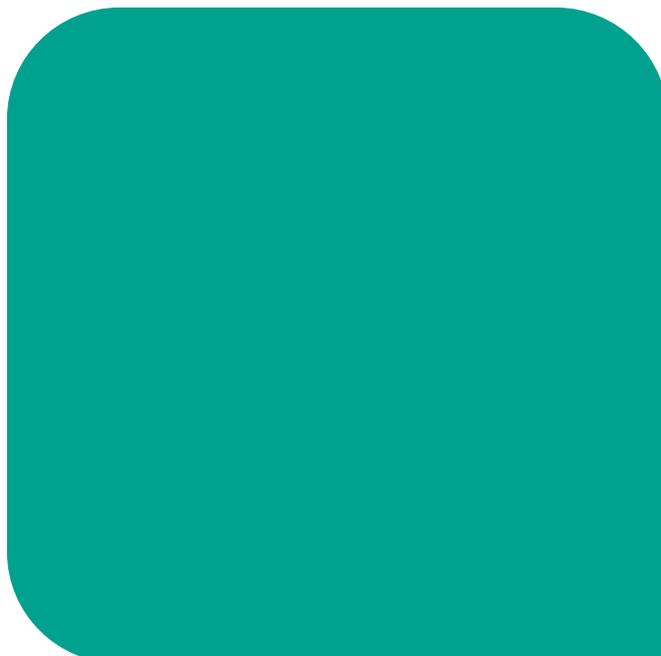


Adult safeguarding for housing staff: Guidance for frontline housing staff and contractors



This guide is for frontline housing staff and contractors, to help them to identify people who may be at risk of abuse and to know how to respond.

The Social Care Institute for Excellence (SCIE) was established by Government in 2001 to improve social care services for adults and children in the United Kingdom.

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This report is available online
www.scie.org.uk

Social Care Institute for Excellence

Second Floor

206 Marylebone Rd

London NW1 6AQ

tel 020 7535 0900

fax 020 7535 0901

www.scie.org.uk

Contents

Acknowledgements

Introduction.....	1
Recommendations	2
Key findings from research.....	3
Key definitions	4
Identifying tenants with care and support needs	7
Identifying signs of abuse of tenants	9
Reporting safeguarding concerns about tenants.....	17
Sharing information, joint working and communication	19
Understanding the Mental Capacity Act	23
Empowering tenants to protect themselves.....	26
Tenants who self-neglect.....	27
Useful information	30
References	31

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- Professionals in housing, social care and the police as well as people living in social housing with care and support needs have also helped to shape this resource.

Introduction

Housing staff have a key safeguarding role to play, alongside their colleagues in social care, health and the police, in keeping people safe. They are well placed to identify people with care and support needs, share information and work in partnership to coordinate responses.

This guide aims to raise awareness about safeguarding in the housing sector, at management and frontline levels, for all housing staff, not just those in sheltered or supported housing. We have produced the guide in three versions – each written for a specific audience. You can use the version that most closely links to your role.

This section of the guide is for frontline housing staff and contractors, to help them to identify people who may be at risk of abuse and to know how to respond. It aims to raise awareness about safeguarding for all staff, not just those in sheltered or supported housing. The guide aims to improve communication and joint working between housing and contracted staff and their safeguarding partners, particularly local authority social services staff with safeguarding responsibilities.

The guide offers case studies and examples of what others are doing in practice. It does not provide information specific to services for homeless people or local authority responsibilities for ensuring the safety of tenants in the private rented sector, but people working in those sectors may find some of the content useful. The content is based on SCIE's knowledge base on safeguarding, including key research and policy.

The forthcoming Care Act

The Care Bill will pass into law in 2015 and will be supported by statutory and practice guidance. It will modernise the law so that people's wellbeing is at the heart of the care and support system.

The modernisation of care legislation will in time change practice, attitudes and terminology. This guide includes terminology currently used by the various sectors involved in safeguarding adults, so that people can find and understand the information they need. Following the implementation of the Care Act, we will update the guide to reflect new and shared language.

Recommendations

Sharing information and joint working between safeguarding partners

Housing and social care should:

- work together to resolve issues where the individual may not be eligible for social care support, refuses support or self-neglects
- ensure links between public protection forums such as safeguarding boards, multi-agency risk assessment conferences (MARACs), multi-agency public protection arrangements (MAPPPAs), health and wellbeing boards and community safety partnerships
- help partner agencies to understand the role of housing staff in safeguarding
- develop a common understanding of language and definitions regarding people with care and support needs and safeguarding
- provide clarity for staff on the law relating to sharing information, confidentiality and data protection
- ensure inclusion of housing staff in strategy meetings and investigations
- agree processes for keeping referrers informed of progress on safeguarding referrals.

Training and raising awareness

Housing agencies should:

- raise awareness of abuse for all frontline staff
- arrange joint training with other safeguarding partners
- ensure housing staff have an adequate understanding of the Mental Capacity Act (MCA)
- work with social care to provide training for people with care and support needs to better enable them to protect themselves
- support perpetrators of anti-social behaviour (ASB) to reduce such behaviour
- work with social care to ensure adequate support for carers.

Key findings from research

- Housing staff are well placed to identify people at risk of abuse.
- Regular and sustained joint working between housing and adult social care is essential to protect people who may be at risk of abuse.
- Serious case reviews have indicated that housing providers could or should have played a more effective role in adult safeguarding.
- Some housing staff have false perceptions about needing the person's consent to make a safeguarding referral.
- Some housing staff report negative attitudes towards them from social care professionals.
- There is no national agreement on the threshold for housing referrals to local authority safeguarding procedures.
- Difficulties are caused by complex networks; housing providers may have to work with numerous local authorities in their area and vice versa.
- Some housing providers have IT systems that are inadequate to store sensitive data and to facilitate 'customer profiling' for effective safeguarding.

Key definitions

The forthcoming Care Act

The Care Bill will pass into law in 2015 and will be supported by statutory and practice guidance. It will modernise the law so that people's wellbeing is at the heart of the care and support system.

Safeguarding is currently governed by No Secrets [3] which is statutory guidance. A Department of Health (2013) [Statement of Government Policy on Adult Safeguarding](#) acts as a bridge between No Secrets and the Care Bill. Changes in the bill that are relevant to safeguarding are set out in a [Department of Health Factsheet](#).

The modernisation of care legislation will in time change practice, attitudes and terminology. This guide includes terminology currently used by the various sectors involved in safeguarding adults, so that people can find and understand the information they need. Following the implementation of the Care Act, we will update the guide to reflect new and shared language.

Vulnerable adult/adult at risk/person with care and support needs

The use of the term 'vulnerable' is not popular as it may suggest that all people with care and support needs are vulnerable and attaches vulnerability to people rather than looking at the risks that face them. To rectify this, SCIE and others have used the term 'adult at risk'. The definition of an adult at risk is not clearly or consistently agreed upon across sectors and terminology in the law is changing, in particular as a result of the Care Bill. Local discussion and agreement is currently essential if frontline staff are to understand the various definitions.

The Care Bill refers to 'people with care and support needs' and we have used this term throughout this resource. All staff that come into contact with people who may be vulnerable to abuse and neglect should understand that safeguarding procedures apply to this group. This is the case even if the person does not reach the eligibility threshold to qualify for care services, or if they are paying for their own care and support. This is clarified in the Care Bill: [22]

Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it, it must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

Until the Care Bill passes into law in 2015 the definition of a vulnerable adult, as defined by the Department of Health in 'No Secrets' is: 'a person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. [3]

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a person with care and support needs is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. [2]

Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect. [4] This may include empowering and enabling people to protect themselves.

Domestic abuse. The cross-government definition [7] of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological abuse
- physical abuse
- sexual abuse
- financial abuse
- emotional abuse.

Housing providers (also known as registered providers, RPs, or registered social landlords, RSLs) are registered with the Homes and Communities Agency. They include local authority landlords and arm's-length management organisations, housing associations and voluntary sector providers such as alms houses. All providers are required to 'set out their policy on taking into account the needs of those households who are vulnerable by reason of age, disability or illness'. [5] Private landlords may provide accommodation for some people with care and support needs. The local authority has inspection powers under the Housing Act 2004 regarding the standard and safety of privately rented accommodation. Guidance refers to consideration of vulnerable age groups, meaning older people and children. [6]

Mate crime is when people are befriended or groomed for exploitation and abuse.

Multi-agency safeguarding policy and procedures are developed by local authorities to set out local arrangements for safeguarding people with care and support needs. Key agencies including the local authority, health, care providers, housing and the police are expected to follow the procedures.

Serious case reviews (to become known as **safeguarding adults reviews** when the Care Bill passes into law in 2015) are performed when there are major concerns about adult protection and/or system failures that have resulted in people not being cared for or safeguarded adequately. They are held in order to determine what went wrong and what lessons may be learned about the way in which staff and agencies work together to safeguard people at risk of harm. [2]

Identifying tenants with care and support needs

Adult safeguarding is the process of protecting adults with care and support needs from abuse or neglect.

What do you need to know?

- How to identify which tenants may have care and support needs.
- How to identify who might be at risk of abuse or neglect.
- People can be abused by anyone: rogue traders, family and friends, paid workers, people in a position of trust and people with anti-social behaviour.
- Older people or people with disabilities are more likely to be abused or neglected.
- People can develop care and support needs at any stage in their lives.

Who might be at risk?

A person who:

- is elderly, with poor health, a physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer, providing unpaid care to a family member or friend
- is unable to demonstrate the capacity to make a decision as defined by the Mental Capacity Act and is in need of care and support.

What causes people to be at risk?

Older people or people with disabilities are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it, for fear of the consequences. They may also be subjected to hate-motivated harassment or domestic abuse. Research shows that disabled women experience more abuse than those who are not disabled. [8]

People may become vulnerable to abuse at any point due to physical or mental ill health, acquired disability, old age or environmental factors, such as poverty and anti-social behaviour. Furthermore, people with care and support needs may have difficulty escaping abuse due to their reliance on the abuser, adapted accommodation or the lack of suitable alternative accommodation and care provision. [9] Many people with care and support needs live in sheltered, supported or extra-care housing but a high, and increasing, proportion of people with care and support needs live in general needs housing. [10]

Case study

Lessons from the North Yorkshire serious case review concerning ‘Robert’

Robert’s situation dramatically demonstrated the problems caused by different definitions of vulnerability. He was a young, long-term rough sleeper. He asked for help with his housing due to ill health. Two weeks later, in January 2012, he died from morphine intoxication. Staff at the voluntary homeless shelter had continually stressed Robert’s level of vulnerability but this did not appear to have been fully understood or acknowledged by the out-of-hours housing service. His care needs were overshadowed by a focus on his eligibility under homelessness legislation. Both housing and social services failed to sufficiently acknowledge the concerns of the homeless shelter and primary health care staff. Duties to assess vulnerable people in need of care and support under both housing and community care legislation were not fully considered. The response by housing and care agencies was very focused on eligibility for service and there was no evidence of a joint approach to meeting Robert’s needs. [11]

As a result of this case the following recommendations have been implemented: [12]

- ensuring that the emergency duty team has an up-to-date knowledge of eligibility criteria, thresholds for assessment, safeguarding procedures and services available for adults
- ensuring that cover over extended holiday periods is sufficiently robust
- strengthening working relationships between the housing authority and local homeless project
- increasing awareness of the needs of street homeless people among health services
- improving call handling with the police and the housing authority
- additional joint training on rough sleeper related issues for housing, health and social care staff.

Resources

Department of Health fact sheet 3: [The Care Bill – Assessments and eligibility](#)

Examples from practice

- **Bournville Village Trust** includes a session on safeguarding in its induction, irrespective of what a person’s role is within the organisation. The Trust has produced a DVD which covers types and indicators of abuse, with case studies that are relevant to different housing association staff.

Identifying signs of abuse of tenants

Signs of abuse can often be difficult to detect. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse. It is vital that people who come into contact with people with care and support needs are able to identify abuse and recognise possible indicators.

How can you spot abuse?

People may be subjected to a number of different types of abuse. The list of possible indicators and examples of behaviour is not exhaustive.

Physical abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Types of physical abuse

- Hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a carer
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Sexual abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Masturbation of either or both persons
- Sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a known individual

Psychological or emotional abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way

Possible indicators of psychological or emotional abuse

- An air of silence when a certain person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims by a paid or unpaid carer to attract unnecessary treatment

Financial or material abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Types of financial or material abuse

- Theft of money or possessions
- Fraud
- Preventing a person from accessing their own money or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs

- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Someone moving into a person's home and living rent free without agreed financial arrangements
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority

Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the adult at risk's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house

Neglect and acts of omission

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Failure to provide care in the way the person wants

- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Failure to allow choice and preventing people from making their own decisions
- Failure to allow use of glasses, hearing aids, dentures, etc.
- Failure to ensure appropriate privacy and dignity

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Discriminatory abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as '[protected characteristics](#)' under the [Equality Act 2010](#))
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic

- Substandard service provision relating to a protected characteristic

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Institutional abuse

Evidence of any one indicator from the following list should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other factors associated with the adult at risk's situation.

Types of institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of institutional abuse

- Lack of flexibility and choice for adults using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care

- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters or unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Resources

[Adult safeguarding and domestic abuse: a guide to support practitioners and managers](#) (Local Government Association, 2013)

[Safeguarding adults at risk of harm: a legal guide for practitioners](#) (SCIE, 2011)

Examples from practice

- In Birmingham the **Eyes and Ears adult safeguarding campaign** urges people to report their concerns if they fear an adult with care and support needs is being abused.
- In Redcar, **Coast and Country Housing** has launched an awareness campaign called '**Something's not right**'.
- **Gentoo** (a group of housing-related companies) has a 'Cause for Concern' initiative. The aim is to identify domestic abuse through customers' repair reporting. If any of the following repairs are reported on two or more occasions over a 12-month period, an alert is raised by staff and forwarded to the victim support team:
 - lock changes (front and back doors)
 - lost keys
 - broken windows/glazing repairs
 - damage to bathroom door/lock
 - internal door damage.

Once an alert has been raised the victim support officer will investigate concerns, checking tenancy breach information and speaking to neighbourhood staff before attempting to contact the tenant to discuss concerns. Victim support staff can visit, taking care not to alert potential perpetrators.

Maintenance staff at Gentoo all carry hand-held devices with a button they can press when they feel something is not quite right. They document what they have seen and press the button which alerts safeguarding staff to investigate further. All trade vans carry stickers reminding them to report relevant information.

Reporting safeguarding concerns about tenants

Reporting concerns is known as 'raising an alert'. When raising an alert you should give as much information about your concern as possible. The local authority must take alerts seriously and consider whether to initiate adult safeguarding procedures. If it decides not to do so, it should advise on alternative courses of action. You should be supported by your manager if you feel that the local authority has failed to respond appropriately.

What do you need to know?

- Your responsibilities under local multi-agency safeguarding procedures.
- How to seek advice (from your manager or safeguarding lead, the police or the local authority safeguarding lead) if you are unsure about whether to raise an alert.
- Your manager should support you if the local authority is unresponsive to your concerns.

What should you do if abuse is suspected?

- In an emergency, if there is actual or immediate risk of abuse, call 999.
- Preserve any evidence.
- Report all your concerns to a manager.
- If abuse of a person with care and support needs is suspected, report it to the local authority adult social services.
- Contact the local authority children's services if a child is, or may also be, at risk.
- If there is doubt about whether a situation amounts to abuse, ask the advice of the local authority safeguarding lead.

What should you do if a tenant discloses abuse?

- Assure the person that the matter will be taken seriously.
- Listen and be non-judgemental.
- Explain the process for reporting the allegation.
- Don't promise confidentiality – explain how and why the information might need to be shared.
- Don't question the person, other than for clarification – formal enquiries and investigation will allow the person to give a full account of their concerns.
- Don't approach the alleged abuser.
- Report the allegation to your manager in line with organisational and local multi-agency procedures.

- Make a record of what the person disclosed and what action has been taken as a result.

Resources

[Action on Elder Abuse](#)
[Women's Aid](#)

Sharing information, joint working and communication

- It is important to share some information to keep people safe.
- Your duty of confidentiality does not stop you from sharing important information to keep people safe.
- The Data Protection Act does not stop you from sharing important information to keep people safe.
- Your organisation must have a whistleblowing policy.

Confidentiality

Why is understanding confidentiality important?

Confidentiality is an important principle that enables people who may be at risk of abuse to feel safe in sharing their concerns. However, sharing information with the right people at the right time is vital to good safeguarding practice. Any member of staff can contact either the police or the local safeguarding lead for advice, without necessarily giving an individual's personal details, if they are unsure whether a safeguarding referral would be appropriate.

What are your responsibilities?

- Don't give assurances about absolute confidentiality.
- Try to gain consent to share information as necessary.
- Consider the person's **mental capacity** to consent and seek assistance if you are uncertain.
- Make sure that others are not put at risk by information being kept confidential – is there a wider public interest, could your action prevent a crime?
- Don't put management or organisational interests before safety.
- Share information on a 'need to know' basis.
- Record decision-making about information that is shared.

A person's choice should be respected unless one or more of the following applies: [10]

- very high risk to the individual
- coercion is involved
- other people are at risk
- the alleged abuser has care and support needs and may also be at risk
- the victim lacks the mental capacity to make a decision about their safety
- a serious crime has been committed
- staff are implicated in the crime.

Data protection

The basic principles

Any personal information should be shared on the basis that it is:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- accurate and up to date
- shared securely and in a timely fashion
- not kept for longer than necessary for the original purpose.

Vital interest

'Vital interest' is a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations. If the only person that would suffer if the information is not shared is the subject of that information, and they have mental capacity to make a decision about it, then sharing it may not be justified.

The Crime and Disorder Act 1998

Any person, including employees of registered social landlords (RSLs), may disclose information to a relevant authority under Section 115 of the Crime and Disorder Act 1998, 'where disclosure is necessary or expedient for the purposes of the Act (reduction and prevention of crime and disorder)'. [13]

The Caldicott principles

The sharing of information in health and social care is guided by a set of principles. [14] These 'Caldicott' principles are also of help to housing organisations.

- Justify the purpose(s).
- Don't use personal confidential data unless it is absolutely necessary.
- Use the minimum personal confidential data necessary for purpose.
- Access to personal confidential data should be on a strict need-to-know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities.
- Comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality.

Human rights

Individuals have a right to respect for their private life under Article 8 of the European Convention on Human Rights. This is not an absolute right and can be overridden if necessary and in accordance with the law. This means that any interference must be justified and for a particular purpose: 'for example, protection of a person's health, prevention of crime, protection of the rights and freedoms of others'. [13]

Case study

The case of **Holly Wells** and **Jessica Chapman**, who were murdered by their school caretaker, **Ian Huntley**, demonstrated that misunderstandings about the Data Protection Act can lead to tragic consequences. In this case, information was not shared for fear that the law might be broken. The [Bichard Inquiry report](#) found a lack of effective review of intelligence information by the police, and flawed sharing information between police and social services.

Case study

The serious case review concerning **Steven Hoskin** stated: 'support officers were not seen as professional by social care colleagues ... a support officer made a referral to adult social care and was asked to leave the resultant meeting, even though she was an alerter and had a lot of understanding of the situation ... housing is outside the loop at present'. [15]

Case study

A common theme of two Surrey serious case reviews was concern about the lack of information shared with housing providers prior to the placement of people with care and support needs. In one 'there was a lack of history relating to [them] that meant that the risks inherent in placing them together in a supported housing setting were not fully appreciated'. [16] In the other, 'there was considerable concern amongst members of the SCR panel that an individual could potentially have a serious mental health and forensic history and pose a threat to the community, but that housing might know little or nothing about this'. [17]

Case study

The serious case review of a 58-year-old man with mental and physical health problems, living in a housing association bungalow, stated that 'there was an absence of processes through which housing providers could be involved in discussions and monitoring of the situation'. [18]

Resources

[The principles of the Data Protection Act](#) (Information Commissioner's Office).

[Data sharing code of practice](#) (Information Commissioner's Office).

[SCIE Report 50: Safeguarding adults at risk of harm: A legal guide for practitioners](#) (SCIE 2011) Chapter 5, Information sharing and disclosure.

[Social Care TV: Safeguarding adults: lessons from the murder of Steven Hoskin \(SCIE\)](#).

[Information sharing for community safety: guidance and practice advice \(Home Office\)](#).

[Public Concern at Work](#) – whistleblowing charity that can provide independent and confidential advice to workers who are unsure whether or how to raise a public interest concern.

Understanding the Mental Capacity Act

What do you need to know?

- You have a duty to comply with the Mental Capacity Act.
- The Mental Capacity Act will apply if there is any doubt that the person has the mental capacity to make decisions about sharing information or about their own safety.
- If you are unsure about an individual's mental capacity you should seek support from colleagues in social care.
- In most cases you should be able to assess whether a person has the mental capacity to make a specific decision – see the **two-stage functional test of capacity**.

The two-stage functional test of capacity

The Mental capacity Act 'Code of practice' states that: 'The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made'. [19]

In order to decide whether an individual has the capacity to make a particular decision, you must answer two questions:

Stage 1: is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,

Stage 2: is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The Act states that a person is unable to make their own decision if they cannot do one or more of the following four things:

- understand information given to them
- retain that information long enough to be able to make a decision
- weigh up the information available to make the decision
- communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Every effort should be made to find ways of communicating with someone before deciding they lack capacity to make a decision, based solely on their inability to communicate. You will also need to involve family, friends, carers or other professionals.

The assessment must be made on the **balance of probabilities** – is it more likely than not that the person lacks capacity? You must be able to show in your records why you have come to your conclusion that capacity is lacking for the particular decision.

The key principles of the Act

You should understand the basic principles of the Mental Capacity Act when making decisions about sharing personal information for safeguarding purposes. There are five key principles.

- **Principle 1: a presumption of capacity.** Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
- **Principle 2: individuals being supported to make their own decisions.** A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves ('gentle persistence'). If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.
- **Principle 3: unwise decisions.** People have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
- **Principle 4: best interests.** Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- **Principle 5: less restrictive option.** Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

Unwise decisions

- If a person making an unwise decision lacks capacity, then a decision needs to be made in the person's best interests in compliance with the Mental Capacity Act.
- A person with capacity is entitled to make unwise decisions relating to abuse.
- If an unwise decision appears to be related to exploitation, coercion, grooming, undue influence or duress, you should seek support from colleagues in social care and the police.
- You should work with social care staff to ensure that individuals are given the opportunity to disclose undue influence and seek appropriate support.

- You should share safeguarding information if a person with capacity is making an unwise decision that puts others at risk.

Resources

[SCIE MCA resources](#)

[The Mental Capacity Act Code of practice](#)

[Housing LIN: The Mental Capacity Act and supported housing](#)

Empowering tenants to protect themselves

How can you help?

- Raise awareness about abuse so that people understand the risks and how to protect themselves.
- If people don't recognise that they are being abused, try to get further support for them from social care colleagues.
- Ensure people have all the information they need to make their own decisions about their safety.
- Ensure people have access to advice and advocacy to support decision-making.
- Involve neighbours, family and friends (where appropriate) to help safeguard individuals by 'keeping an eye' on them and reporting concerns.

Resources

[Social Care TV: Safeguarding adults: Action against burglary \(SCIE\)](#). This film on distraction burglary for care workers may also be useful for housing staff

SCIE resources on [Mediation or family group conferencing](#) for adult safeguarding

[Protecting yourself: ways to look after yourself and stay in control of your money](#) (Age UK)

Examples from practice

- **Hull City Council** has a dedicated fire services staff member in the multi-agency safeguarding hub. The aim is to raise awareness and reduce the number of fire deaths. There have been a number of deaths of people with care and support needs who are often over 65, smokers, with poor mobility and a cognitive impairment. Training to spot the risk factors associated with fire death is provided to staff across housing, health and social care, and includes private landlords. These staff can refer to the fire service for a free fire safety check. Such checks result in preventative measures such as fire-resistant bedding and blankets, and domestic sprinkler systems for those people who have a very high risk from fire death. This allows them to live in their homes with their lifestyle of choice, but with a reduced risk. The sprinklers are funded jointly by housing, fire, health, social care and local businesses.

Tenants who self-neglect

What can you do?

- Be able to identify individuals that self-neglect.
- Make sure the person has the [mental capacity](#) to make decisions about their safety.
- Understand that each individual case will need a personalised approach.
- Work with social care colleagues to agree the best approach to minimising risk to the person and others.
- Record interventions and decisions.

The [SCIE report on self-neglect and adult safeguarding](#) found that there is no conclusive evidence on what works best in supporting people who self-neglect. [20] Each case is individual but there are some approaches that may help to support people who neglect themselves or their environment:

- early intervention to prevent behaviour becoming entrenched
- a multi-agency approach
- use of effective screening tools that assist clinicians in identifying capabilities and risks
- sensitive and comprehensive assessment, including consideration of mental capacity
- relationship-based working – ‘sensitivity and gentle persistence’
- support with routine daily living tasks.

Case study

Ann

At 16 years old, Ann was made homeless due to a breakdown in her relationship with her mother. She had depression and anxiety, low self-esteem, low mood, poor sleeping pattern, poor health and low energy. Her battle with depression and anxiety stemmed from a history of sexual and physical abuse, as well as being victim to the effects of gang culture, which included bullying and harassment.

Ann lived in various hostels, and as a result of her poor state of mental wellbeing she began to self-neglect. She stayed in bed and stopped eating or washing regularly, her personal hygiene and health declined, and she was at risk of anorexia. She no longer took pride in her appearance or home environment.

Ann was supported by the Single Homeless Project. The effective support that was offered comprised a three-pronged action plan: self-esteem, daily living tasks and aspirations. The root of Ann’s depressed state was a severe lack of self-esteem. [Exercises for depression](#) and discussions helped to improve her self-esteem over time.

Due to her depressed state, Ann had very poor motivation and required support to return her to a normal routine. She had a support worker to monitor her and sometimes assist with living tasks, going with her to the laundry room, prompting her throughout the week with reminders and setting goals, and also reinforcing the importance of these tasks through discussions in 'keyword' sessions. Ann felt she needed something larger to work towards, so her support worker helped her to research jobs and courses related to her interests. A 'moodboard' with goals, advice and positive messages of encouragement helped Ann to move forward with her aspirations. Timeframes were set for all the tasks, and were broken down and monitored by the support worker, who regularly reviewed Ann's progress and sometimes amended the goals to match with Ann's needs and circumstances.

Ann found that working on her self-esteem was hard and was a matter of trial and error. Making use of counselling services helped. As a result of this support Ann improved and is now not self-neglecting.

Case study

Harry

Harry was an elderly man with mobility and mental health problems living in a general needs flat, where he died in a fire.

Harry was prone to self-neglect and hoarding. He had a supportive family but frequently refused help. A routine fire brigade safety check revealed Harry's lifestyle as a fire risk. A referral to adult social services resulted in Harry being contacted by phone. Harry declined support and the fire brigade was informed that there was 'nothing further social services could do' because Harry 'appeared to have capacity'. The fire brigade was advised to contact Harry's landlord.

The fire brigade and housing provider worked closely together. Over a period of time, housing officers were able to build a relationship of trust with Harry, his family and neighbours, and encourage him to accept help and comply with requests for clearing his property without the need to take legal action. The housing provider committed to ongoing reviews and support.

Twelve months later, during a housing review, it was identified that Harry had begun hoarding again and his health was deteriorating. A neighbour then reported he was lighting fires inside his flat. While he was refusing help and treatment he was in contact with a number of different agencies.

The risks identified were not always translated into risk assessments to be shared to develop a multi-agency approach. The opportunity to utilise knowledge about Harry's situation and the positive relationship developed with the housing provider was missed.

Resources

[SCIE report on self-neglect and adult safeguarding](#)

Examples from practice

- **Bournville Village Trust** is developing relationships with its local mental health trust at a senior and local level to improve responses to local citizens, both tenants and freeholders, who are self-neglecting and are potentially in need of safeguarding. The aim of this exercise is to be able to talk through individual cases where a housing officer is concerned, to see what proactive intervention or support might be available for the individual.
- **Hull City Council** provides safeguarding training to housing providers. This covers the Mental Capacity Act, the person's ability to take on and retain a tenancy, positive risk-taking, some of the challenges related to risky lifestyles and hoarding, and lessons learned from serious case reviews.
- **Thurrock Council** has commissioned specialist training on hoarding and the Mental Capacity Act from a housing perspective.
- **Circle Housing**, Merton Priory, held an event on hoarding with local partners. Speakers included support groups and a leading academic in the field. The aim was to build a shared understanding of hoarding between all agencies and recognition of hoarding disorder, including balancing the related safeguarding, fire and tenancy risks. Agencies would work together more closely to find solutions to support residents to sustain their tenancies. This work provided a platform to develop a more detailed multi-agency hoarding protocol, including a toolkit for practitioners. Complex hoarding cases will now automatically trigger a safeguarding alert.

Useful information

Key safeguarding principles

The government has identified **six guiding principles** which serve as a firm foundation for safeguarding people with care and support needs.

- **Empowerment:** presumption of person-led decisions and informed consent.
- **Protection:** support and representation for those in greatest need.
- **Prevention:** it is better to take action before harm occurs.
- **Proportionality:** proportionate and least intrusive response appropriate to the risk presented.
- **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 delivering safeguarding. [1]

Useful safeguarding organisations

[Action on Elder Abuse](#): campaigning to safeguard older people. Helpline 08088 808141

[Action Fraud](#): report fraud and internet crime. 03001 2302040

[Care Quality Commission](#): regulation of care providers. 03000 616161

[Ann Craft Trust](#): safeguarding vulnerable adults and disabled children

[Independent Age](#): advice and support for older people. Advice line 0800 3196789

[Women's Aid](#): working to end domestic violence against women and children. Helpline 0808 2000 247

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Adult safeguarding for housing staff: Guidance for frontline housing staff and contractors

This guide aims to raise awareness about safeguarding in the housing sector, at management and frontline levels, for all housing staff, not just those in sheltered or supported housing. We have produced the guide in three versions – each written for a specific audience. You can use the version that most closely links to your role.

This section of the guide is for frontline housing staff and contractors, to help them to identify people who may be at risk of abuse and to know how to respond. It aims to raise awareness about safeguarding for all staff, not just those in sheltered or supported housing. The guide aims to improve communication and joint working between housing and contracted staff and their safeguarding partners, particularly local authority social services staff with safeguarding responsibilities.

Social Care Institute for Excellence

Second Floor
206 Marylebone Rd
London NW1 6AQ
tel 020 7535 0900
fax 020 7535 0901
www.scie.org.uk