**Taken from** [**https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults**](https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding-adults)

**Safeguarding adults during the COVID-19 crisis**

Updated: 5 January 2021

As the number of coronavirus cases is rising rapidly across the country, a national lockdown has been introduced once more and everyone must stay at home. Safeguarding adults with care and support needs from abuse and neglect remains a priority. People may be more vulnerable to abuse and neglect as others may seek to exploit disadvantages due to age, disability, mental or physical impairment or illness.

These groups may be targeted because of a number of factors. Generally speaking they may need assistance with some tasks, be less up to speed with technology, more welcoming of new contacts, more trusting and – for many older people – wealthier. There is evidence that social isolation increases the likelihood of abuse. Many older and disabled people spend long periods at home alone under normal circumstances. People who are more vulnerable to COVID-19 are once again shielding and have been advised to avoid going out.

At a time of international crisis, those who seek to exploit these vulnerabilities are quick to act. We will all have been warned of new scams offering help and advice on COVID-19 or with financial assistance. Many of us will have concerns for family members who may fall prey to fraudsters.

**This is a time when we must all be extra vigilant and try to pick up any early signs that something isn’t right.**

**Who do we need to safeguard?**

Safeguarding duties and responsibilities apply to adults who:

* have care and support needs
* are experiencing, or at risk of abuse or neglect and
* are unable to protect themselves because of their care and support needs.

Many people with care and support needs will be supported either in the family home or by residential and nursing care services. It could be argued that these people will be better shielded from abuse but national statistics show high incidence of abuse where the abuser is a family member or the paid care provider. Those living alone in the community, now isolated to an even greater degree, may be a particular target for scammers and fraudsters.

Previous research by SCIE and the National Fraud Intelligence Bureau found that those most at risk to financial scams and fraud were older people who had mental capacity and did not yet need any care and support. This group was typically more isolated and social contact of any kind was often welcomed without sufficient caution.

People with mental health problems, OCD, drug and alcohol dependencies may be in a state of heightened anxiety. People who are street homeless may have lost income from begging and be facing reduced access to drugs and alcohol on which they depend. Commentators have warned of increased incidence of depression and suicide risk as a result of fear and loss of freedoms, loved ones, income and hope. At this time, those who are particularly vulnerable may accept help from those who seek to exploit them.

**Types of abuse**

There are numerous [types and indicators of abuse](https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse) that we should look out for:

* physical abuse
* domestic violence or abuse
* sexual abuse
* psychological or emotional abuse
* financial or material abuse
* modern slavery
* discriminatory abuse
* organisational or institutional abuse
* neglect or acts of omission
* self-neglect.

We can assume that the greatest opportunity for abuse during the COVID-19 crisis is financial. With additional pressures on services, normal service reductions, fear and isolation, the window is open to those who may seek to exploit those who may be vulnerable. There were early reports of a 400 per cent increase in fraud reporting in March relating to the COVID-19 crisis. The Chartered Trading Standards Institute has warned the public not to open their doors to bogus healthcare workers claiming to be offering 'home-testing' for COVID-19. The BBC reported on:

* online sales of sanitation equipment that is never delivered
* links to a fake daily newsletter for COVID-19 updates
* fake insurance schemes and trading advice
* fake government emails offering tax refunds.

Other types of abuse have escalated during this time – domestic abuse being 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. 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. [Domestic violence and abuse](https://www.scie.org.uk/care-providers/coronavirus-covid-19/safeguarding/domestic-violence-abuse) can include many of the other types of abuse listed.

**Helpful strangers**

People who are considered to be clinically extremely vulnerable because of age or underlying health conditions may, during this period, be forced to accept help from people with whom they are not familiar.

While there has been an amazing response to the call for helpful volunteers, we cannot rule out the possibility of a few people who may see this as an opportunity to gain easy access to those who are vulnerable in order to exploit them.

**We should all remain vigilant and provide advice to those who may be vulnerable to abuse on how to spot early signs.**

**Reduction in normal work services**

The Coronavirus Act 2020 made [easements to the Care Act 2014](https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities) in England and the Social Services and Well-being (Wales) Act 2014 to enable local authorities to prioritise the services they offer to ensure the most urgent and serious care needs are met – even if this means not meeting everyone’s assessed needs in full or delaying some assessments. Non-essential services – even to meet assessed need – may at times be stopped or reduced. Again, these predicted service gaps may open up opportunities for exploitation or abuse.

**Safeguarding duties are not affected by the Care Act Easements and any changes in service must not lead to a breach in human rights.**

**What can you do to help?**

As a frontline worker you are the eyes and ears that may first pick up any signs of abuse. Here is a checklist of things you can do:

* Talk to your patients, residents or clients about the increased risk of abuse at this time.
* Be aware that any changes in behaviour or demeanour could indicate abuse.
* Advise people not to answer the door to strangers – and be aware of fake ID.
* Try not to alarm people but ask them to be wary of offers to help, particularly from strangers.
* Advise people to check with family, friends or paid support that offers of support, advice and help are legitimate.
* Warn people against responding to any text, email or phone call from an unidentified source. Explain that fraudsters will imitate official bodies such as the government or the NHS - and they do it very well!
* Advise people that they should never give their personal data, passwords or pin numbers to anyone. Official financial bodies and other organisations will never ask for them.
* If you know of a person who has been subjected to, or is at risk of, domestic abuse – if it is safe to talk to them, try to assess the current situation. Make sure they know that help is available if they need it and who to contact both for advice and support and in an emergency.

If you have a concern that someone is being abused or neglected, it is important that you raise that concern internally, in line with your organisation’s policy and procedure. This is usually with your direct manager or supervisor, your organisation may also have a safeguarding lead.

The organisation will then consult the person where possible and gain their consent to report to external authorities such as the local authority. If the person does not consent, managers will decide whether there are grounds for overriding consent. [What if a person does not want you to share their information?](https://www.scie.org.uk/safeguarding/adults/practice/sharing-information)

Here are some useful do's and don’ts:

**Do**

* Act on any concerns, suspicions or doubts.
* In an emergency, if there is actual or immediate risk of abuse, **call 999**.
* Try to ensure the immediate safety of those concerned – but not at the risk of your own safety.
* Provide first aid if necessary and someone is available with appropriate skills.
* Listen and clarify what the concern is / what has happened.
* Provide reassurance and comfort; offer a cup of tea.
* Assure the person that the matter will be taken seriously.
* Ask the person what they want done.
* Explain what you will need to do and who you may need to inform
* Try to gain consent to share information as necessary.
* Consider the person’s mental capacity to consent and seek assistance if you are uncertain.
* Actively preserve any evidence.
* Respect privacy as far as possible.
* Arrange support for the alleged victim.
* Contact the local authority children’s services if a child is, or may also be, at risk.
* Report all your concerns to a manager in line with organisational and local multi-agency procedures.
* Make an accurate record of what has occurred (or what has been disclosed/alleged) and what action has been taken.

**Don't**

* Ignore.
* Promise confidentiality – explain how and why the information might need to be shared.
* Rush the person.
* Probe or question – just record the facts and seek clarification where necessary.
* Contaminate or disturb any evidence.
* Interview witnesses – but do record any information volunteered by them.
* Panic or show shock /disbelief.
* Be judgemental.
* Jump to conclusions.
* Approach the alleged abuser (unless they also have care and support needs and are in your care or they are a member of your staff).
* Gossip, only inform others on a need to know basis.
* Put management or organisational interests before safety.