



County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Workbook 1

Safeguarding Adults Training

Alerter



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

<u>Contents</u>	<u>Page</u>
Introduction, aims and learning outcomes	3
Background to Safeguarding Adults	4
What is abuse?	6
Types of abuse	7
Adult at Risk	11
Signs that abuse may be taking place	12
Where does abuse take place?	19
Who is an abuser?	20
Who is an alerter?	21
Alerter do's and don'ts	22
Making an alert	24
Basic forensic awareness	24
What you should record	25
Whistleblowing (speaking out)	26
What happens after I report my concerns?	27

Exercises

Exercise Number	Page	Tick when complete
1	4	
2	6	
3	11	
4	12	
5	19	
6	20	
7	22	
8	25	

Introduction

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

The aim of the workbook is to help raise awareness of safeguarding adults processes and procedures in County Durham, including how to recognise and report abuse and the role of the alerter.

Learning Outcomes

Once you have completed the workbook you will:

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

How do I use the workbook?

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

Other ways of accessing alerter training

Along with the workbook we have other methods of providing alerter training. This includes an e-learning course and a CD-Rom, both of which you will need to complete using a computer. We also deliver a taught course. If you are interested in any of these methods please speak to your manager.

Background to Safeguarding Adults

Exercise 1

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

No Secrets Guidance

In 2000 the government published 'No Secrets' guidance. Their aim was to ensure that local agencies were able to work together to produce multi-agency policies and procedures to protect adults at risk from abuse.

Following the publication of 'No Secrets' a multi-agency group was formed, the County Durham Multi-agency Safeguarding Adults Board. Safeguarding policies and procedures were developed in County Durham with the purpose of:

- Having a consistent approach to safeguarding adults across all agencies
- Increasing public and professional awareness in all agencies
- Allowing a joint approach to issues.

The inter-agency policies and procedures are used by all the partner agencies in County Durham. If you want to read the procedures they are available on the County Durham Inter-agency partnership website:

www.safeguardingdurhamadults.info

Safeguarding Adults

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

'No secrets' is currently being reviewed. One change announced is that safeguarding adults boards will be put on a statutory footing. This should help everyone involved understand how important safeguarding adults work is and ensure that they continue to work together to make sure that people can live a life free of abuse.

At the moment there is no separate safeguarding adult legislation but when working with adults other legislation can be used to help keep adults at risk safe from harm. Examples of the legislation that could be used include criminal law, and the Mental Capacity Act could be used when someone lacks the capacity to make decisions about how they are looked after, perhaps because of dementia or a learning disability.

What is abuse?

Exercise 2

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

Case 1 - Mrs Brown lives in a residential care home. She has been asking to go to the toilet for half an hour but is told by staff that they are too busy and has now been incontinent. The carer smacks her hand and tells her she is 'naughty.'

Is this abuse?

What type of abuse do you think it is?

Case 2 - Jane Green is 25 and has a learning disability. She lives at home with her mum and step-dad. He has started going into her room at night, pulling back the covers and looking at her naked. He tells her not to tell her mum.

Is this abuse?

What type of abuse do you think it is?

Case 3 - Mrs Smith lives at home. She is unable to go out because of severe arthritis and she sometimes gets confused. Her neighbour shops for her every week but doesn't give her any change.

Is this abuse?

What type of abuse do you think it is?

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

Is this abuse?

What type of abuse do you think it is?

Feedback

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

Safeguarding Adults (ADSS 2005) states that:

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

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

Types of Abuse

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

Physical

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

This may include:

- Hitting, punching or slapping;
- Pushing or shaking;
- Kicking;
- Pinching or scratching;
- Improper administration of medication or treatments or denial of prescribed medications/treatments.

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

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

Sexual

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

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

Financial or material abuse.

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

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

Neglect and Acts of Omission

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

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

Discriminatory

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

Institutional

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

It might include

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

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

Sometimes institutional abuse occurs when people are not treated with the dignity and respect they deserve. The Department of Health has launched a 'Dignity in Care' campaign. You can go on the website www.dhcarenetworks.org.uk/dignityincare for more information about the campaign and to sign up as a dignity champion. The role of the dignity champion is to spread the word about the importance of treating everyone with dignity and respect in all the settings where care is provided. Number 1 on the campaign's 10 point dignity challenge is to 'have a zero tolerance of all forms of abuse'.

Psychological

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

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

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

In case 1 physical abuse has occurred; Mrs Brown has been hit. There is also a psychological element as Mrs Brown is being treated like a child by being told she is 'naughty'. This could also be institutional abuse if the home is being run in such a way that the routines of the home, in this case when people are taken to the toilet, are there for the staff rather than the needs of the residents.

In case 2 it is sexual abuse. As we have seen in the definition there does not need to be any contact for sexual abuse to have taken place. There may also be a psychological element if her step-father is frightening her to make her keep quiet about what is happening.

In case 3 there is a concern that financial abuse may be taking place. It appears that Mrs Smith's neighbour is taking the money. Perhaps it's because she thinks Mrs Smith would want her to have some money for her help, but we do not know that and shouldn't make the assumptions that this is the case.

In case 4 Mr Rogers is not having his cultural needs met, therefore there is a concern that discriminatory abuse is taking place. You might say that he could shop and cook for himself but he might not be well enough to do this without support. If this was happening in the hospital and they were saying that they don't have the time or experience to prepare special meals it could also have been institutional abuse as Mr Roger's, and quite probably other patients', cultural needs are not being met.

Later we will look in more detail at the signs and behaviour that might indicate that abuse is taking place. But first we will look at the people who are at risk of being abused – the definition of an 'Adult at Risk'.

Adult at Risk

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

Exercise 3

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

Some of you might have heard the term 'vulnerable adult' in previous training. One of the changes made as safeguarding adults work has developed is that we now use the term 'adult at risk' within safeguarding adult work.

An 'adult at risk' is defined as 'someone aged eighteen or over, who is or may be eligible for community care services and whose independence and well-being would be at risk if they did not receive appropriate health and social care support'. So it may be the person is not receiving community care services at the time the concern is raised, but if they had wanted to access services they would be eligible.

The person may have a:

- Physical disability or sensory impairment;
- Learning disability;
- Mental health problems;
- Frailty; due to age, illness or disability.

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

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

They might be isolated because they don't have any social networks including education and employment. Mrs Smith in case 3 might have no one else

visiting her except her neighbour. She might be worried that if she complains about not getting her change no one will visit her and she won't have anyone to go shopping for her.

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

People might also think that the standard of care they are receiving is all they can expect. In case study 1 Mrs Brown might believe that the poor standard of care she is receiving is all that she should expect.

It is important that when we consider someone is an 'adult at risk' as defined above, that we follow the inter-agency procedures to ensure they are safeguarded. This includes reporting our concerns. We will look at how to do this later.

Signs the abuse may be taking place

Exercise 4

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

Psychological
Physical Abuse
Sexual
Financial/material

Neglect and acts of omission
Discriminatory
Multiple or institutional
General signs that abuse has taken place

Feedback – Signs that abuse may be taking place

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

Psychological Abuse

- Low self esteem, depression or tearfulness;
- Lack of confidence or anxiety;
- A feeling of worthlessness and perhaps self-abuse or self-neglect;
- Agitation;
- Ambivalence or resignation;
- Increased levels of confusion, a decreased ability to communicate or urinary or faecal incontinence;

- Sleep disturbance;
- The adult feeling or acting as if they are being watched all of the time;
- The adult withdrawing themselves from valued social activities or contacts;
- The adult using language they wouldn't normally, e.g. communication that sounds like things the perpetrator might say;
- The adult showing signs of behaviour that is out of character, e.g. overtly promiscuous, sexually overt, anger or verbal outbursts;
- The adult showing deference or submission to the perpetrator.

Physical Abuse

- Injuries in unusual place, e.g. cheeks, ears, neck, inside of mouth or buttocks;
- Injuries that are the shape of objects, e.g. hand, teeth marks, cigarette burns, rope burns;
- Injuries to head or scalp, e.g. black eyes;
- The presence of several injuries, bruises or scars of a variety of ages (look for fading);
- Burns or scalds with clear outlines or that have a uniform depth over a large area, e.g. the buttocks;
- Unexplained fractures, dislocations or sprains;
- Injuries that have not received medical attention;
- Marks of physical restraint;
- Skin infections;
- Dehydration or unexplained weight changes;
- Medication being 'lost' or 'misplaced';
- Evidence of over and under use of medication;
- Sleep deficit or unexplained fatigue;
- A change in the adult's usual behaviour patterns or physical functioning;

- Behaviour that indicates that the adult is afraid of the perpetrator or is avoiding the perpetrator, or is afraid in the presence of certain objects;
- The person flinches at physical contact or asks not to be hurt;
- He or she seems reluctant to undress or uncover parts of the body;
- A person being taken to many different places to receive medical attention.

Sexual Abuse

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

Financial or Material Abuse

- Sudden loss of assets or unexplained withdrawals from a person's bank/savings account;
- Unusual or inappropriate financial transactions;

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

Neglect and Acts of Omission

- Malnutrition and/or dehydration;
- Unexplained rapid or continuous weight loss or weight gain;
- Poor physical condition, e.g. skin ulcers or excoriation, pressure sores or a pale or sallow complexion;
- Hypothermia due to inadequate heating or lack of suitable clothing;
- The adult not having access to necessary aids to mobility or independence, e.g. walking aids, hearing aids, spectacles or dentures;
- The adult being exposed to unacceptable risk;
- The wearing of inadequate or inappropriate clothing;
- Evidence of untreated medical problems;

- Evidence of personal care support not being given, e.g. poor hygiene, incontinence odour, dirty fingernails, old food residue in-between teeth, broken or missing dentures or stained clothing;
- The adult being left in a soiled or wet bed, or expected to sleep in dirty or soiled bedding;
- Callers/visitors being refused access to the person;
- Missed medical appointments and a carer's/care worker's reluctance to involve health and social care professionals in the person's care.

Discriminatory Abuse

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

Multiple or Institutional abuse

- Arbitrary decision making by the agency/organisation or service;
- In care home, strict, regimented or inflexible routines for rising, retiring, mealtimes, going to the toilet and bathing etc;
- Over-medication of people;
- Evidence of inappropriate physical intervention taking place;
- The absence of effective care plans and risk assessments;
- A lack of regard for people's dignity and need for privacy;

- Denial of individuality and opportunities to make informed choices and take responsible risks;
- Lack of stimulation and opportunities for people to engage in social and leisure activities;
- Lack of provision to meet specific cultural or spiritual needs;
- Lack of personal clothing and possessions;
- In care settings an unsafe and unhygienic living environment.

General Signs that abuse may have taken place

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

Where does abuse take place?

Exercise 5

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

Case study 1
Case study 2
Case study 3
Case study 4
Other places where abuse can take place

Feedback

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

Exercise 6 – Who is the abuser and who is the alerter?

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

	Abuser	Alerter
A social worker		
The police		
An ambulance driver		
The manager of a residential home		
A family member		
A nurse		
A care assistant		
An adult at risk		
A domestic assistant		
The local shopkeeper		
You		

Feedback

Who is an abuser?

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

Sometimes one adult at risk can abuse another, for example in a residential setting. This should still be reported as both the person who has been abused and the person who has abused may need support.

People can abuse intentionally e.g. they might want to hurt the person, or unintentionally, for example by not realising that the way they are caring for someone is wrong. This might be because they haven't been trained to undertake a particular procedure or they have been told by another member of staff to do it a particular way, for example lifting someone incorrectly or tying someone to a bed to stop them getting up during the night.

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

Who is an alerter?

The definition of an alerter is: any person in contact with, or who has knowledge of, an adult about whose safety they have concerns, or who they believe to be at risk of abuse or neglect.

So you can see that anyone on the list and indeed **anyone** at all can be an alerter.

Therefore everyone needs to know about their responsibilities and how to report their concerns. Later in the workbook we will tell you how concerns are reported for staff in different organisations and for members of the public. But first we will look at what as an alerter you have to do to if someone tells you about something that's happened to them, or if you have observed something happening or see signs or behaviour that raises your concern that the person may have been abused.

Alerter Do's and Don'ts

Exercise 7

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

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

Answers

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

Q	As alerter	Answer
1	If the person is in immediate danger any delay in contacting emergency services could put the person in greater danger.	√
2	We cannot make promises that we cannot keep. We don't know for certain that they will never see the person again.	X
3	It is important to report your concerns, even if you are not absolutely positive that abuse has taken place. It is still a concern that needs to be dealt with	√
4	It is important to remain calm.	√
5	We must listen carefully if the person is telling us about something that's happened to them. If not we might miss some essential information. Also how would you feel if you thought someone wasn't listening to you when you were telling them something really important?	√
6	We shouldn't ask detailed questions of the person or witnesses to make sure abuse has happened. Our duty as alerter is to pass on our concern, not to be absolutely sure that abuse has occurred.	X
7	It is important to record what was said using only the person's own words. This information could be used as evidence later so needs to be accurate.	√
8	Give the person contact details so they can report any further issues or ask questions. Think about times when you have been talking to someone and hours later thought 'I wish I'd asked...' It's just the same for someone who may have experienced abuse.	√
9	Make a record following your agencies recording guidelines. We will talk about what you should record in more detail later in the workbook.	√
10	Although we have a duty to pass on our concerns, this should be to the appropriate person within your organisation. We shouldn't discuss it with anyone else.	X
11	Try to make sure that any potential evidence isn't contaminated. We will talk about preserving evidence later in the workbook.	√
12	We can't say we won't tell anyone else. We have a duty to pass on our concerns and we should tell the person this is the case.	X
13	It is important not to put yourself or anyone else in danger. You might have to consider whether you need to dial 999	X
14	It is important not to be judgemental. We may not think the person they are accusing could have done anything wrong, but an investigation still needs to be carried out.	X

15	Remember the person might not want their family informed as the family may actually be involved.	√
16	Give your report to your manager for confidential safekeeping	√
17	Let the person know what will happen next. They are likely to be worried about what's going to happen so by giving them this information you can help reassure them	√
18	Tell the person they will receive feedback. They will want to know what's happened as a result of what they've said	√
19	In no circumstances should you discuss what's happened with the alleged perpetrator. If you did this you could be putting the adult in danger or the perpetrator could get rid of important evidence.	X
20	You must not conduct your own investigation. This is not the role of the alerter and you could jeopardise a police investigation by doing so.	X

Reporting your concerns – how to make an alert.

The answer to question 3 in exercise 7 states that you have to report your concerns when an adult at risk may have been abused. On page 28 we give you details on how staff from all organisations should do this. It is important that you discuss any concerns with your line manager or supervisor who will look at whether a safeguarding referral should be made. You will see that members of the public can also contact Social Care Direct themselves if they have any concerns. For everyone who has a concern however the first thing they have to do is consider if the person is in immediate danger, and if so take preventative action and dial 999.

Basic Forensic Awareness

It is important to remember that if abuse has taken place that we need to ensure the welfare and the immediate safety of the adult at risk. However it is important to consider that if you are the first on the scene where someone is abused what you do can have an effect on the forensic evidence that the police are able to collect and use in a prosecution. Points for you to consider include:

- If the abuse happened in one or even more rooms you should ideally close off the rooms until the Crime Scene Investigator (CSI) arrives to obtain forensic evidence
- If it is rape or sexual assault advise the victim not to change or wash clothes or wash themselves. If the person is wearing an incontinence pad it should not be destroyed.
- If there is financial abuse it is important to act quickly to report your concern as there may be some evidence .e.g. CCTV footage. It might be appropriate to leave any documents alone, e.g. cheque books or bank books, so no one can touch them, however if there is a risk that others will handle them put them in a clean plastic bag to preserve any fingerprint evidence.

Remember it is not your job to investigate

What you should record

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

Exercise 8

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

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

Feedback

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

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

Whistleblowing (Speaking out)

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

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

What happens after I report my concerns?

On page 29 the flowchart shows what happens after you pass on your safeguarding adults concern. This gives information about what happens after the referral is made to Social Care Direct. If you want to find out more about this process you can access the procedures on the website: www.safeguardingdurhamadults.info

End of Course Assessment

You have now completed the safeguarding adults alerter workbook.

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

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

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

Thank you for using the alerter workbook. Remember to pass it to your manager and ask for the assessment sheet.

Do's and don'ts for receiving alert

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

Member of the Public

- Contact Social Care Direct (SCD)
☎0845 8 50 50 10
- An anonymous referral can be made

Employee within Adults, Wellbeing & Health

First

- Discuss your concern with your line manager/supervisor

Then

- Manager considers information and, where appropriate, ensures that referral is made to Social Care Direct ☎0845 8 50 50 10
- The allegation must be recorded on SSID by SCD with referral type of Safeguarding Adults
- Line manager ensures referral is logged by SCD

Employee from: NHS, Independent or Voluntary Sector agency, Durham County Council (excluding Adults, Wellbeing & Health)

- Follow your agency's practice guidelines
- Discuss your concern first with your line manager/supervisor and record in as appropriate for your service
- Manager/supervisor uses Safeguarding Adults Risk Support tool*
- If appropriate, refer to Social Care Direct ☎0845 8 50 50 10

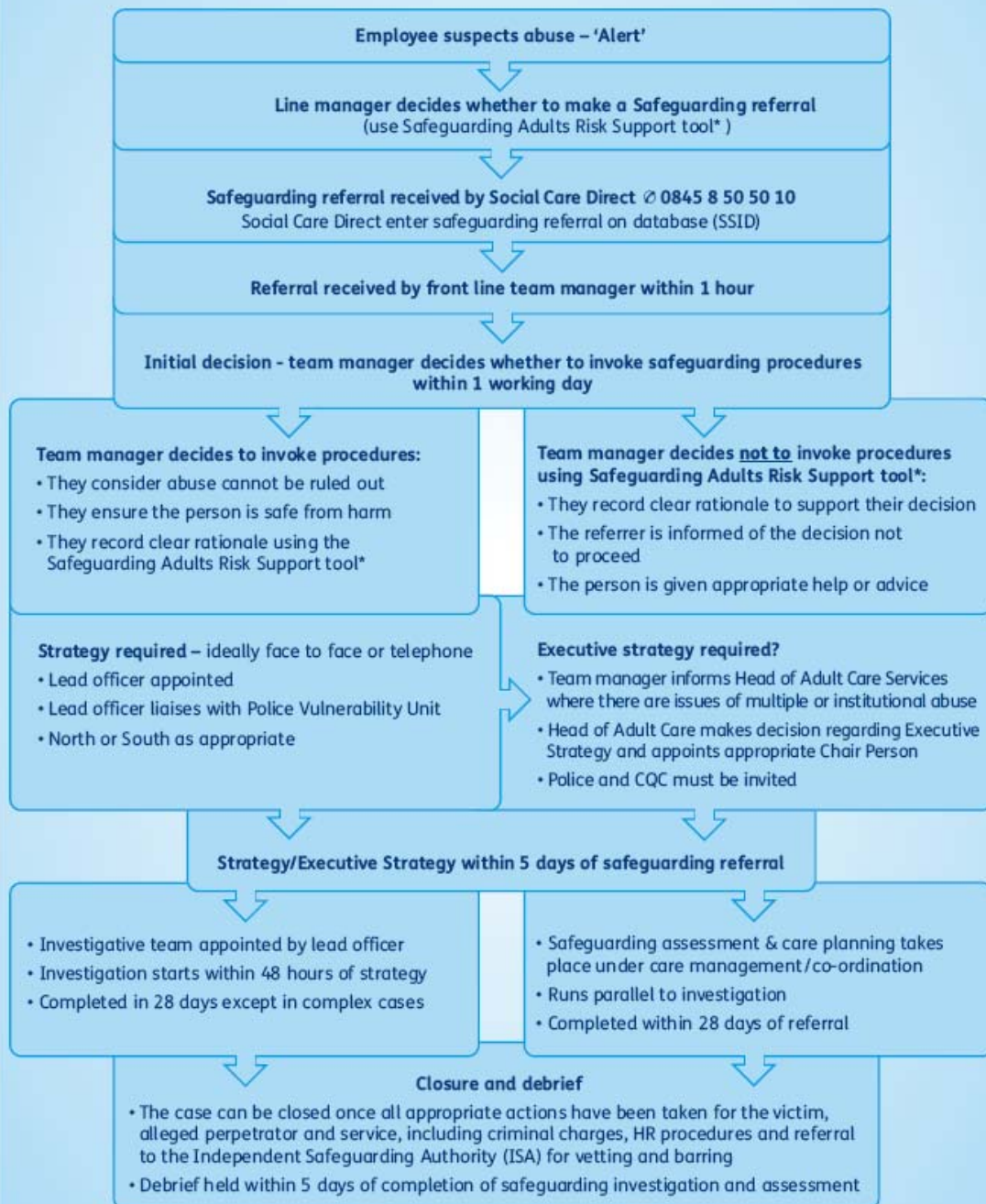
Do

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

Don't

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

Safeguarding alert - what happens next?



* See Inter-Agency Policy & Procedures