

Safeguarding Things to Look Out for as We Come Out of Lockdown

As we come out of lockdown, professionals and practitioners will start to have more contact, and particularly face-to-face contact with adults who had been shielding, or who are living in residential or nursing care homes or who may have cancelled their service, so we need to be especially alert to possible indicators of abuse or neglect.

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 ([SCIE, 2021](#))

The following are examples to look out for:

Physical Changes

Lockdown resulted in many people shielding and access to recreational facilities not being available, so many people will have reduced their level of physical activity. Also in Care Homes residents access to physical activity may have been restricted as residents may have been required to isolate in their bedrooms. Maintaining physical activity helps to maintain muscle mass, flexibility and balance and reduce the risk of falls.

- Is the individual frailer due to lack of exercise, are they at higher risk now of falls – not necessarily safeguarding but consider self-neglect. If the person is in receipt of formal or informal care, have carers considered increased risk of falls resulting from frailty?
- Does the individual have unexplained or inappropriate bruising? Is this due to falls, rough handling, domestic abuse or self-harm?

Mental Health Changes

There are concerns about the effect of social isolation from the COVID-19 lockdown on people who self-neglect or have mental health problems, and potential increases in self-harm and suicide as a result. People may not have had access to services during the lockdown phase, or not seen anyone face-to-face. Mental health services have worked to mitigate these risks through phone and other social media contacts ([LGA/ADASS 2020](#)).

- Has the individual's mental health changed? Is this due to anxiety about the pandemic? Is it due to loneliness and isolation? Is it due to the home situation? Consider is abuse a contributing factor?

Financial Changes

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.

- Has there been a change in the individual's financial circumstances? Is this due to abuse, exploitation, scamming?
- Has there been a change in the household's financial circumstances due to the pandemic and is it impacting on the individual? Consider the risk of financial abuse.

Environmental Changes

We know that, with everyone told to stay at home more, and only make essential journeys, people are not visiting their relatives and friends as they used to.

As a result, relatives may not be able to do things that they previously did – such as look at the dates on food in the fridge, check that someone is taking their medicine, or see that the home is being kept safe and clean.

- Are there visible changes to the individual's living environment? It is a possible indicator of self-neglect? Or scamming if there is an increase in post or random items? Or work carried out by rogue traders? Do the changes increase the risk of falls?
- Is there an increase in visitors? Consider criminal exploitation (home invasion/cuckooing).

A referral to West Midlands Fire Service for a Safe and Well check might be beneficial. [Fire Safety Guidance for Professionals and Carers](#)

Carers

During the pandemic unpaid carers have been providing more care than before lockdown. Carers are reporting the needs of the person they care for have increased recently and most carers (64%) have not been able to take any breaks at all in the last six months. [Unseen and undervalued - The value of unpaid care provided to date during the COVID-19 pandemic Report](#)

- Is the carer situation causing harm to the individual due to stress, carer burnout, increase needs or any deliberate action? [Care or Control? A Guide to Coercive and Controlling Behaviour](#)
- Is the carer at risk of harm from the person they are caring for? And if so is there a risk that in turn the cared for person is at risk of neglect or retaliation?

Domestic Abuse

The new Domestic Abuse Act 2021 creates a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse. [Link to Domestic Abuse Act 2021](#)

Domestic abuse has a devastating impact on victims, their families and the wider community. Having a long-term illness or disability, including mental health problems, increases a person's risk of experiencing domestic violence or abuse.

The measures taken in March 2020, to control the spread of COVID-19 virus resulted in most of the population being confined to their homes almost 24 hours per day. These conditions have had a negative impact on the level and severity of domestic abuse. COVID-19 does not cause domestic abuse, but the pandemic closed down routes to safety and provided conditions for domestic abuse to escalate.

Look out for signs of domestic abuse:

- Is the person's partner belittling them, blaming them for the abuse or arguments, denying that abuse is happening, or playing it down?
- Are there any signs of physical abuse – unexplained bruising etc?
- Is the individual prevented from responding to you?
- Are you being prevented from seeing the individual on their own?

If you are concerned someone may be experiencing domestic violence or abuse, try to talk privately with them, somewhere that they feel safe.

- Ask sensitive questions that help the person talk about their experiences.
- If the person needs support to communicate, including an interpreter, use a professional who is impartial and has a duty to maintain confidentiality. Do not use family and friends.
- Many people will be worried about sharing what is happening to them. Your response can help them know that they are not alone and to feel that they will be believed.

[SCIE Recognising and responding to domestic violence and abuse A quick guide for Social Workers](#)
[Care or Control? A Guide to Coercive and Controlling Behaviour](#)

Children

As we start to visit people, it is important to be mindful and professional curious of other people in the household – especially children. The NSPCC have carried out research into social isolation and the risk of child abuse during and after the coronavirus pandemic [Link to NSPCC Research](#) If there are children in the house be professional curious and consider:

- Is there an increased risk of poverty?
- Are there signs of parental stress?
- What support networks are in place for the parent/carers and the child?
- Are there any challenges relating to the accommodation? Is it temporary accommodation, particularly isolating, poor condition, cramped or overcrowded etc.?
- Are there any concerns about Domestic Abuse?

For more information visit the SCIE website [Safeguarding children and families during the COVID-19 crisis](#)

Social Media

As people have been shielding or generally social distancing from people – use of social media has increased.

- How has the individual's use of social media during the pandemic changed? Are there any risks of scamming, romance scamming, and/or harassment?
- Are there any concerns about the amount of time someone is spending online, or about the individuals they are communicating with?

Organisational Factors

As we start to visit people in residential and nursing care homes look out for:

- Signs of provider failure. Are there large numbers of resident and staff vacancies, signs of environment neglect, lack of food or food choices, staff expressing concerns about their employment? Is this affecting residents?
- Closed cultures. The Care Quality Commission describes a closed culture to “mean a poor culture that can lead to harm, which can include human rights breaches such as abuse”. [Identifying and responding to a closed culture](#)
- Where there are restrictions on the freedoms of individuals in order to manage risks from Covid-19 infection, do these seem proportionate to the likelihood and level of risk? Have less restrictive measures, where these are practicable, been tested?

What Can Practitioners and Professionals Do?

If you come across any of the concerns details above be professionally curious:

- Do not presume you know what is happening during the pandemic, in the family/individuals home – ask questions and seek clarity if you are not certain.

- Do not be afraid to ask questions of families and individuals, and do so in an open way so they know that you are asking to keep the individual safe, not to judge or criticise.
- Be open to the unexpected and incorporate information that does not support your initial assumptions into your assessment of what life is like for the individual in the family.
- Always try to see the person separately. Pay as much attention to how people look and behave as to what they say.
- Have empathy ('walk in the shoes') of the person to consider the situation from their lived experience or the pandemic.
- Identify who else to speak to, to gather information or share information with. [SCIE Safeguarding adults: sharing information.](#)
- Use case history and explore information from the person themselves, the family, friends and neighbours, as well as other professionals (triangulation). For example, how were they before the pandemic verses how they are now?