

## **Handout from the Safeguarding Adults Webinar**

**17<sup>th</sup> November 2020**

### **Covid 19 and its impact on Safeguarding Adults activity**

#### **Introduction**

We do not need any reminders about the enormity of the challenges facing our country and the wider world at this time as result of Covid-19. You will all have your own experience of how this has impacted on your own lives, your families, church communities and your local area. You may have already been involved in some sort of community activity designed to support the most vulnerable.

This webinar has been designed to provide information about the dramatic rise in the number of Adult Safeguarding referrals to local authorities since March, underlining the importance of recognising, responding and referring and providing a reminder of some of the signs to look out for in church and community life.

The 16<sup>th</sup>-22<sup>nd</sup> of November was National Safeguarding Adults week so it is very timely to hold this event that aims to build on the knowledge already acquired through attending Methodist Church Foundation and Advanced level safeguarding courses

We have chosen to concentrate on three types of abuse; financial, self-neglect and domestic abuse. These have been selected because national and local statistics show that these are the types of abuse that have seen a significant growth this year in the number of reported concerns and are those that have become most closely associated with lockdown conditions.

It is also important to recognise the significant mental health concerns that have also emerged in the same period and these may well have contributed to the increased numbers of safeguarding referrals in the spring and summer.

There is some evidence that reporting of concerns peaked in July/August and actually began to fall when there was some limited opening up, but with the second lockdown now in its third week we might well see the figures creeping up again. Therefore, it's vital to remain alert and look for opportunities to make sure as best as we are able that those about whom we are concerned are properly supported.

The following statistics show the national and local impact of Covid-19 on our communities in respect of adult safeguarding. Whilst it is not possible to state that every new case has a direct personal relationship to the virus, the prevailing view is that the circumstances of lockdown have been a major contributory factor.

**At a national level:**

- 2.2 million clinically extremely vulnerable (CEV) people were advised to shield in the first UK-wide lockdown
- An estimated 785,000 (35%) of CEV people reported worsening mental health since receiving shielding guidance
- A report on domestic abuse to MPs found that 14 women and 2 children were killed in the first 3 weeks of the lockdown in March (highest level in 11 years). 49% rise in calls to abuse helplines
- 400% increase in fraud reporting in March relating to the COVID-19 crisis as local authorities had to prioritise services

**Monthly referrals to one London Borough from March to July 2020**

<b>Financial abuse</b>	<b>Domestic abuse</b>	<b>Self-neglect</b>
March 7 referrals	March 3 referrals	March 5 referrals
July 16 referrals	July 18 referrals	July 17 referrals
<b>Overall referrals</b>	March 16 referrals	July 54 referrals

Referrals of abuse in a victim's own home increased from 44% to 74% in the same period

These presentations are based on the model of '7 minute' learning which is a training methodology developed by the FBI. They have determined that reading a piece of information for 7 minutes is the optimal period of time for absorbing that information effectively. Many Safeguarding Adults Boards now publish these guides either for local authority and health service staff or the voluntary, including faith, sector on a wide range of subjects. Therefore each of these information sheets is arranged on the basis of there being 7 key messages which should take readers 7 minutes to read. We hope that you will find this approach helpful, as we plan to publish more such guides on other topics in the future.

## **Financial Abuse**

### **1. Current context**

During the current COVID-19 pandemic a number of new scams have been circulating. Many of these began during the first, national lockdown and include

- scams about free school meals,
- government emails promising payments to people to support them,
- government fines for people breaching social distancing rules, and
- bogus callers apparently selling anything from hand sanitizer, gloves and masks, to cleaning products.

There have also been reports of callers who claimed that they had been sent from a charity to help someone who is shielding, by taking money for shopping and the not returning. There have even been online shopping scams tricking people into paying for COVID-19 testing kits which never arrived.

Financial abuse is never acceptable, no matter how minor it may seem; it can happen to people anywhere and at any time, and affects people from all types of backgrounds. It can happen in a person's home, care home, day centre, hospital or in a public place. Financial abuse is a crime.

### **2. How is financial abuse defined?**

The Care Act (2014) notes that: "Abuse" includes financial abuse; and for that purpose "financial abuse" includes

- (a) having money or other property stolen
- (b) being defrauded
- (c) being put under pressure in relation to money or other property, and
- (d) having money or other property misused.

The Care Act guidance also contains the following definition of financial abuse

'Financial or material abuse – including 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, or the misuse or misappropriation of property, possessions or benefits.'

Some of these elements, especially coercion and the misappropriation of someone's property or possessions could also occur in situations of domestic abuse.

### **3. Who may be affected?**

The Methodist Church defines adults who may be vulnerable as

‘Any adult aged 18 or over who, due to disability, mental function, age or illness or traumatic circumstances, may not be able to take care of, or protect themselves against the risk of significant harm, abuse, bullying, harassment, mistreatment or exploitation.’

Although everyone is vulnerable in some way and at certain times, some people by reason of their physical or social circumstances may have higher levels of vulnerability than others.

It is important to remember that:

- anyone can be vulnerable at different stages of life
- vulnerability is often not a permanent state and that
- a person with apparently visible vulnerabilities may not perceive themselves as such

It would not be exaggerating to consider that some of those who have underlying health issues, who have had many months of shielding could be extremely vulnerable at the present time.

### **4. What you may notice?**

Financial (or material abuse) may take the form of fraud, theft or using the vulnerable adult's property without their permission. This could involve large sums of money or just small amounts from a pension or allowance each week.

What are the signs of financial abuse? It is important not to jump to the wrong conclusions too quickly, however the following are some of the possible indicators of financial abuse. You may become aware that:

1. The vulnerable person is suddenly worried about unpaid bills, or has an unexplained shortage of money
2. They may complain that they lack belongings that they can clearly afford
3. They may be reluctant to accept care services, saying they can't afford them
4. They may complain about personal items going missing
5. Or you may hear of unreasonable or inappropriate gifts being made to carers

There could also be a reluctance on the part of the person who has responsibility for the vulnerable person's funds to provide basic food and clothes etc. or there may be an unusual interest from a family member, friend, carer or even salesperson in the financial affairs of the vulnerable adult.

## **5. Other signs of financial abuse**

Other indicators of financial abuse which may be more difficult for church members to observe could include:

- signatures on cheques etc. that don't resemble the vulnerable person's signature, or cheques which were signed when the person is unable to write
- sudden changes in bank accounts, including unexplained withdrawals of large sums of money by a person accompanying the vulnerable person
- the inclusion of additional names on the vulnerable person's bank account
- A Power of Attorney which was obtained when the person is unable to understand what they are signing
- abrupt changes to, or the sudden establishment of, wills and
- the sudden appearance of previously uninvolved relatives claiming their rights to the vulnerable individual's affairs

## **6. Impact on the individual**

The impact of financial abuse must not be underestimated and can be as significant as any other type of abuse. Even small financial or material losses have the potential to have a significant impact on the vulnerable person and can leave them unsettled and without the confidence to live independently. It can cause someone who previously did not have any care or support needs, to deteriorate to a level where they need intervention from statutory agencies with support and services from Adult Social Care.

## **7. What can we do about it?**

If you see or hear something that concerns you, or if you are a safeguarding officer and someone shares their suspicions with you, it is important that you know what to do.

Firstly, you need to share those concerns with safeguarding colleagues, either the Circuit Safeguarding Officer, District Safeguarding Officer or both. Remember the boundaries of confidentiality, whilst making sure that those who need to know, including the local minister, are made aware of the issues as soon as possible.

Sometimes however, a situation is urgent but it is not possible to contact anyone at church, for instance if something happens late on a Friday afternoon, so you may have to take immediate action by contacting your local adults social services out of hours team or even the police. If this situation occurs, it is helpful to have quick access to local Adult social services – both in office hours and out of hours. So, spend a few minutes checking out your local contact details. Some District and Circuit Safeguarding Officers provide up to date details of local authority contacts, so consult the Circuit and District websites.

## **Domestic Abuse**

### **1. Current Context**

Whilst other types of abuse have escalated during this time, domestic abuse has been a prominent example. Some living with an abusive partner or family member have seen an escalation in abuse due to the added tensions and frustration caused by the whole family having to stay indoors. The tensions can be further increased where families are living in cramped, temporary accommodation. The abuser may experience additional anxiety about, for example, supplies of food, alcohol, medication and illicit drugs. There may be concerns about finance or being laid off from work. The consequences of this could be escalated abuse of those around them. People who are experiencing abuse may be less likely to ask for help as they know that emergency services are stretched. Fewer visitors to the household may mean that evidence of physical abuse goes unnoticed. **Source: SCIE July 2020**

### **2. What is domestic abuse?**

It's not just about violence and includes a range of other coercive and controlling behaviours, including: -sexual, economical, verbal, religious, emotional and psychological abuse; stalking and harassment; honour-based violence and forced marriage. It can happen between those who have been intimate partners or between family members. Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim. Domestic abuse and coercive behaviour happens irrespective of gender or sexuality.

### **3. Who is affected?**

Research suggests that 1 in 4 women and 1 in 6 men will experience domestic abuse at some point in their lives. This means that during the course of your church work you will encounter people who have been or are experiencing domestic abuse. Remember, people you worship with, friends and acquaintances, are not immune from Domestic Abuse either - any one of them may be experiencing domestic abuse of one form or another. Children in households where there is domestic abuse may carry the psychological scars for decades and where the behaviour is normalised, there may be a greater likelihood of them becoming perpetrators or victims in their teenage/adult life.

### **4. What to look out for?**

People affected by domestic abuse may exhibit one or more of the following signs:

- low self-confidence and esteem
- always checking in with their partner
- change in socialising and other behaviours, becoming withdrawn and uncommunicative
- unexplained injuries

- financial worries, debts and arrears, unusually asking to borrow money
- changes in how they present themselves (clothes, hair, make up etc.)

If you visit a home, look out for damage and evidence of repairs – find out if the Police have asked for a lock change? Can you see any damage to internal walls and doors? (especially bathroom/toilet doors).

## **5. Why is it important?**

Nationally, on average 2 women a week and 30 men a year are killed by a current or former intimate partner. 30 women a day attempt suicide and 3 a week are successful in their attempt. Hundreds more commit suicide after attending hospital for treatment for domestic abuse related injuries. Domestic abuse is a crime and we all have a duty to act.

## **6. What's my role?**

If you have a leadership or safeguarding role in the life of your church, you may already be aware of a domestic abuse situation. Make sure you are familiar with the Church's Domestic Abuse and Safeguarding Policies and follow the reporting procedures that have been instituted. If your concerns relate to someone you work with closely in church life – speak to your minister. Take the time to familiarise yourself with the Methodist Church Safeguarding website and the Domestic Abuse that provides a list of useful resources

## **7. Checking things out and safe inquiry**

Take protective measures to ensure that any discussions with potential victims of abuse are conducted in a safe and confidential environment without interruptions. Ask direct questions about abuse, but only when the victim is on their own and in a private place: don't assume someone else will ask at another time. If interpreters are needed always use professional interpreters, never use family members, children or friends where abuse is known or suspected. Keep good records.

If you make a referral to your local Domestic Abuse Service they may ask you for more information. Its best to discuss a possible referral with your DSO first unless it is an emergency. Details will be shared with the Police and other agencies who will decide on how best to respond. The fact that you made the referral will not be shared with any of the parties involved.

## **Self-Neglect**

### **1. Current Context**

The Covid-19 pandemic has created new levels of isolation and loneliness for people, increasing the risk of self-neglect. Richard Jones CBE the Independent Chair of Leeds Safeguarding Adult Board noted in April 2020,

‘While the pandemic has shown how we can all pull together and support our communities, sadly it also means that abuse and neglect can be harder to spot.’

Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. This is a difficult area to identify and support because everyone has the right, under the Human Rights Act, to a private life and self-determination.

If someone chooses to live in a particular way, there are limited occasions when anyone else has a legal right to intervene. It can be challenging to find a balance between respecting someone’s autonomy whilst at the same time fulfilling a responsibility to protect the individual’s health and well-being.

What is self-neglect? Self-neglect covers a wide range of behaviour relating to care for one’s personal hygiene, health or surroundings. There are three recognised forms of self-neglect; these include:

- Lack of self-care to an extent that it threatens personal health and safety - this may include neglecting personal hygiene, nutrition and hydration
- Lack of care for one’s environment - this may result in unpleasant or dirty home conditions and an increased risk of fire due to hoarding. It may also include someone’s inability or unwillingness to manage their personal affairs
- Failure to seek help or access services to meet health and social care needs (for example - non-attendance at medical appointments)

Self-neglect may happen because a person is unable or unwilling to care for themselves and/or for their home. They may or may not have mental capacity to take decisions about their care. You may have to think about how the vulnerable person’s mental, physical, social and/or emotional state that may affect their situation.

### **2. What to look for**

Adults who self-neglect are more likely to live alone, be an older person, experience mental ill-health, have alcohol or drug problems and have a history of poor personal hygiene or living conditions.



Indicators of self-neglect include:

- not having enough food, or the food there is, is rotten
- the home may be filthy, smelly, hazardous or unsafe
- the home may need major repairs and/or maintenance
- there is the presence of human or animal faeces
- there may be a large accumulation of possessions and possibly a large number of pets; these could appear to be neglected

### **3. Other signs of self-neglect**

Other signs that a vulnerable adult is self-neglecting may be that they have dirty hair, nails and skin. People may develop skin rashes or pressure ulcers and could show increased confusion, disorientation or dementia. Some people who are neglecting themselves may be isolated; they may have a poor diet and/or hydration leading to a general deteriorating in their health.

### **4. Hoarding**

Hoarding is distinct to the act of collecting things and is quite different from people whose property is generally cluttered or messy.

There are three forms of hoarding:

- hoarding inanimate objects – this is the most common sort of hoarding. Someone may amass just one type of object or they may collect a mixture of objects
- animal hoarding - where someone obsessively collects lots of animals, often without the ability to provide even the minimum standard of care
- data hoarding, which is a fairly new phenomenon. This could present as the storage of data-collection equipment or a need to store huge numbers of emails and other information in electronic format (*For more details see comments at the end*)



## **5. Mental Capacity**

Mental capacity is someone's ability to use and understand information to make a decision, and communicate any decision made.

A person lacks capacity if their mind is impaired or disturbed in some way, which means they're unable to make a decision at that a particular time.

Someone who lacks capacity, due to an illness or disability such as a mental health problem, dementia or a learning disability, cannot do one or more of the following four things:

- They may not understand information given to them about a particular decision
- They may not retain that information long enough to be able to make the decision
- They may be unable to weigh up information given to them to make that decision
- And /or they may not be able to communicate their decision.

One of the first issues when considering a situation where someone may be self-neglecting should be whether the person has the mental capacity to understand the risks associated with their actions or lack of actions.

Any proposed intervention must be with the person's consent, where they have mental capacity, unless there is a risk to others (such as a fire risk due to hoarding, or public health concerns) or they themselves are in imminent danger. It must be remembered that someone who has capacity has the right to follow a course of action that we may consider to be unwise, eccentric or not in their best interests.

If the person doesn't understand the implications of their behaviour, even after support has been given, then their capacity to understand should be considered. Making a formal assessment of mental capacity is a job for professionals, but is helpful concept to consider capacity as this can assist with decisions about immediate risks and onward referrals to social care.

It is helpful to remember that the Mental Capacity Act is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care, treatment or financial affairs.

It is important to remember that capacity is both time and decision specific and that a person can have mental capacity to make some decisions but not others. The act applies to people aged 16 and over.

## **6. How to help someone who is self-neglecting**

Self-neglect is included in statutory guidance on safeguarding, but this does not mean that everyone who self-neglects needs to be safeguarded.

Safeguarding applies to those adults who are considered to be vulnerable, (as outlined in the section on Financial Abuse) but many people who self-neglect would not be considered to be vulnerable. This may create an additional dilemma, as these people, perhaps members of our congregations, do not come into the remit of adult social care.

The most important thing is to try to engage with the individual, to offer all the support that could be provided without causing distress, and to understand the limitations to the input if the person does not wish to engage with any of the support offered.

It is helpful to start with the assumption that the individual is best placed to judge their well-being.

Involve the vulnerable person as much as possible, paying close attention to their views, wishes and feelings. Research has shown that those who self-neglect may be deeply upset and even traumatised by interventions such as a 'blitz' or 'deep cleaning'.

Liaise with family members, professionals and other organisations to support the vulnerable person. It is possible that the first we, as members of the church, know about the situation is when a social worker contacts us to collaborate in their response.

Responding to self-neglect depends upon the level of risk or harm posed to the person and/or others, and whether the person is able to protect themselves and determine their own actions. Where possible, prevent or delay the need for intervention, care & support by discussing and agreeing alternative solutions.

It is important to note that the Social Care Institute for Excellence (SCIE) have noted that it is rare that a total transformation will take place and that positive change should be seen as a long-term, incremental process.

## **7. What to do next**

It is helpful to know how to recognise self-neglect and hoarding and have some understanding of the importance of the concept of mental capacity.

If you have concerns, you need to share them with safeguarding colleagues, either the Circuit Safeguarding Officer, District Safeguarding Officer or both. Bear in mind the boundaries of confidentiality, making sure that those who need to know, including the local minister, are made aware of the issues as soon as possible.

One of the questions posted in the 'Chat' function of the webinar was...

Please could we have more info on data hoarding??

**Digital hoarding** (also known as e-hoarding, data hoarding or cyber hoarding) is excessive acquisition and reluctance to delete electronic material no longer valuable to the user. The behaviour includes the mass storage of digital artefacts and the retention of unnecessary or irrelevant electronic data.



Digital clutter can be mentally draining, requiring time and attention. For example, hoarded emails can make an inbox seem overwhelming. The user wastes time sifting through excess emails, which can result in lowered productivity.

Digital hoarding can create an unhealthy attachment to digital content and foster a sort of "media addiction. It is often good for one's mental health to let go of useless clutter, and decluttering digital devices can help with decluttering the mind.