genital mutilation
- High risk missing persons.
- MARAC and MAPPA processes



### 5.2 Expertise

The unit was set up to ensure that vulnerable victims received the same rights as the rest of the population.

These include:

- Consistent approach
- Availability
- Approachability
- To ensure expertise was developed across the police
- To liaise with other agencies within the multi-agency safeguarding policy

- To support victims/witnesses
- To ensure best evidence is available

### **Best Evidence**

- Ensuring that best evidence is obtained from the witness
- Ascertaining the nature of a victims disability
- Ensuring where required an appropriate adult is present
- Offering a variety of ways to give evidence such as video interviews
- Supporting a victim/witness at courts

### **Support of victims/witnesses**

- Any special measures required
- Witness support
- Pre court visits
- Ensuring people have transport to attend court
- Referral to other agencies

## **5.3 Offences**

- **Assault** – actual bodily harm, grievous bodily harm
- **Financial** – theft, deception, fraud by abuse of position of trust
- **Sex with person with limited capacity**
- **Serious sexual offences and rapes domestic/stranger**
- **Ill-treat or wilful neglect** – section 44 of Mental Capacity Act 2005/section 5 of Domestic Violence, Crime and Victims Act 2004
- **HIGH RISK DASH** - Domestic related offences
- **Honour Based violence**
- **Forced Marriage** - Forced Marriage Protection Orders
- **Female Genital Mutilation** - Female Genital Mutilation Act 2003



## 5.4 Legislation

Care Act 2014 – Legal framework for how local authorities and other parts of the system should work together to protect adults at risk of abuse or neglect. Chapter 14 of the Care Act 2014 introduced a new statutory framework for adult safeguarding which replaces the 'No Secrets' Guidance (2000). The Care Act requires the local authority to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse.

Fraud Act 2006 – Fraud/harm or loss by person in position of trust, such as appointeeship. Also covers omission

Sexual Offences Act 2003 – Offences with people with limited understanding or capacity (includes touching) can be acts in presence of person with impeded choices. Rape laws cover any act of penetration and not gender specific, covering use of anything into any orifice, S 38 to 42 of Act look at care workers and their roles

Mental Capacity Act 2005 – s44, wilful neglect and ill treatment, if person lacks capacity (see example below of woman in care home and ambulance crew)

Domestic Violence, Crime and Victims Act 2004 – s 5. Cause or allow death of a vulnerable child or adult. (If someone is ill and you don't call the GP – mainly child related cases so far)

Female Genital Mutilation Act 2003

Serious Crime Act 2015 - A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

*Sections 20 – 25 of the Criminal Justice and Courts Act 2015 set out the new offences. New criminal offence of ill treatment or wilful neglect in health and social care, which came into force on 13 April 2015.*

*An individual who 'ill-treats or wilfully neglects' another individual of whom he has care 'by virtue of being a care worker' (s20)*

*A care provider if: someone who is part of the care provider's arrangements for the provision of care ill-treats or wilfully neglects an individual under the provider's care;*

*The way in which the care provider manages or organises its activities amounts to a gross breach of a relevant duty of care owed by it to the victim; and if that breach had not occurred the ill-treatment or wilful neglect would have been avoided, or less likely (s21)*

## 5.5 Case History from Wakefield District

Woman in a care home – ambulance crew called, a woman had broken wrists. The crew could not get in for some time, waiting for staff to open door. Told by worker, who eventually opened the door: “Were going off duty and the other staff are in a meeting”. No one came for some time to show them where the woman was, even though the staff had called the crew. In her room she wore a thin night dress but was wet through, as her continence pad was very wet and had not been changed.

Crew asked staff to change her before taking her to hospital. The staff dragged her up by the wrists, even though they knew they were broken, and took her to a sink in the room where they started to wash her genital area with shampoo. Crew had to intervene to stop this.

### **Crown Prosecution Service (CPS)**

- Totally independent of police.
- Prosecuting authority-they decide which cases go to court
- Will offer advice to police
- Have FINAL decision for charges for all serious cases

They work to two criteria:

1. Sufficient evidence to secure conviction
2. In public interest

### **Types of cases that went through the courts in Wakefield Area**

#### **Carer**

6 counts of theft – people had noticed cash/jewellery/phone missing. The common thread was the worker. She admitted to some of the thefts. Charged with 6 counts of theft, got 9 months suspended sentence.

(Source Safeguarding Business Manager, Wakefield)

#### **Carer**

3 counts of burglary, a relief worker gave vulnerable service users extra visits, cash was taken. Some people said/identified the big lady with red hair. Had been on her final warning at work. (Charged with burglary as she entered as a trespasser, she was not supposed to be there)

(Source Safeguarding Business Manager, Wakefield)

### **Police Intervened but no criminal cases brought**

Neighbour of a man with Learning Disabilities-‘helped’ with improvements to house and garden, but overcharged - £28,000 total!!!! Police talked to neighbour.

(Source Safeguarding Business Manager, Wakefield)

Couple befriending an older couple with issues of capacity/‘confused’. Trying to get the couple to change their will in favour of them. Solicitor alerted police. Police visited friendly couple and their church.

(Source Safeguarding Business Manager, Wakefield)

Care homes fees not paid-£2,000. Son responsible for these but when police visited he said his wife paid the fees. She admitted she was spending the money. As service user died, the care home pursued son for the money. Granddaughter who’s Gran had £120,000 estate was borrowing her money but the woman did not want to pursue it as it was her granddaughter.

(Source Safeguarding Business Manager, Wakefield)

90 year old man, son had his bank card and helped himself to lots of money. Man decided not to do anything as he said the son was his only living relative and he had two granddaughters.

(Source Safeguarding Business Manager, Wakefield)

## **5.6 Outcomes since Police Safeguarding Unit creation**

More people are becoming aware of issues of abuse and alert the police. There are not always convictions, but as long as the abuse is stopped then there is a justified result. The vulnerable person is protected from further abuse.

The Police themselves have become more aware of adult abuse issues. They have specialist officers in the Safeguarding Unit and they are training all their staff to a basic level awareness. This programme of training all Police officers across West Yorkshire is being overseen by a strategic group based at the Police HQ in Wakefield





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