

# Your caring role and keeping safe



The government expects local authorities to help people with care and support needs, who may be at risk of abuse or neglect because of those needs, keep safe. But this must not mean preventing them making their own choices and having control over their lives.

People with additional care needs are protected by an important piece of law call the **Care Act 2014**. This protection is sometimes referred to as ‘safeguarding’. Adult safeguarding is defined as *“protecting an adult’s right to live in safety, free from abuse and neglect”*

Carers are specifically mentioned in the Care Act when it comes to safeguarding.

Circumstances in which a carer could be involved in a situation that may require a safeguarding response include:

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

Assessment of both the carer and the adult they care for must include consideration of the wellbeing of both people.

In Barnet, carers can access a **carers needs assessment** via Barnet Carers Centre. A person with additional cared and support needs can request a **care needs assessment** from the local authority they reside in. These assessment are free and are an important opportunity to explore the individuals’ circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring.

### What is abuse and neglect?

There are different types of abuse or neglect. This isn’t an exhaustive list, and often more than one category will overlap. We have listed some examples in each category.

#### **Physical abuse**

Assault, hitting, slapping, pushing, misuse of medication, restraint.

#### **Domestic violence**

Psychological, physical, sexual, financial, emotional abuse, ‘honour’ based violence.

#### **Sexual abuse**

Rape, indecent exposure, sexual harassment, inappropriate looking or touching sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting.

### **Psychological abuse**

Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, unreasonable and unjustified withdrawal of services or supportive networks.

### **Financial or material abuse**

Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.

### **Modern slavery**

Slavery, human trafficking, forced labour and domestic servitude.

### **Discriminatory abuse**

Harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion.

### **Organisational abuse**

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, 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.

### **Neglect and acts of omission**

Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

### **Self-neglect**

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Anyone can perpetrate abuse or neglect. It can happen on one occasion or repeatedly.  
Abuse or neglect is never acceptable, even where it has been unintentional.**



### *I have safeguarding concerns about a professional/organisation, what do I do?*

**Its really important if you have witnessed, or are concerned that abuse or neglect may occur, that you speak up. It can feel scary, but there are processes in place to support you.**

- Try an informal approach first – explain to the provider why you are not happy with the care and what you would like to happen to make it better. Your concerns should be taken seriously, recorded and reported in line with the organisations safeguarding policy. Often the organisation will need to report the concerns to the local authority and/or the Care Quality Commission. The Care Quality Commission are an independent body who monitor regulate and inspect care in England.
- If this does not work, the next step is to make a formal complaint. Your care provider should have an easily accessible complaints procedure.
- If the cared for person is in receipt of a direct payment and you are not happy with your provider's response, then speak with the local authority.

If you are still not satisfied with the response to your complaint, you can ask the Local Government Ombudsman to investigate.

- You could also raise your concerns with the Care Quality Commission directly.

### *I have safeguarding concerns about an informal carer - what do I do?*

If someone is being cared for by a family member, friend or relative, and you have witnessed or are concerned that they may be experiencing neglect or abuse, you should report this to the adult safeguarding team at the local authority the cared for person lives in. You can find details of local authorities by postcode at [www.gov.uk/find-local-council](http://www.gov.uk/find-local-council). If you believe a crime has been committed (such as an assault or theft) you should report this to the police on 101 or 999 in an emergency.

If a carer experiences **intentional or unintentional harm** from the adult they are supporting, **or** if a carer **unintentionally or intentionally harms or neglects** the adult they support, the local authority safeguarding team will need to be notified. This can be reported by carers, the cared for person, any member of the public or professional who has a cause for concern.

**Remember - safeguarding is not about blame or shame - its about keeping everybody safe from harm.**

## *What happens when safeguarding referrals are made to the local authority?*

Local authorities must make enquiries, or ask other organisations to do so. The purpose of the enquiry is to decide whether or not the local authority or another organisation/person, should do something to help and protect the adult. The enquiry could range from a conversation with the individual(s) concerned, to a multiagency meeting with attendance from difference organisations.

What happens as a result of an enquiry should reflect the adult's wishes wherever possible. If they lack capacity it should be in their best interests if they are not able to make the decision, and be proportionate to the level of concern. If the adult has difficulty in being involved, and where there is no one appropriate to support them, then the local authority must arrange for an independent advocate to represent them.

## *If I disclose abuse or neglect, will this be shared?*

Organisations like Barnet Carers have a responsibility as part of the Care Act to record and report safeguarding concerns in line with their organisations safeguarding policies. This will include a safeguarding referral to the local authority being made if we believe an adult is experiencing or at risk of abuse or neglect. Whilst carers needs assessment are confidential, in the case that we are concerned about the safety of any person within the household, we are allowed to share this information with relevant agencies (such as the local authority safeguarding department or local police) without consent. This is rare, and we will always endeavor to be honest and open with you.

There are six key principles that should underpin all safeguarding work:

### **Empowerment**

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

### **Prevention**

It is better to take action before harm occurs.

### **Proportionality**

The least intrusive response appropriate to the risk presented.

### **Protection**

Support and representation for those in greatest need.

### **Partnership**

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

### **Accountability**

Accountability and transparency in safeguarding practice.

## **Examples of safeguarding in practice**

Below are two examples of how safeguarding processes and procedures have been followed and provided a positive outcome. Please note that names have been changed.

*Dorothy lives with her husband, Ben. Ben has a long term brain injury which affects his mood, behaviour and ability to manage close relationships. Ben often led to him shouts and hits out at Dorothy, who is also his carer. Dorothy told a professional who that she was becoming frightened by Bens physical and verbal outbursts and feared for her personal safety. Family members were unaware of the extent of the harm and that Dorothy was exhausted and considering leaving. The professional contacted the local authority safeguarding team.*

*A social care professional met Dorothy to explore her preferences around managing her safety and how information about the situation would be communicated with the wider family and Ben. Dorothy wished to remain in the home with Ben. Dorothy would not be entirely free from the risk of harm, but the professional explored help and support options which would enable Dorothy to manage and sustain her safety. The practitioner offered advice about how to safely access help in an emergency and helped Dorothy to develop strategies to manage her own safety. The practitioner recognised Ben's desire to participate in social activities outside the home. The professional helped to arrange this and the trigger points of Ben being at home with Dorothy for sustained periods during the day was reduced.*

*Peter was a young man with mild learning difficulties. Peter lived with his sister, Jody, who was also his carer. Peters support worker, Rob, had noticed that Peter had begun to appear agitated and anxious, that he looked increasingly unkempt and that he was often without money. Peter then suddenly stopped attending his day centre activities.*

*Peter made a referral to the adult safeguarding team. When Rob arranged to see Peter, along with a social care professional, Peter told them that at times he was not allowed out by Jody and was confined to his bedroom. He was only allowed to use the bathroom when Jody said he could and often didn't get enough to eat. Peter was also very worried because his bank card no longer worked, and he had no money, so couldn't buy food for himself.*

*Peter consented to move to temporary accommodation, and a case conference was held, which he attended with an advocate. At his request a move to a supported living flat was arranged and his belongings were retrieved from Jody's property. Peters bank account had been emptied by Jody, so he has made new arrangements for his money. The police investigated both the financial abuse and the harm Peter suffered at his sisters hands.*

## Useful organisations for advice or support

If you are concerned about an adult in Barnet who may be at risk of abuse, harm or neglect you can contact Social Care Direct

[www.barnet.gov.uk/adult-social-care](http://www.barnet.gov.uk/adult-social-care)

tel: 020 8359 5000

Advocacy services in Barnet

[www.pohwer.net/barnet](http://www.pohwer.net/barnet)

Hourglass

The only charity dedicated to calling time on the harm, abuse and exploitation of older people across the United Kingdom.

[www.wearehourglass.org](http://www.wearehourglass.org)

tel: 0808 808 8141

text: 078 6005 2906

Crimestoppers

Reports crime anonymously

[www.crimestoppers-uk.org](http://www.crimestoppers-uk.org)

tel: 0800 555 111

24-hour national domestic abuse helpline

[www.nationaldahelpline.org.uk](http://www.nationaldahelpline.org.uk)

tel: 0808 2000 247

Care Quality Commission

[www.cqc.org.uk](http://www.cqc.org.uk)

Local Government & Social Care Ombudsman

[www.lgo.org.uk](http://www.lgo.org.uk)



**In an emergency, please ring 999**

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