

Safeguarding Adults

*Level 1- All staff,
including paid and voluntary staff
Core Skills Reader*





Introduction to the Core Skills

The Core Skills standardises the training for 10 subjects commonly delivered as part of statutory and mandatory training requirements for health and social care organisations.

For each subject a set of learning of outcomes has been agreed nationally and is set out in the UK Core Skills and Training Framework (a copy of the framework is available on the Skills for Health website: www.skillsforhealth.org.uk/).

The learning outcomes specify what needs to be covered in the training for each Core Skills subject. This ensures a quality standard is set and provides clear guidance for organisations to deliver against these requirements as well as recognise the equivalent training delivered externally. This allows for Core Skills training to be portable between organisations and prevents the needless waste and duplication of statutory and mandatory training where is not required.

To aid organisations in the delivery of the Core Skills subjects, these education resources have been developed to be aligned to the learning outcomes in the UK training framework. Organisations have the flexibility to deliver these resources in a variety of formats as well as adapting them to add localised content alongside the Core Skills Materials.

If you require any further information about the Core Skills, in the first instance please contact the Learning and Development Lead in your organisation.

In the North West the implementation and management of the Core Skills is overseen by the North West Core Skills Programme on behalf of Health Education North West. The programme can be contacted on: CoreSkills.Programme@nhs.net



Safeguarding Adults

Introduction to Safeguarding Adults

This reader covers the Core Skills learning outcomes for Safeguarding Adults.

This resource has been designed to cover induction level training and addresses the key principles in Safeguarding Adults. It covers the general information about Safeguarding Adults that all employees should be aware of. It is mapped against the learning outcomes in the UK Core Skills Training Framework.

The training covered here is likely to be a minimum requirement for all staff working in a health setting and specific staff groups may require additional training dependent upon their role.

It is anticipated that it will take you approximately 20-30 minutes to complete this reader. Current national guidelines recommend that the subject of Safeguarding Adults is repeated a minimum of every three years.



Safeguarding Adults

What you will learn in this reader

The objectives below covered by this reader are aligned to the Learning Outcomes for Safeguarding Adults Level 1 in the UK Core Skills and Training Framework.

1. The meaning of the term safeguarding adults
2. The nature of adult abuse and harm
3. Factors which feature in adult abuse and neglect
4. The importance of dignity and respect when providing healthcare services
5. How healthcare environments can promote or undermine people's dignity and rights and the importance of individualised, person centred care
6. How to apply the basic principles of helping people to keep themselves safe
7. Support people to think about risk when exercising choice and control
8. Arrangements for the implementation of multi-agency policies & procedures
9. What to do if abuse of an adult is suspected and how to raise concerns
10. Relevant legislation, local and national policies and procedures
11. Importance of sharing information with the relevant agencies
12. Actions to take if experience barriers to alerting the relevant agencies

Why is this important?

In 2012-13, a total of 7500 referrals were made for alleged vulnerable adult abuse in healthcare settings in England (Health and Social Care Information Centre). It is a legal requirement for organisations to have and enforce safeguarding policies and procedures. Relevant acts include:

- Human Rights Act 1998
- Mental Capacity Act, 2005, revised 2008
- Safeguarding Vulnerable Groups Act, 2006

The Department of Health and Home Office have also published a code of guidance and practice (*"No Secrets", DH/Home Office, 2000*) for developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

It is everybody's responsibility to act if a fellow human being is being abused. Healthcare employees in particular have an important role in recognising abuse and taking action if they have concerns.

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Relevant legislation and policies

There are many pieces of legislation, policies and guidelines that are in place that shape and influence the procedures for Safeguarding Adults. These include:

Legislation

- Human Rights Act 1998
- Mental Capacity Act, 2005, revised 2008
- Safeguarding Vulnerable Groups Act, 2006
- Mental Health Act 2007
- Deprivation of Liberty Safeguards (DoLS) 2009
- Whistleblowing (Public Disclosure Act) 2008
- Health and Social Care Act 2008
- Equality Act 2010

National Policies, Reports and Guidelines

- No Secrets (2000)
- National Capability Framework for Safeguarding Adults (2012)
- Care Quality Commission – Our Safeguarding Protocol
- Professional Codes of Practice

Local information

- Local safeguarding board and multi-agency safeguarding policies
- Organisational policies and procedures

Who is a Vulnerable Adult?

The 'No Secrets' document (*DH/Home Office, 2000*), defines a "vulnerable" adult as:

A person aged 18 years or over who may be:

- In need of community care services because they have a mental or other disability, age or illness'
- Unable to take care of him or herself
- Unable to protect themselves from harm or exploitation





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This definition applies to all groups regardless of any disability, emotional state or physical characteristics. This means those who need safeguarding help are often elderly and frail, living on their own in the community, or without much family support in care homes. They are often people with physical or learning disabilities and people with mental health needs at risk of suffering harm both in institutions and in the community.

However, certain characteristics don't automatically mean that someone is vulnerable so just because someone has a disability or is older does not mean that they cannot take care of themselves.

Safeguarding Adults – Everybody's responsibility

Safeguarding Adults means providing support and protection for those in the most vulnerable situations and is a core responsibility of all those who provide health care services. High quality care can help eliminate poor practice when considering protecting adults in vulnerable situations and as such aid in the prevention of harm and abuse.

The concept of significant harm as an important threshold is used when considering the nature of intervention and includes not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), but also the impairment of physical, intellectual, emotional, social or behavioural development. Significant harm may include the degree, extent, duration and frequency of harm.

Responses to allegations of harm and abuse in line with local multi agency procedures can be further strengthened through the promotion of effective inter-agency cooperation, training and multi-disciplinary working.

Training and development opportunities should be available to employees to promote effective learning in the area of adult safeguarding.

Dignity and respect when delivering health care services

Dignity, respect and safeguarding adults are directly linked.

“The absence of dignity & respect from the delivery of care services may contribute to abuse and neglect taking place” *Department of Health (2011)*

The NHS is a servant, not a master, a truth which on occasions is overlooked. Vulnerable adults and their carers, look to the NHS for necessary support and assistance when they are at their most vulnerable. They do not seek to be “controlled” by the NHS. People’s rights and privacy need to be properly respected.

We need to encourage zero tolerance of all forms of abuse by supporting people with the respect we would want for ourselves or a member of our family.

- Treat each person as an individual by offering a personalised service. Ensure people feel able to comment on services or complain without fear of retribution. Support people with the respect you would want for yourself or a member of your family. Vulnerable adults deserve dignity and protection from abuse. Don't turn your back on abuse!

Promoting dignity and patients’ rights

The principles below are fundamental to safeguarding vulnerable adults in a healthcare environment.

- Empathy and compassion
- Empower people to make informed choices
- Empower and educate individuals to protect themselves
- Ensure people consent to their care & treatment
- Engage with patients & carers to enable personalised care fundamental to preventing harm and abuse
- Ensure patients & carers know how to raise concerns
- Ensure individuals know what to do in an emergency
- Encourage independence
- Ensure privacy & dignity when delivering personal care
- Encourage protected meal times

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These principles assume that vulnerable adults have the right to be accorded the same respect and dignity as any other adult, by recognising their uniqueness and personal needs; be given access to knowledge and information which they can understand to help them make informed choices.

People need to be given clear information about, and practical help in, keeping themselves protected and safe from abuse by raising alarms; live safely, without fear of violence or abuse in any form; have their money, goods and possessions treated with respect, and to receive equal protection for themselves and their property.

Impact of the healthcare environment on dignity and rights

When an individual finds themselves in a healthcare environment, for example attending an appointment, being admitted or visiting a loved one, it will often mean they are feeling particularly vulnerable. They may be sick or feeling unwell, anxious about what is going to happen, uncomfortable in unfamiliar surroundings. This may make the person guarded, defensive and scared.

It is important this is recognised and understood and the individual's dignity and rights are respected and supported. The healthcare environment can either promote or undermine this. Examples of where this could be improved include; mixed sex wards, poorly maintained or lack of facilities, excessive waiting times without explanation, perceived lack of available time or communication from staff.

These potential short comings can be overcome though with a person centred approach, where care is focused on the needs of the individual. The following 3 concepts help to underpin this:

- **Privacy** – freedom from unauthorised intrusion or observation. This can range from an individual having their own space, to not having to undergo any needless procedures
- **Modesty** – things like dress, speech and behaviour being considered and respectful of others in the vicinity
- **Confidentiality** – Keeping information secure and only divulging it to others with permission

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Helping people to keep themselves safe

Dignity, compassion and respect are at the heart of good quality and safe person-centred healthcare. Individuals have the right to exercise freedom of choice and live in an abuse-free environment.

By helping and supporting vulnerable people to keep themselves safe, they can take control and the risk of harm of abuse can be greatly reduced. This can be achieved through the following 6 principles:

- **Empowerment** - Individuals should be included and involved in decisions about their own healthcare and treatment - **“Nothing about me without me”**
- **Prevention** – Enable individuals to take action is a proactive approach that can stop harm occurring
- **Proportionality** – If individuals understand the risks they are facing, they can make informed decisions and take appropriate actions
- **Protection** – It is important individuals know where and how to access support and / or representation when they need it
- **Partnership** – Know how to contact and link with local services and communities, and be able to join things up
- **Accountability** – It is important to know and be clear who is responsible for what

Supporting people to exercise choice and control

An adult’s legal right to consent is one of the fundamental difference between approaches in safeguarding adults and safeguarding children. Empowering an individual involves a proactive approach to seeking consent and maximising the person’s involvement in decisions about their care, safety and protection.

This involves a risk management approach based on understanding the individual, understanding their autonomy and how they view the risks they face.

- There may be risks the person welcomes because it enhances their quality of life, for example agreeing to undergo an operation
- Risks the person is prepared to tolerate, for example undertaking a particular activity despite the chance it may aggravate a pre-existing condition

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- Risks they want to eliminate, for example refusing a particular treatment because of the chance of suffering side effects

Patients have the right to make choices about their care and treatment, this includes making decisions about their safety, even where those decisions may seem to others to be unwise.

'...a person who is capable of giving their consent has the right to refuse treatment. You must respect this right. You must also make sure they are fully aware of the risk of refusing treatment, particularly if you think there is a significant or immediate risk to life.' (*The Health Professions Council standards*)

Who is at risk of abuse?

Anyone is at risk of abuse but older people, especially those who are unwell, frail, confused and unable either to stand up for themselves or keep track of their affairs, are particularly vulnerable.

People who are most at risk of abuse include:

- Those who are isolated and don't have much contact with friends, family or neighbours
- Elderly and frail
- People with memory problems or difficulty communicating with others
- People who don't get on with their carer
- Those whose carer is addicted to drugs or alcohol
- People whose carer depends on them for a home and financial and emotional support

Other vulnerable adults include people who are open to abuse because of learning difficulties, physical disabilities or mental health issues or those living in violent relationships. This also includes those living in care homes, hospitals or institutions. Broadly speaking, a vulnerable adult is aged 18 or over, receives or may need community care services because of a disability, age or illness, and who is or may be unable to take care of themselves or protect themselves against significant harm or exploitation.



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What is abuse?



Abuse is a violation of an individual's human or civil rights and is the outcome of risk factors and personal circumstances. Being at risk does not have to be a permanent state, it is generally dynamic. Someone not necessarily considered to be at risk, may become vulnerable as a result of a change in their circumstances.

Becoming dependent on someone else, whether a carer, family member, friend or professional health worker (such as a staff member in a residential or nursing home or hospital), can put vulnerable people at risk of abuse. Vulnerable adult abuse happens in different ways and can be the result of deliberate intent, negligence or ignorance.

Abusers are not necessarily bad people. They may be victims of circumstances and need help and support themselves. Nevertheless, for the individual who is experiencing abuse, the intention of the perpetrator is not that relevant. That's why, if you suspect abuse (whether it appears to be deliberate or not), you need to report it to ensure that appropriate actions are taken to protect the victim.

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Where does abuse occur?



Abuse can, and does, happen anywhere and to anyone. Vulnerable adults may be abused in their own home, including by those who are living with them, or perhaps by relatives or people who visit.

Those who live or stay in a care home or hospital can be at risk of abuse, as could those who visit places such as day care centres or lunch clubs on a regular basis.

Although not exhaustive, examples of where abuse can occur, include: in the workplace, educational settings, public places and in police stations and prisons.

Who can commit abuse?

Abuse may be a deliberate act against a vulnerable person, but could also be the outcome of negligence or ignorance. Abuse is not the preserve of certain 'types' of people, anyone can potentially be an abuser, for example:



- Family and friends
- Informal or paid carers
- Neighbours
- Partners or ex-partners
- People in positions of trust
- People who target the vulnerable to exploit
- Strangers
- Organisations and institutions

The person being abused or neglected very often knows the abuser.

Categories of abuse

The main categories of abuse are listed below:

- **Physical abuse** - causing (or threatening) physical pain or injury. This includes any non-accidental physical injury of one person by another.
- **Sexual abuse** - unwanted sexual contact of any kind.
- **Neglect** - harm caused by failure to provide for basic needs (e.g. food, water, shelter or clothing). It can include self-neglect, which is the inability to carry out daily living activities or manage personal finances.
- **Institutional abuse** - repeated instances of poor care through neglect, bad practice as a result of structures, policies and processes or lack of them in an organisation.
- **Discriminatory abuse** – when someone is unfairly treated as a result of a specific characteristic, from clothes or hair colour through to religion or age.
- **Financial abuse** – the illegal taking, misuse or hiding of someone's property, assets or money.
- **Emotional or psychological abuse** – means to bring about emotional / mental pain, anguish or distress through verbal or non-verbal conduct. This could include intimidation, taunting, or belittling. Non-verbal abuse includes refusing to communicate, isolating someone from their significant others or making someone unnecessarily scared.



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Identifying abuse

Disclosure that abuse is taking place usually comes directly, in other words it is revealed by the individual concerned, by a significant other, a carer or a colleague.

You can also identify abuse indirectly through your interpretation of: Signs, symptoms, suggestions or intimation from others.

Once you have identified abuse, you need to act!



General indicators of abuse

It is not always easy to spot the signs of abuse. Often the person being abused feels embarrassed or in many situations frightened of the consequences of informing. Very often they make excuses for injuries or bruising or display a change in their usual behaviour. If it is financial abuse that is taking place, they may suddenly become short of money.

While it's important to be able to recognise the signs of abuse, there is no definitive list of signs or signals. The following list provides some basic guidance that may indicate some of the signs that abuse is taking place:

What to look out for:

- Appearing frightened, stressed or subdued
- Unexplained changes in behaviour
- Unexpected behaviour
- Physical signs (such as bruising or other untreated injuries)
- Poor sleep patterns
- Depression
- Actions of “gatekeepers” (such as relatives or carers) preventing contact with an individual
- Certain indicators may suggest a specific type of abuse



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Why does it happen?

Abuse can happen anywhere anytime. People who abuse can be those that we trust or rely on. Some people will deliberately target others, whom they perceive as vulnerable, in order to exploit them. Some abuse may be unintended, and the abuser may not even realise that they are abusing someone, but as already mentioned, it is nevertheless still abuse.

- It can be pre-meditated or unintended
- Long-standing pattern of aggressive or violent behaviour within a family
- Lack of knowledge
- Anger and frustration
- Lack of proper training and supervision
- Poor management

Why someone may suffer in silence

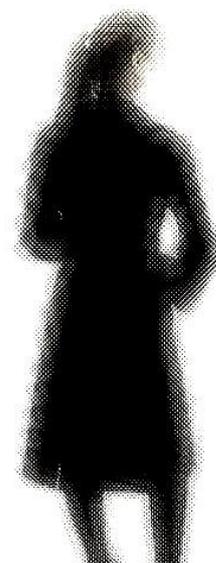
There are many people who find it difficult to disclose that they are being abused and there are often very powerful disincentives for them to report the abuse.

These include emotional and psychological factors, along with intimidation and threats made by perpetrators, who will often try to exert power or control over the individual affected.

The reasons an individual may want to avoid disclosure include:

- Being afraid of retaliation
- Believing it's their fault
- Thinking they will be put in an institution or taken away
- Are ashamed
- Believing that no one can help them
- Assuming no one will believe them

That's why if someone does overcome these feelings and tells you, you must report the allegation to ensure that they get the help that they need. You might be the first person they've told.



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If you don't act, they may not feel able to tell anyone else in the future.

A clear knowledge and understanding of the general indicators and being able to recognise the signs of abuse are important if we are to fulfil our role in protecting vulnerable adults.

If you are told about or become aware of abuse

When a disclosure is made, it is important that you understand that at this initial point you do not have to investigate the disclosure yourself.

Your response at this time of crisis can have a considerable impact on any outcome. Your role is to ensure that the person is safe and that any evidence is protected (if relevant).

The person will be in need of reassurance and you should provide this, both verbally and through appropriate body language.

You must take any disclosure seriously and deal with it according to the policies and procedures in your organisation. The following list provides general guidance on the steps to take.

You should:

- Stay calm and try not to look shocked
- Listen carefully
- Be sympathetic
- Tell the person that:
 - They did the right thing to tell you
 - You are treating the information seriously
 - It was not their fault
- Record what you see or you were told as soon as you can
- Report the information immediately to the appropriate authority, for example the appropriate adult protection team or your manager



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- This way the information can be logged and decisions made regarding any action that should be taken

Things to avoid



If someone trusts you enough to disclose that they have or are being abused, you should accept that position of trust and support them through this initial stage. We have discussed what you should do and you can give the support they need but there are some things that may hinder or stop a person from fully disclosing what has taken place.

It may have taken a lot of courage to approach you or the person may be traumatised. If you press for information or ask insensitive or intrusive questions you run the risk of losing the person's trust and them refusing to continue or walking away.

It is not your role to investigate at this juncture. Indeed, by trying to get further information of abuse, you can put yourself or the person at risk.

Do not make promises you cannot keep. Don't promise secrecy. You could reply with something like "I can't make that promise, but I can tell you I will do my best to keep you safe" and don't be judgmental.

You will need to protect any relevant evidence e.g. don't wash the person, their clothes or bedding or touch or move anything.

At this stage both the victim and the alleged abuser have a right to protection and you must not gossip about the incident. You must only discuss the incident on a "need to know basis". You must not contact the alleged abuser.

In summary you should not:

- Press for details by asking insensitive or intrusive questions
- Make promises that you cannot keep
- Contact the alleged abuser

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- Be judgemental
- Gossip about the incident
- Wash the person, their clothes or bedding
- Touch or move anything

What to record

Once you have provided the immediate comfort and safety required by the person, it is vital that you make clear and concise notes of the disclosure. Do this straight away. Immediate notes should include:

- Time, dates, people
- Report exact words used

Then inform the designated person of the disclosure and follow procedures for recording details of the incident. Record the information accurately.

Your organisation will have an agreed format for recording significant incidents like this. Write it as it was told to you using the language of the person rather than your own interpretation. In the report distinguish between FACT and OPINION. Date and sign the record and make sure that you follow local procedures for information sharing and records management.

How to report abuse

All organisations working with vulnerable adults should appoint at least one Designated **Safeguarder**. They are responsible for acting as a source of information and support for staff and for dealing with allegations or suspicions of abuse that arise. Everyone in the organisation should know who the Designated **Safeguarder** is and how to contact them.





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The following guidance must be used in conjunction with your employer's Safeguarding Policy and Procedures:

If you witness or hear about abuse:

- It's everyone's responsibility to report it
- Healthcare workers have a duty to report abuse if suspected
- Ensure the person is safe. If there is an immediate threat contact emergency services
- Report concerns to the person in charge
- Refer concerns to relevant adult social services
- Police may need to be involved
- Document the incident. Be brief, factual and relevant
- Follow your organisation's policy and guidelines

Sharing Information

Understanding when and how to share information is critical when working with sensitive and personal information. The principle is that – wherever abuse is alleged or suspected – information should be shared between relevant professionals in exploring how to protect the individual concerned or others.

People who are subject to abuse or allegations of abuse and their families and carers have a right to expect that confidentiality will be respected and their privacy protected. But where their “vital interests” (that is questions of life or death), “best interests”, or the public interest are involved, establishing the facts through information sharing takes precedence.

Investigating and responding to suspected abuse or neglect often requires close co-operation between organisations. Safeguarding will involve sharing personal information both about someone who is alleged to have experienced abuse and an alleged perpetrator.





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If you are uncertain what can be shared seek advice. It is always advantageous to obtain informed consent if you can, that is, the individual understands and approves the information being shared with others.

You must also consider the risks of not referring on. Would withholding information be in their best interests or increases the likelihood of serious abuse taking place? If you decide not to refer the incident you must document your rationale for not referring in case you have to rely on it later. Information must only be shared on a 'need to know' basis but confidentiality should not be confused with secrecy.

What happens after a referral?

Making a referral about an alleged abusive incident could save lives but our responsibility does not end there. It is not enough to report abuse; we also need to ensure that appropriate actions have been taken.

You need to keep copies of your notes of the incident and supplement them with details of when, how and who you made the referral to. Remember you must keep any information you have recorded safely to avoid it being seen by someone who doesn't need to. If you have any concerns that your report has not been escalated or has not been acted upon correctly, do not be afraid to challenge or bypass gatekeepers and find out what has resulted from you actions.

You must refer to your organisational safeguarding policy and procedures for details of how referrals are progressed and related timescales. Most safeguarding policies will insist that the person making the referral be given appropriate feedback at an appropriate time.

Whistle blowing

A whistle-blower is someone who reports suspected wrongdoing at work, sometimes about the practices of an organisation or an individual member of staff. Officially this is called 'making a disclosure in the public interest'.

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The NHS promotes and support openness in order to protect vulnerable adults, and so whistle-blowers should always be:

- Treated seriously
- Treated confidentially where relevant
- Treated in a fair and equitable manner
- Kept informed of action taken and its outcome



The act of whistle blowing is protected for public interest to encourage people to disclose malpractice and wrongdoing.

If you whistle blow, following procedures, your employment rights are protected by law. Refer to your organisations whistle blowing policy for more information.

Your responsibilities

It is everyone's responsibility to play a part in the protection of vulnerable adults. If you witness abuse, are informed of abuse or just suspect that abuse is taking place, you must respond appropriately and act without delay. You need to understand the local policies and procedures in your organisation and ensure they are followed.

These policies and procedures will help you refer correctly and as appropriate. You will find that your local lead will be able to provide advice and guidance on safeguarding. They will also be able to advise you on how to access safeguarding training relevant to your area or role.

Useful resources and websites

For more information please access the resource below

- Department of Health
<https://www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy-10-may-2013>
- Age UK www.ageuk.org.uk/
- Care Quality Commission www.cqc.org.uk/
- Social Care Institute for Excellence www.scie.org.uk/