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**Safeguarding – What you need to know**

The Care Act 2014 defines adult safeguarding as protecting an adult’s right to live in safety, free from abuse and neglect.

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| **Wellbeing**  In the Care Act 2014 ‘wellbeing’ is described as relating to:   * personal dignity (including treating 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 over 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 wellbeing * ­ suitability of living accommodation * the individual’s contribution to society |

All these aspects of wellbeing are relevant to people with care and support needs, and to carers. There is no hierarchy, and all these aspects of wellbeing should be given equal importance when considering any person’s wellbeing. Each of these aspects is a positive ‘outcome’ of good wellbeing.

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

**Your Responsibilities**

The Code of Conduct for Healthcare Support Workers and Social Care Workers in England states that:

“Workers must always make sure that your actions or omissions do not harm an individual’s health or wellbeing. You must never abuse, neglect, harm or exploit those who use health and care services, their carers, or your colleagues.”

Go to this website for information on code of conduct:

www.skillsfor care.org.uk/code-of-conduct

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| Harm includes ill treatment (sexual abuse, exploitation and forms of ill treatment which are not physical; the impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural); self-harm and neglect; unlawful conduct which adversely affects a person’s property, rights or interests (for example financial abuse)  An act that causes loss or pain. Harm can be used of anything that causes suffering or loss. |

Chapter Care’s Adult Safeguarding Policy states:

* Always make sure that your actions or omissions do not harm an individual’s health or wellbeing.
* Report any concerns you have, directly to a Care Manager or the Registered Manager as soon as possible.
* To be familiar with and follow the Adult Safeguarding policy and procedure and attend appropriate training
* To take appropriate action in regard to safeguarding of adults.
* To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct and may lead to dismissal.

It is important that you read and understand our Policy on Adult Safeguarding. Please take the time to do this.

**Types of abuse and neglect - signs and indicators**

There are 10 types of abuse and neglect that cause harm identified in the Care Act 2014. These are listed in the table below. You should be able to identify the different types of abuse and neglect and the signs or ‘indicators’ that they are happening. The more you are able to get to know someone the more you are likely to notice any changes. In workplaces where care and support are short term, this can be more difficult, but you should still look out for any signs or indicators. Incidents may be one-off or multiple and affect one person or more. Workers should look beyond single incidents or individuals to identify patterns of harm.

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| TYPE OF ABUSE | SIGNS/INDICATORS |
| Physical Abuse is an individual’s body being injured or hurt due, for example, to assault, hitting, slapping, or pushing. It can also be the wrong use of restrictive practices (see below). Examples could be the misuse of medication or using inappropriate restraint such as locking someone in a room, tying them to a chair or using inappropriate physical sanctions. | Injuries that are unexplained or have not been treated. There could be a number of injuries of different ages and in different places.  Examples include:   * ­ broken bones * ­ bruises * ­ unexplained loss of clumps of hair * ­ bite, burn or scald marks. |
| Domestic violence – is any incident  of threatening behaviour, violence or  abuse (psychological, physical, sexual,  financial or emotional) between adults  who are or have been intimate partners  or family members, regardless of gender  or sexuality. It includes psychological,  physical, sexual, financial, and emotional  abuse, and so-called ‘honour-based’  violence. | Signs of domestic violence can be any of  those relating to the different types of abuse  or neglect that can occur in any incident. |
| Modern slavery – this encompasses  slavery, human trafficking, and forced  labour and domestic servitude.  Traffickers and slave masters use  whatever means they have at their  disposal to coerce, deceive and force  individuals into a life of abuse, servitude  and inhumane treatment. | * Signs of physical or psychological   abuse, being malnourished or unkempt,  appearing withdrawn.   * ­Rarely being allowed to travel on their   own, seemingly under the control and  influence of others, rarely interacting  or appearing unfamiliar with their  neighbourhood or where they work.   * ­Having few or no personal belongings or   documents.   * ­Avoiding eye contact, appearing   frightened or hesitant to talk to strangers  and law enforcers. |
| Financial or material abuse is the use of a person’s funds and belongings without their permission. This could be theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions, or the misuse or misappropriation of property,  possessions or benefits. | * Bills not being paid. * ­Loss of assets such as a house being   sold and the money from the sale disappearing.   * ­Expenditure higher than the living   conditions suggest.   * ­Not having enough food or clothing. |
| Sexual abuse is when a person becomes involved in sexual relationships or activities that they do not want to be involved in. They may have said that  they do not want to be involved or they may be unable to give consent. Sexual abuse includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing  or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which  the adult has not consented or was pressured into consenting to | * ­Pain, sores and bruising around the inner   thighs and genital, anal or breast areas.   * ­Bloodstained underwear. * ­Pain and discomfort when walking or   sitting.   * ­Sexually transmitted infections and   pregnancy are indicators for sexual  activity and can indicate abuse if the  person does not have the capacity to  provide consent. |
| Neglect is also known as the ‘omission to act’ or ‘failure to act’. It is a failure to meet the basic needs of the individual. It includes ignoring medical, emotional, or physical care needs, failure to provide access to appropriate health, care and  support or educational services and the withholding of the necessities of life, such as medication, adequate nutrition, and heating. | Indicators of neglect by others and of self-neglect are similar. They include:   * ­ malnutrition * ­ dehydration * ­ bedsores * dirty clothing and bedding * ­ taking the wrong dosage of medication. |
| Self-neglect is a person’s failure or refusal to take care of their own basic needs. Neglecting to care for one’s personal hygiene, health or surroundings can include a wide range of behaviours such as hoarding. |  |
| Psychological abuse results in a person feeling worthless, unloved, or uncared for. It includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustified withdrawal  of services or supportive networks. | * Anxiety * ­ Lack of confidence * ­ Low self-esteem * ­ Disturbed sleep |
| Organisational abuse happens where services provided are focused on the needs of the organisation. For example, not providing choice over mealtimes or bedtimes because this is easier for the organisation. It includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one’s own home. This may range from one-off incidents to ongoing  ill-treatment. It can be through neglect or poor professional practice as a result of the structure, processes, policies and  practices of the organisation. | * Poor care standards * ­Rigid routines * ­Lack of staff learning, development and   support. |
| Discriminatory abuse refers to an individual or group being treated unequally because of characteristics identified in the Equality Act 2010. It involves ignoring a person’s values, beliefs and culture and includes forms of harassment, slurs or similar treatment because of race, sex, gender reassignment, age, disability, sexual orientation, religion, or similar belief, marital or civil partnership status, pregnancy or maternity. | * Poor service that does not meet the person’s needs * ­Verbal abuse and disrespect * Exclusion of people from activities and/or * services. * Discrimination can be either direct or indirect |

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

**SIX KEY PRINCIPLES OF ADULT SAFEGUARDING**

* Empowerment – People being supported and encouraged to make their own

decisions and informed consent.

*“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

* ­Prevention – It is better to act before harm occurs.

*“I receive clear and simple information about what abuse is, how to recognise the*

*signs and what I can do to seek help.”*

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* Proportionality – The least intrusive response appropriate to the risk presented.

*“I am sure that the professionals will work in my interest, as I know them and they*

*will only get involved as much as needed.”*

* ­Protection – Support and representation for those in greatest need.

*“I get help and support to report abuse and neglect. I get help so that I am able to*

*take part in the safeguarding process to the extent to which I want.”*

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

abuse.

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

* ­Accountability – Accountability and transparency in delivering safeguarding.

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

**RISKS OF ABUSE AND NEGLECT**

Abuse and neglect can take place anytime and anywhere. However, some situations

increase an individual’s vulnerability to the risk of abuse or neglect happening.

Examples are:

1. ­ In an individual’s own home, it is easier for an abuser to hide their actions from

others.

1. ­Organisational abuse is more likely to happen when standards are poor and

routines are planned to fit around a rota, or when workers feel unsupported by their

management. This can lead to incorrect ways of working that everyone begins to see

as acceptable. They do not try to challenge the situation because they are afraid of

speaking out about what is being accepted by the majority.

1. Any workplace where individuals display difficult or challenging behaviour that workers are not trained or supported to deal with. ­
2. Particular care and support needs of the individual such as a sensory impairment, a mental health issue, dementia, or a learning disability. If the person has communication difficulties their reaction to abuse or neglect could be mistaken as a symptom of their condition rather than an attempt to tell someone what is happening to them.

**Why are some individuals at a higher risk of abuse?**

Individuals that require care and support would usually be more vulnerable because they are unable to care for themselves so often have reduced capabilities, independence or understanding. This means that there is a greater likelihood of them being taken advantage of by others. They may also have difficulty understanding their rights or being able to communicate their concerns.

**Sources of advice and information**

In order to respond appropriately where abuse or neglect may be taking place, anyone in

contact with the adult, whether in a voluntary or paid role, must understand their own role

and responsibility and have access to practical and legal guidance, advice, and support. This will include understanding local inter-agency policies and procedures. Your organisation’s policies and procedures or agreed ways of working will give you guidance on prevention and procedures to follow if and when abuse or neglect has happened or is suspected. Your manager or a senior member of staff should always be your point of contact for any questions or concerns you might have.

Examples of external sources of advice and information:

* ­ Professional bodies/trades unions: for example, Royal College of Nursing, British

Association of Occupational Therapists, Chartered Society of Physiotherapy (these

are examples, some information is only available to members).

* ­ Social Care Institute for Excellence (SCIE): this organisation aims to improve care by

researching and analysing care practice to find out and share which strategies work

best. www.scie.org.uk

* ­ Social services: the adults’ services department of your local authority will be able to

provide advice and support on safeguarding and protecting vulnerable individuals.

* ­ Care Quality Commission (CQC): the independent regulator gives guidance on

government policies.

* ­ Carers Direct helpline 0300 123 1053: offers all-week telephone support and advice

to carers in regard to their own support and safeguarding and protection of the

individuals they care for.

* ­ The internet can be a useful source of information. Be sure to use reputable

websites and check the information you find.

**Promoting dignity and rights**

Putting individuals who receive care and support in control of their care can reduce the

chance of abuse or neglect happening. It means making sure that in any care environment

dignity and rights are promoted.

* ­ Lines of communication between individuals and workers are always open.
* ­ Relationships are based on trust.
* ­ Individuals play an active part in decisions about their care and support.
* ­ Individuals are aware that they can share their concerns or complain and that they

will be taken seriously.

* ­ Individuals are supported to be as independent as possible to reduce their reliance

on others who may take advantage of them.

* ­ Individuals know their rights and understand how they can expect to be treated.