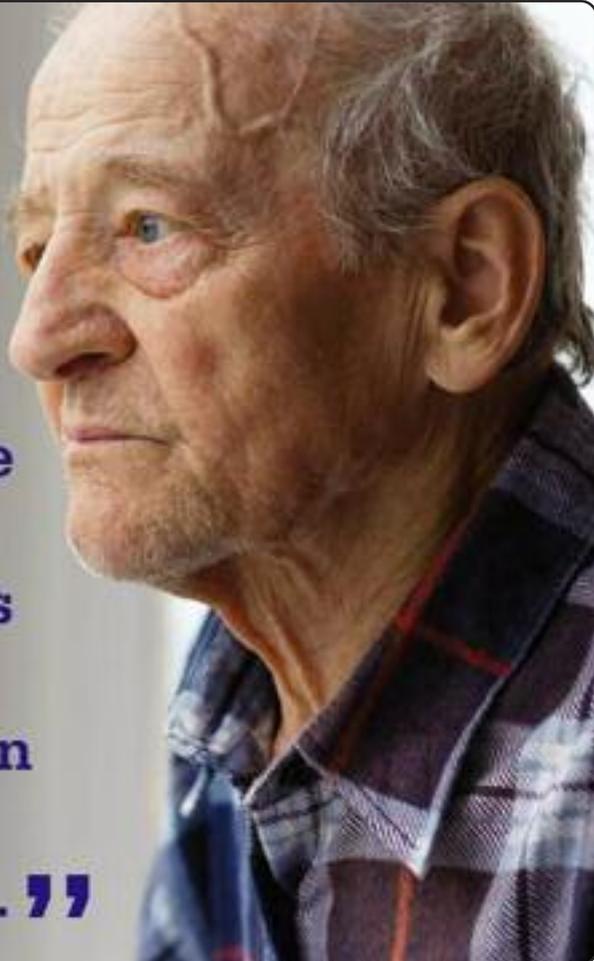


# Thinking it? Report it!

Help us to protect vulnerable adults from harm



“ Stan looks like he's wasting away since his wife died. I thought his son was looking after him now. ”

**A new campaign called 'Thinking it? Report it' has been launched in Somerset, urging people to make contact if they think someone is at risk of harm.**

If you're worried that someone is being harmed or neglected in some way, or not able to look after themselves, make sure you report it. Our safeguarding services can look into it and find out what is happening.

We know that there are vulnerable people in Somerset who are being subjected to abuse, but they may lack the ability, knowledge or support to challenge it or do something about it. That's why we need people to speak up for them. If you suspect it, think it, hear it or see it, report it to us. Your intervention could save someone's life.

People who are physically, emotionally or psychologically frail and dependent

on others for their care, can be neglected and taken advantage of by others in a number of ways.

This can be physical harm, bullying, discrimination, neglect or financial abuse. It can affect vulnerable men and women from all social backgrounds. Abuse can happen anywhere. In some cases, the abuser may be a member of the victim's own family or someone who is paid to care for them. That makes the problem more hidden and we need people to come forward if they have any suspicions that something might not be right. There may also be people who are unable to look after themselves but haven't sought the help that's available.

The campaign has been launched with support from Somerset's Safeguarding Adults Board, a group of agencies, which includes Somerset County Council, the police, the NHS and others, who work together to protect vulnerable adults from harm.

## FACT

**Referrals are increasing – the number of referrals to Somerset's safeguarding team increased by 48 per cent between 2013/14 and 2014/15.**

## Margaret's story\*

Margaret was supported after worried neighbours voiced their concerns.

Margaret, who is in her 70s, lives in a mobile home with her husband and their dog. Neighbours reported that they were not coping well. The house was dirty, with rotting food everywhere. Margaret seemed very weak. Her neighbours said she was all skin and bone, and the dog appeared to be on its last legs. The safeguarding team gradually built up a relationship with Margaret and won her trust.

The social worker who led this case, said: "We were worried that they were embarrassed by their situation, and possibly scared to go into hospital. Gradually we managed to persuade them that they had rights, and didn't have to live like this. We arranged for a district nurse, occupational therapist and specialist care team to visit to encourage them and give advice."

Margaret agreed to go into hospital. It meant the team could work on a care plan for her discharge, get the home cleared up and provide support to her husband. "We always respect people's decisions. But we work with them and others to persuade them they have options."

## FACT

**Abuse – of the incidents investigated in 2014/15, the most common types of alleged abuse were physical (35 per cent), neglect (23 per cent), psychological/emotional (19 per cent), financial (14 per cent), and sexual (5 per cent).**

**FACT**

**Not always abuse – two thirds of all referrals were not cases of abuse, but often resulted in the person having their care needs assessed or reviewed.**



## What is adult abuse?

**Abuse of vulnerable adults is widespread and complex. In many cases, the type of abuse suffered by a victim is wide ranging.**

### Physical abuse

This can include assault, hitting, kicking, slapping, pushing, misuse of medicines, imposing restrictions on another person.

### Financial or material abuse

This can include theft, fraud, internet scamming, exploitation, and pressure about wills, property, possessions or benefits.

### Psychological or emotional abuse

This can include verbal assault, intimidation, emotional abuse, deprivation of contact, threats of harm or abandonment, humiliation or blaming.

### Sexual abuse

This can include indecent exposure, sexual harassment, inappropriate looking or touching, and sexual acts, which the adult has not consented to or was pressured into consenting.

### Neglect and acts of omission

This can include ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and withholding of the necessities of life, such as medicines, adequate nutrition and heating.

### Discriminatory abuse

This can include harassment because of race, gender and gender identity, age, disability, sexual orientation or religion.

### Organisational abuse

This can include neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or care provided in the home.

### Self-neglect

This covers a wide range of behaviour, such as neglecting to care for personal hygiene, health or surroundings, and includes behaviour, such as hoarding or not getting to medical appointments.

## Annie's story\*

Annie's story illustrates the crucial work of our safeguarding team in supporting people who neglect themselves after experiencing a traumatic incident in their lives.

Annie was found by police wandering drunk and half naked in the street. They got in contact with the safeguarding team. The social worker who led the case visited Annie – who is in her 60s – at home. Initially, Annie, who is very independent, didn't want to talk, but the social worker eventually reassured her that she was there to help. Annie couldn't remember the incident. The police said that when they found her she talked about not knowing where her husband was. After some digging around, the social worker found out he was very ill in hospital and sadly, he later died.

He had been Annie's main carer, and it was clear that she was vulnerable. She had problems with alcohol and was not able to look after herself. Her children, who don't live in the area, were worried that Annie wouldn't be able to cope and would kill herself – as she had often threatened. They felt frustrated and wanted something done. The social worker said: "This was a challenging case, requiring the support of a range of agencies.

"It was agreed that a psychiatric nurse and community support team would visit and make an assessment."

The case continues but the social worker is clear that the safeguarding team have made a difference. She said: "We have to make sure that Annie is given choices, whether that's respite care, home help or a day centre. If she chooses not to take them, then that's her decision, but we have to keep giving her choices and supporting her with the choices she makes."

\* Names have been changed to protect the identities of people involved.

## How can I report?

**To report concerns, email [adults@somerset.gov.uk](mailto:adults@somerset.gov.uk) or phone 0300 123 2224. In an emergency, always dial 999.**