

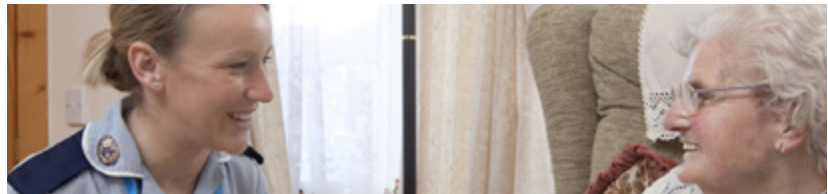


Royal College  
of Nursing

# Safeguarding adults – everyone's responsibility

RCN guidance for nursing staff





## Acknowledgements

The lead author Dawne Garrett, RCN Professional Lead for Older People and Dementia Care would like to thank the following groups and individuals for their contribution towards this RCN publication:

Tanis Hand, RCN Professional Lead for Health Care Assistants

Ian Hulatt, RCN Professional Lead for Mental Health

Ann Norman, RCN Professional Lead for Criminal Justice and Learning Disabilities

Fiona Smith, RCN Professional Lead for Children and Young People

Steven Watson, RCN Primary Care and Independent Sector Adviser

Greta Alleyne, Clinical Nurse Specialist Older People

Andy Patrick, RCN Council Member

Lynne Phair, Independent Consultant Nurse and Expert Witness

Nikki Mills, Nursing Co-ordinator, RCN Nursing Department

Members of the RCN Older People's Forum:

Hazel Heath

Clifford Kilgore

Vicki Leah

Helen Lyndon

Wendy Mashlan

Iain McGregor

Caroline Nicholson

Jackie Riddett

RCN Offices in Scotland, Wales and Northern Ireland.

This publication is due for review in June 2017. To provide feedback on its contents or on your experience of using the publication, please email [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

---

### RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this publication has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, to the extent permitted by law, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

© 2015 Royal College of Nursing. All rights reserved. Other than as permitted by law no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers or a licence permitting restricted copying issued by the Copyright Licensing Agency, Saffron House, 6-10 Kirby Street, London EC1N 8TS. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

# Safeguarding adults – everyone’s responsibility

## RCN guidance for nursing staff

### Contents

Introduction	4
Safeguarding principles and definitions	4
When does safeguarding apply?	5
What actions or omissions constitute abuse?	6
What is poor professional practice?	7
Nature of abuse and harm	8
Legislation	8
Ways of working	9
Your role and responsibilities in reporting abuse	10
Raising concerns (whistleblowing)	10
Summary	11
References	11
Further resources	12

## Introduction

Nurses and health care assistants (HCAs) have an essential role in safeguarding those in their care. This guidance sets out the Royal College of Nursing's (RCN) position on the role of a member reporting suspected abuse or harm to adults in the United Kingdom.

*Safeguarding adults – everyone's responsibility* outlines the key interventions that should be followed and provides signposts to resources that will help you understand the issues and the required actions. Safeguarding activity aims to ensure the best possible outcome for patients and residents. Safeguarding interventions can be required in varied situations; ranging from help and support, to immediate action by the police and statutory agencies.

This RCN guidance is for all nurses and HCAs, regardless of setting or nursing specialty, and relates to all patients over the age of 18. The RCN has also published *Safeguarding children and young people – every nurse's responsibility* publication code: 004 542 which is available at [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications). Adults are best protected when professionals are clear about their responsibilities and work effectively with their own and partner organisations in the interests of patients. It also reflects the Nursing and Midwifery Council (2010) statement that:

“as a nurse or health care worker you have a responsibility to act on any concerns that you may have regarding abuse.”

The primary purpose of this publication is to support members to report suspected abuse or harm. It also highlights when, and how, you should seek further information, training, support and advice from your organisation and professional networks.

It is not comprehensive guidance but is designed to explain clearly the RCN's position and direct members to additional resources. Further advice should be sought from your employer or appropriate statutory body within the country that you are employed.

## Safeguarding principles and definitions

### Key principles

Effective safeguarding is underpinned by two key principles.

1. Safeguarding is everyone's responsibility; for services to be effective each professional and organisation should play their full part.
2. Professionals and organisations must work in partnership to protect adults in need.

These two key safeguarding principles are underpinned by the RCN's *Principles of nursing practice*. These eight principles encourage a proactive and empowering stance that is desirable in the prevention safeguarding issues. The principles are available at: [www.rcn.org.uk](http://www.rcn.org.uk)

### Definitions

#### Safeguarding

The Care Act (DH, 2014a) provides a useful explanation that safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

## Abuse/harm

Abuse is a violation of an individual's human and civil rights by any other person or persons (DH, 2000).

In Scotland, the term harm rather than abuse is used. Harm is defined in the legislation as including all harmful conduct and, in particular, includes:

- conduct which causes physical or psychological harm (for example, causing fear, alarm or distress)
- unlawful conduct which appropriates or adversely affects property, rights or interests (for example, theft, fraud, embezzlement or extortion)
- conduct which causes self harm.

(Scottish Government, 2007)

It is important to understand what it means to suffer harm or abuse. The following website provides experiences from people who have been abused.

[www.actagainstharm.org/what-is-harm](http://www.actagainstharm.org/what-is-harm)

# When does safeguarding apply?

## Who is an adult?

In this guidance adult means a person aged 18 years or over. However, in Scotland, under the Age of Legal Capacity (Scotland) Act 1991, a person of 16 years is presumed to have legal capacity, and both the Adults with Incapacity (Scotland) Act 2000 and the Mental Capacity Act 2005 apply to anyone over 16 years.

## What settings does it apply to?

It includes patients/residents who are in need of health care services and are unable to protect themselves against harm or exploitation. This includes areas you work in and places you visit.

# What actions or omissions constitute abuse?

Abuse is a violation of an individual's human and civil rights by any other person or persons. What constitutes abuse is open to an individual's perceptions and should not have limits. Set out below are some of the most recognised forms of abuse and harm.

## Domestic violence

Psychological, physical, sexual, financial, emotional abuse, and so called 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 and sexual assault or 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 or 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, or the misuse or misappropriation of property, possessions or benefits.

## Modern slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude and people coerced into sex work. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

## Discriminatory abuse

This includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

## Organisational abuse

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 ongoing 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. Failing 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 such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Issues of self neglect should be assessed within the health and social care team, which may also include referral to safeguarding services.

(Care Act, DH, 2014a)

Abuse may consist of a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

## What is poor professional practice?

Poor professional practice may take the form of isolated incidents at one end of the spectrum, through to gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as organisational abuse.

Organisational abuse is a situation which often features:

- poor care standards
- lack of positive responses to complex needs
- rigid routines
- inadequate staffing and an insufficient knowledge base within the service.

It may also include unacceptable treatments or programmes which include sanctions or punishment such as:

- withholding food and drink
- seclusion
- unnecessary and unauthorised use of restraint
- inappropriate/over-medication.

For further guidance, read *Positive and proactive care: reducing the need for restrictive interventions* (DH, 2014b).

## Nature of abuse and harm

Any or all of the types of abuse detailed on pages 6-7 may be perpetrated as the result of deliberate intent, negligence or ignorance. Incidents of abuse may be multiple, either to one person in a continuing relationship or in a service context, or to more than one person at a time. This makes it important to look beyond the single incident or breach in standards to underlying dynamics and patterns of harm.

Some instances of abuse will constitute a criminal offence. In this respect, patients and residents are entitled to the protection of the law in the same way as any other member of the public. In addition, statutory offences have been created which specifically protect those who may be incapacitated in various ways. Abuse or harm may not be intentional and can include failure to assess, appropriately plan, implement or evaluate care that it is reasonable for a patient to expect.

### Patterns of abuse and harm

Patterns of abuse and abusing vary and reflect very different dynamics.

**Serial** – the perpetrator seeks out and ‘grooms’ vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial abuse.

**Long term** – in the context of an ongoing family relationship such as domestic violence between spouses or generations.

**Opportunistic** – for example, theft because money or valuables have been left around.

**Situational** – when pressures have built up and/or because of difficult or challenging behaviour.

**Neglect** – of a person's needs because those around are not able to be responsible for their care. For example, if the carer has difficulties with debt, alcohol or mental health problems.

## Legislation

It is important that you understand the legislative framework of the country in which you practice. Legislation is dynamic and in order to remain up to date you may also wish to consult the government website for the country in which you practice. Set out below is some of the relevant legislation at the time of publication.

### England

The Care Act (DH, 2014a) applies where a local authority has reasonable cause to suspect that an adult in its area has need 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/herself against the abuse or neglect or the risk of it. The local authority must make whatever enquiries it deems necessary to enable it to decide whether any action should be taken in the adult's case.

### Wales

Part 7 of the Social Services and Well-being (Wales) Act 2014 provides an explanation of local authority responsibilities. The Welsh Bill also provides for a National Safeguarding Board which has oversight of all local safeguarding boards in Wales.

### Deprivation of Liberty Safeguards (DoLS) England and Wales

In England, the Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people without capacity to make decisions about their health care in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.



The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The least restrictive option should always be used. The law related to deprivation of liberty is moving quickly. For the latest guidance please visit: [www.gov.uk](http://www.gov.uk)

## Scotland

In Scotland, the Adults with Incapacity (Scotland) Act 2000 states the general principle on intervention in an adult's affairs is that a person may intervene, or authorise an intervention, only if satisfied that the intervention:

- (a) will provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs
- (b) is, of the range of options, likely to fulfil the object of the intervention, the least restrictive to the adult's freedom.

(This applies for the purposes of section 2 of the Act only.)

## Northern Ireland

In Northern Ireland the consultation on adult safeguarding was completed in January 2015 and the Mental Capacity Bill has completed the consultation process. Further details of this Bill can be found at: [www.dojni.gov.uk](http://www.dojni.gov.uk)

# Ways of working

## Inter-agency working

This is an area of practice which requires partnership working between statutory agencies to create a framework of inter-agency arrangements. Local agencies should collaborate and work together within the overall framework of each country's guidance on joint working. Social services are the lead agency with responsibility for co-ordinating such activity. However, all health and social care organisations should designate a lead person.

## Record keeping

You must maintain accurate and contemporaneous records in accordance with your local policy and professional guidance. Registered nurses must follow the Nursing and Midwifery Council's (NMC) record keeping guidance which is detailed in the code of practice (NMC, 2015). The RCN has also produced guidance for nurses: [www.rcn.org.uk](http://www.rcn.org.uk) and for HCAs: [www.rcn.org.uk/firststeps](http://www.rcn.org.uk/firststeps)

## Your role and responsibilities in reporting abuse

As a nurse or HCA you must be able to demonstrate the following core competences.

- Use professional and clinical knowledge and understanding of what constitutes abuse.
- Be able to identify any signs of abuse or neglect – this will involve ensuring you undertake training and maintain your competence.
- Act as an effective advocate for the person/s and listen to them.
- Recognise the potential impact of a parent's/carer's physical and mental health on the wellbeing of the person.
- Be clear about your own and colleagues' roles, responsibilities and professional boundaries.
- Be able to refer, as appropriate, to social care, police or regulator in accordance with local guidelines.
- Maintain appropriate record keeping, and differentiate between fact and opinion.
- Share appropriate and relevant information with other teams.

In order to achieve the above all staff should actively engage in training to maintain these competences. Clinical supervision to debrief following reporting and to maintain competences should also be accessed.

Resources such as the NMC training pack can be accessed to provide continuous development. Please visit: [www.nmc-uk.org](http://www.nmc-uk.org)

## Raising concerns (whistleblowing)

It is everyone's responsibility to be aware of the importance of preventing and eliminating wrongdoing at work. You should be watchful for unsafe, illegal or unethical conduct and report anything of this nature. Your employer has a duty to respond, and if they do not the RCN can help you escalate your concerns.

Whistleblowing is the common term for when an employee, former employee or member of an organisation raises concerns with people who have the authority to take corrective action.

Protected disclosure is the legal term for whistleblowing; the protection is afforded to the person raising the concern in the interests of the public.

All employers should have a formal policy for raising concerns, which will usually be known as the whistleblowing policy, and you should familiarise yourself with this at an early stage if you wish to raise a concern.

If you feel that your situation is more appropriate to whistleblowing, please see the RCN's guidance at: [www.rcn.org.uk/raisingconcerns](http://www.rcn.org.uk/raisingconcerns)

The NMC has produced its own guidance on whistleblowing and raising concerns, including a training toolkit which is available at: [www.nmc-uk.org](http://www.nmc-uk.org)

## Summary

As a nurse or HCA you are responsible for safeguarding those in your care and you must respond to any safeguarding concerns. Here are the key stages to follow.

1. Identify safeguarding concerns.
2. Report the concerns – for most nurses and HCAs this will be in conjunction with partner agencies and you should use organisational and local policies.
3. Participate in investigations, debriefing and (where appropriate) in developing a protection plan.
4. Disseminate and reflect on the outcomes and learning.

## References

Adult Support and Protection (Scotland) Act 2007. London: TSO. Available at: [www.legislation.gov.uk/asp/2007/10/introduction](http://www.legislation.gov.uk/asp/2007/10/introduction) (accessed 24 February 2015)

Adults with Incapacity (Scotland) Act 2000. London: TSP. Available at: [www.legislation.gov.uk/asp/2000/4/contents](http://www.legislation.gov.uk/asp/2000/4/contents) (accessed 24 February 2015)

Department of Health (2000) *No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*. London: DH. Available at: [www.gov.uk/government/publications](http://www.gov.uk/government/publications) (accessed 9 March 2015). Please note: No secrets will be repealed by the Care Act on 1 April 2015.

Department of Health (2014a) The Care Act. London: DH. Available at: [www.legislation.gov.uk/ukpga/2005/9/section/1](http://www.legislation.gov.uk/ukpga/2005/9/section/1) (accessed 24 February 2015)

Department of Health (2014b) *Positive and proactive care: reducing the need for restrictive interventions*. London: DH.

Equality Act 2010. London: TSO. Available at: [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents) (accessed 24 February 2015)

Human Rights Act 1998. London: TSO. Available at: [www.legislation.gov.uk/ukpga/1998/42/contents](http://www.legislation.gov.uk/ukpga/1998/42/contents) (accessed 24 February 2015)

Mental Capacity Act 2005. Deprivation of liberty safeguards. London: TSO. Available at: [www.gov.uk/government/publications/mental-capacity-act-deprivation-of-liberty-safeguards](http://www.gov.uk/government/publications/mental-capacity-act-deprivation-of-liberty-safeguards) (accessed 24 February 2015)

Nursing and Midwifery Council (2015) *The Code. Professional standards of practice and behaviour for nurses and midwives*. London: NMC. Available at: [www.nmc.org.uk/standards/code](http://www.nmc.org.uk/standards/code) (accessed 20 April 2015)

Royal College of Nursing (online resource) *Principles of nursing practice*. Available at: [www.rcn.org.uk/development/practice/principles/the\\_8\\_principles](http://www.rcn.org.uk/development/practice/principles/the_8_principles) (accessed 24 February 2015)

Royal College of Nursing (2015) *Raising concerns. A guide for RCN members*. London: RCN. Available at: [www.rcn.org.uk/support/raising\\_concerns](http://www.rcn.org.uk/support/raising_concerns) (accessed 24 February 2015)

Social Services and Well-being (Wales) Act 2014. Available at: [www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf) (accessed 24 February 2015)

## Further resources

Nursing and Midwifery Council (2010) *Safeguarding adults*. London: NMC. Available at: [www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Safeguarding-New](http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Safeguarding-New)

Royal College of Nursing health care assistants (web resource): [www.rcnhca.org.uk](http://www.rcnhca.org.uk)

Royal College of Nursing (2015) *Female genital mutilation: An RCN resource for nursing and midwifery practice*. London: RCN. Available at: [www.rcn.org.uk/publications](http://www.rcn.org.uk/publications)

Social Care Institute for Excellence (web resource). eLearning: Adult safeguarding resource. Available at: [www.scie.org.uk/publications/elearning](http://www.scie.org.uk/publications/elearning)



Royal College  
of Nursing

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

**June 2015**

**Review date: June 2017**

RCN Online

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

RCN Direct

[www.rcn.org.uk/direct](http://www.rcn.org.uk/direct)

0345 772 6100

Published by the Royal College of Nursing

20 Cavendish Square

London

W1G 0RN

020 7409 3333

Publication code: 004 837

ISBN: 978-1-910672-14-3