Factsheet 13: Recognising signs of abuse

Key considerations for reviewers

- Were there any significant changes in behaviour for which there was not a medical or other reasonable explanation?
- Are there any indications that the person may have been subject to abuse or neglect?
- Had there been any previous safeguarding concerns raised or being investigated?

Introduction
People with learning disabilities often require support with many aspects of their life such as accessing healthcare, decision-making and personal hygiene. They may also be subject to social exclusion, have poor assertiveness skills, experience societal prejudice, and have a reduced ability to protect and defend themselves and to report abuse.

Definition of abuse
Abuse is defined as harm caused to an individual, regardless of intent. It can take many forms, including physical, verbal, psychological, sexual, domestic, financial, discriminatory, organisational, institutional abuse, or modern slavery. It can be the result of an act or a failure to act; can occur in a wide range of settings; can take place when an adult lives alone or with others; and always involves the misuse of power.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Indicators of abuse of relevance to LeDeR reviewers

There are a number of indicators of abuse or signs that may alert someone to the possibility of abuse occurring. You should also follow your gut instincts – if something feels not quite right it is generally because it isn’t. Ask questions and if you are still unhappy, discuss this with someone senior to yourself and your Local Area Contact.

Safeguarding is everyone’s responsibility, so if you have concerns that a child, young person or adult is at risk of harm or abuse you must follow the local policies and procedures for your area.

The following may be useful considerations for the LeDeR Programme reviewers to consider.

Relating to the individual

- Was there a significant change in the person’s behaviour for which there was not a medical or other reasonable explanation e.g. sudden onset of enuresis, refusal to accept food from some individuals, crying, self-harming, faecal smearing, tearing clothes or possessions, increased or new sexualised behaviours, increased isolation/withdrawal from support networks, increased debt or lack of food and money? Conversely had they had more money than usual or new possessions they could not usually

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1 The Care Act 2014. The Stationery Office, Norwich.

This information was correct as of 29/7/2019
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afford? If these behaviours or circumstances were recorded but not investigated this would give cause for concern.

- If the person demonstrated behaviour that challenged carers, how were these incidents managed, reported and reviewed?
- Did anyone express concerns about emotional, financial, sexual or any other types of abuse, and if so, were these reported and followed up?
- Was the person ever a subject of a safeguarding plan or investigation as a child or adult?

Relating to the environment

- Was the environment where the person lived clean, warm and personalised? Was equipment (e.g. wheelchairs) well maintained and clean? Was there adequate equipment? Poorly maintained equipment may be an indicator of neglect.

Relating to the provision of care

- How did the care provider work with wider agencies and professionals? Is there evidence of good communication between the professionals e.g. CLDT, GP etc. Did the person have specific protocols to support their needs e.g. feeding, dressing, bathing, teeth-brushing / denture care? Were these understood by all staff and followed? For example, if someone had dysphagia guidelines were these followed by care staff and catering staff?
- Were the person’s needs clearly identified in care plans, and were their needs being met?
- How do carers speak and interact with other people for whom they provide support? Do care staff describe the person in a positive way? Are they able to describe the person’s history, personality, relationships, likes and dislikes? Be very aware of any sarcasm or dismissal of service users. Are staff respectful of service users’ environment and privacy? Do they disclose information appropriately? Be particularly aware of racism and cultural ignorance, and derogatory remarks
- What contact and communication was there between the person and their friends and family? Was there free movement i.e. family visiting the person freely and at times of their choosing? Were family and friends valued by the staff team?
- Is the staff team stable? Are agency staff used as a matter of course? If so, in what roles and how are they monitored?
- What training is available for the person/people/staff caring for the person who died? How did they identify their training needs and were they able to request training?

Statutory Responsibilities under the Care Act 2014

- Has consideration been given by the Safeguarding Adults Board as to whether the person’s death should be subject to a safeguarding adults’ review?
- Has anyone expressed or reported concerns as a whistle-blower or under the Duty of Candour?
- Is there a recent CQC report relating to any of the services that supported the individual?

Additional sources of information
