

# **SAFEGUARDING ADULTS AWARENESS WORKBOOK 1**

**Basic Safeguarding Awareness**

## Contents

	Page
How to use this workbook	3
What is safeguarding adults?	4
Exercise One	7
Adults at with care and support needs	10
Exercise Two	14
Sexual Exploitation	16
Human Trafficking	16
Prevent	17
Signs and indicators	19
Exercise Three	22
The Mental Capacity Act 2005	25
Exercise Four	27
How to respond to a Safeguarding Concern	28
Exercise Five	31
Raising a Concern	32
Allegations Management	36
Key Contacts	40
Further information	41
<b>Appendices</b>	
1. Assessment	42
2. Evaluation	44
3. Certificate of Completion	45
4. Useful Websites and Resources	46

**Acknowledgement:** This workbook has been adapted by the Rochdale Borough Safeguarding Adults Board (RBSAB) from an original created by Teeswide Safeguarding Adults Board. We would like to thank Teeswide SAB for producing the original workbook and allowing us to adapt it for use in Rochdale.

## Introduction

This workbook is aimed to help those who need an understanding of adult safeguarding awareness in their role and may have a responsibility for raising safeguarding concerns to ensure they are competent, and have all the knowledge they need.

It is aimed at all staff and volunteers in health and social care settings, all frontline staff at Greater Manchester Fire and Rescue Service, staff within Housing teams, Clerical and Administration staff, Adult Care staff who do not undertake front-line assessments, Domestic and Ancillary staff, Health and Safety Officers, other support staff, Elected Members, GP practice staff, Governing Boards and Safeguarding administrative support staff. This is not a definitive list. These roles are described in the Bournemouth Competency Framework as Level 1.

## Learning Outcomes

After having completed this workbook, learners will:

- Have an increased confidence in their own understanding of values and attitudes in relation to adult abuse
- Be aware of and have an understanding of safeguarding and who it applies to
- Be able to identify the different categories of abuse
- Be clear about the roles and responsibilities of the person raising a Safeguarding Concern as defined within the procedures.

This is based on the Bournemouth University National Competence Framework for Safeguarding Adults, reviewed in 2015, and mapped against the Safeguarding Adults: Roles and competences for health care staff- Intercollegiate Document issued August 2018.

The workbook has been checked for legal accuracy and is accurate as of Feb 2021. Suggested study time to be allocated to complete this module: 4 hours.

On completing of this workbook, you will be able to:

1. Understand and demonstrate what Adult Safeguarding is
2. Recognise adults in need of Safeguarding and take appropriate action
3. Understand dignity and respect when working with individuals
4. Understand the procedures for raising a Safeguarding Concern.

## How to use this workbook

This workbook is divided into sections where information is provided followed by exercises. Take your time and read the information carefully as this will help you when completing the exercises. You may also wish to discuss the exercises with your colleagues and your line manager. When you have completed all of the exercises please speak to your manager and complete the assessment in order to demonstrate your knowledge of safeguarding adults and receive a certificate. The questions should be completed alone. You need to set aside about four hours to complete the workbook.

Your manager/supervisor has the answers to the exercises and the assessment and will help and support you with any queries that you might have. Your manager/supervisor will sign off the workbook as this will confirm you have satisfactorily completed all of the learning outcomes. The RBSAB will then issue you with a certificate.

Before you start the workbook please write in the box below:

**What do you think safeguarding adults is?**

## What is safeguarding adults?

Safeguarding adult's 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 risk 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. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

### **Care Act 2014**

Is the definition you wrote similar to the one above? The important thing to remember here is that safeguarding is not just about identifying and reporting abuse. It's also about trying to prevent abuse from happening to begin with, promoting the welfare of the person and everyone working together to support the person.

## Multi – agency working

The Rochdale Borough Safeguarding Adults Board (RBSAB) was established in response to the requirements of the Care Act 2014, which created a legal framework for adult safeguarding to enable organisations and individuals to agree how they would **work together** to keep adults at risk safe.

The Rochdale Borough Safeguarding Adults Board is made up of the following agencies:

### **Statutory Partners**

Rochdale Borough Council

Greater Manchester Police

Heywood, Middleton and Rochdale  
Clinical Commissioning Group  
(CCG)

### **Non-Statutory Partners**

Rochdale Boroughwide Housing

Northern Care Alliance

Pennine Care Foundation Trust

Healthwatch Rochdale

National Probation Service

Lay Member

Together Advocacy Service

Greater Manchester Fire and  
Rescue Service

Rochdale and District Mind

Action Together

HM Prison Buckley Hall

Rochdale Children's Social Care

Rochdale Early Help and Schools

## Why is multi – agency working so important?

Because agencies can't protect adults at risk alone, we need to work together so that we can share important information and think about what we can all do to manage the risks. Adult's lives are often complicated and they may come into contact with lots of different agencies. Unless we work together we will only be able to see one part of a bigger picture.

One way to think about safeguarding adults procedures is that they are like a jigsaw, where each different agency only has one part of the bigger picture. Unless we all work together to finish the jigsaw we won't be able to see what the full picture is. Professionals can play a part in this by helping develop a '**whole community approach**'.

This means working in partnership by better understanding what services are being delivered in the local area and working in conjunction with these organisations to help protect adults at risk of abuse and neglect.

To find what services are available in the borough, check [the Rochdale Directory of Services](#).

## Legislation

There are lots of different pieces of legislation that we use to safeguard adults at risk of abuse and neglect. In particular the Care Act (2014) places safeguarding adults' procedures on a statutory footing. This means that, by law, each Local Authority area has to have in place a multi-agency Safeguarding Adults Board (SAB) and procedures for dealing with adult abuse. We all have a responsibility for raising any concerns we might have and the Local Authority has a responsibility for making enquiries into these concerns. These are called Section 42 Enquiries.

### Exercise One

Here are some different pieces of legislation which are important to safeguarding adult's procedures. Try and match the legislation title and year to the pictures and definitions below.

- |                           |   |
|---------------------------|---|
| 1 Care Act (2014)         | 4 Public Interest Disclosure Act (1998) |
| 2 Fraud Act (2006)        | 5 Mental Capacity Act (2005)            |
| 3 Human Rights Act (1998) | 6 Sexual Offences Act (2003)            |

	This act made it an offence for a person in a position of trust to dishonestly abuse that position to make gain for him/herself		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Legislation title/year:</td> <td style="width: 75%;"></td> </tr> </table>	Legislation title/year:	
Legislation title/year:			
	This act states everyone has a right to life, free from torture or inhuman or degrading treatment		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Legislation title/year:</td> <td style="width: 75%;"></td> </tr> </table>	Legislation title/year:	
Legislation title/year:			
	This act makes it an offence for those engaged in providing care, assistance or services for people with Learning Disabilities or Mental Health to have a sexual relationship with people whom they are providing care for.		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Legislation title/year:</td> <td style="width: 75%;"></td> </tr> </table>	Legislation title/year:	
Legislation title/year:			

	<p>This act introduces new responsibilities for adult social care, outlines who might be entitled to care and how care should be funded. The act also places safeguarding adult's procedures on a statutory footing.</p>	
	<p>Legislation title/year:</p>	
	<p>This act states if capacity is not considered we could potentially be taking away a person's independence and choice and, therefore, if someone is unable to make a decision his/her capacity needs to be assessed and recorded; any decision made needs to be in the person's best interest.</p>	
	<p>Legislation title/year:</p>	
	<p>This act introduced disclosure procedures under which staff could, in confidence, raise any serious concerns they may have about an employee's practice.</p>	
	<p>Legislation title/year:</p>	

## 6 key Principles of safeguarding adults

### Empowerment

- People being supported to make their own decisions

### Prevention

- Taking action before harm occurs

### Protection

- Support and representation for those in greatest need

### Proportionality

- The least intrusive response, being proportionate to the risks

### Partnership

- Working together to achieve better outcomes for individuals and communities

### Accountability

- Everybody needs to understand their role and be transparent

## Adults with care and support needs

Safeguarding Adults' procedures don't apply to all adults.

The Care Act (2014) states that Safeguarding Adults' procedures only apply to someone who is aged 18 or over and:

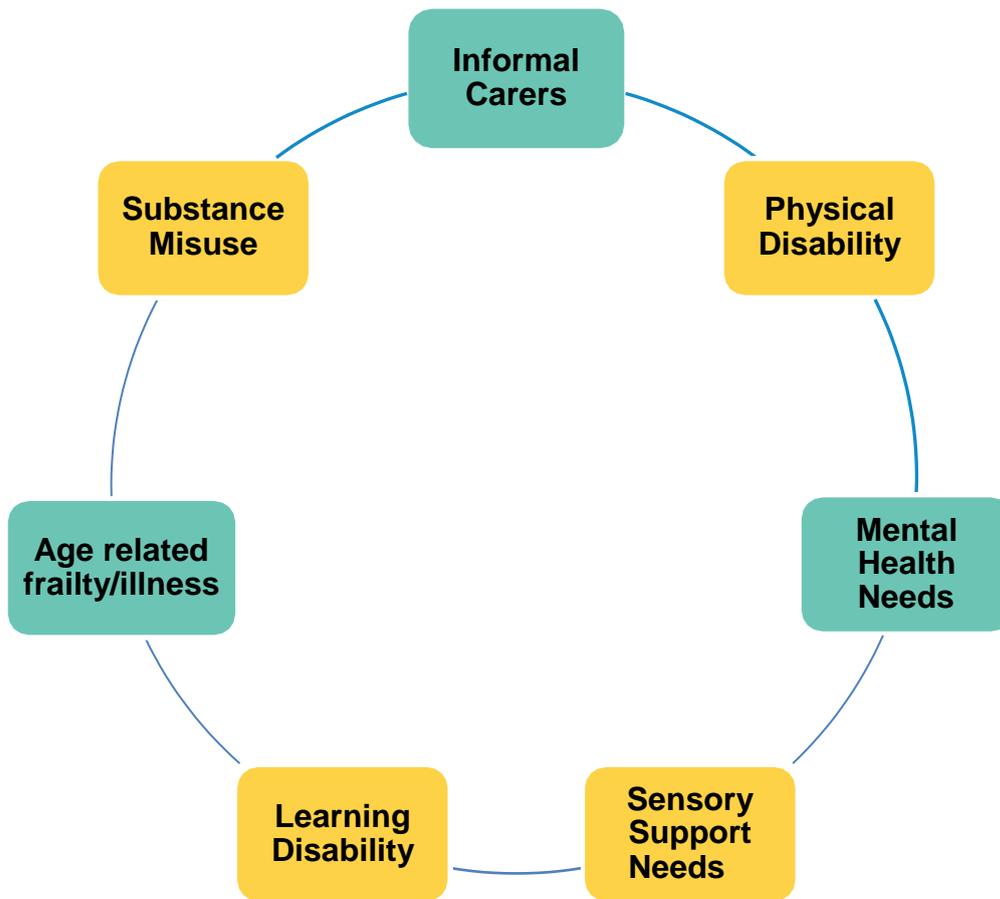
- Has needs for care and support (whether or not the local authority is meeting any of these needs); and,
- Is experiencing, or at risk of, abuse or neglect; and,
- As a result of those care and support needs is unable to protect him/herself from either the risk of, or the experience of abuse or neglect.

In the past we referred to these as 'Adults at Risk' or 'Vulnerable Adults'.

This definition includes people who are at greater risk to a range of different forms of abuse because of:

- Physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury
- They self-neglect through misuse of alcohol or drugs
- They receive informal care from family and friends
- They are informal carers, family and friends who provide care on an unpaid basis.

## Risk Factors



### Consider risks to others - **‘Think Family’**

Consideration must also be given as to whether anyone else is at risk as a result of an adult’s behaviour or care and support needs. This may include children or other adults with care and support needs. Whilst actions may be limited in relation to the individual themselves, there may be a duty to take action to safeguard others. Should there be a concern that a parent may be neglecting children in their care, concerns must be reported to Children’s’ Social Care.

## Are all adults who have a disability at risk?

No. There are plenty of people with care and support needs who are able to protect themselves. However anybody can be subject to abuse, but some people are more vulnerable to abuse and less able to protect themselves. Being disabled or ill does not necessarily mean that people are unable to take care of themselves or protect themselves from abuse or exploitation. However, research tells us that generally the more dependent people are on the help of others with the tasks of day to day living the more vulnerable they are likely to be. This is especially so where there is also a degree of mental incapacity or mental disorder that affects the person's ability to make informed decisions and exercise choice.

## Dignity and respect

Everybody has the right to be treated with dignity and respect and the right to live a life free of abuse and neglect. By treating people with dignity and respect we can help to prevent forms of abuse and neglect. High quality services that respect peoples' dignity should:

- Have a zero tolerance policy on abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum level of control over their own lives
- Listen to people and support them to express their views and don't make assumptions
- Respect people's right to privacy
- Ensure people feel able to complain without fear.

## What do we mean by adult abuse and neglect?

Abuse and neglect can take many forms, with exploitation and self-neglect being common themes, although it is important that staff working in all organisations should not be constrained in their view of what constitutes abuse or neglect. It may be a single act or repeated acts, an opportunistic act or a form of serial abusing where the perpetrator seeks out and grooms the individual. It may be an act of neglect or a failure to act, deliberate or the result of negligence, a crime, where many situations involve more than one type of abuse. It may be due to self-neglect where a person is unable to make choices to keep themselves safe.

The Care Act (2014) highlights 10 different categories of abuse, these are:

<b>Discrimination</b>	<b>Domestic Abuse</b>
<b>Financial and Material</b>	<b>Modern Slavery</b>
<b>Neglect &amp; Acts of Omission</b>	<b>Organisational</b>
<b>Physical</b>	<b>Psychological</b>
<b>Self-Neglect</b>	<b>Sexual</b>

Sexual Exploitation, Human Trafficking (which is linked to Modern Slavery) and Prevent are also important issues which are outlined later in this workbook.

## Exercise Two

Match the different categories of abuse to the definitions provided in the table.

Category of abuse	Definition
	Including 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 support networks.
	Including ignoring medical, emotional or physical care needs, failure to access appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
	Including rape, indecent exposure, sexual assault, sexual acts, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into consenting. It also includes sexual exploitation which is exploitative situations, contexts and relationships where the person receives “something” (e.g. food, accommodation, drugs, alcohol, mobile phones, cigarettes, gifts, money) or perceived friendship/relationship as a result of them performing, and/or another or others performing, sexual acts.

	Including assault, hitting, slapping, pushing, burning, and misuse of medication, restraint or inappropriate physical sanctions.
	Including 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 a person's own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
	Encompasses slavery, human trafficking, forced labour and domestic servitude. 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.
	Includes a person neglecting to care for his/her personal hygiene, health or surroundings; or an inability to provide essential food, clothing, shelter or medical care necessary to maintain physical and mental health, emotional wellbeing and general safety. It includes behaviour such as hoarding and can include drug/alcohol dependency.
	Including forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment; because of race, gender and gender identity, age, disability, religion or because someone is lesbian, gay, bisexual or transgender. This includes racism, sexism, ageism, homophobia or any other form of hate incident or crime.
	Including an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, financial abuse; so called 'honour' based violence, forced marriage or Female Genital Mutilation (FGM).
	Including theft, fraud, internet scamming, exploitation, 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.

## Sexual Exploitation

Sexual exploitation can affect both children and adults and can involve victims being groomed and coerced. Perpetrators of sexual exploitation target vulnerable individuals and through a process of grooming and coercion force them into relationships against their will. Indicators of exploitation include changes in behaviour, sudden withdrawal from social activities, cutting off ties with friends and family, other unexplained changes in routine, fixation with a new mobile phone along with a reluctance to hide who they are in contact with and increased use of drugs, alcohol and 'legal highs'.

There may also be signs of sexual abuse, such as bruising, injury or sexually transmitted diseases. Often individuals who are also being sexually exploited are unaware that they are victims of such abuse. Sexual exploitation is a form of abuse and should be reported as a safeguarding concern.

## Human Trafficking

Human trafficking involves men, women and children being brought into a situation of exploitation through violence, deception or coercion and forced to work against their will. People can be trafficked for many forms of exploitation such as prostitution, forced labour, forced begging, forced criminality, domestic servitude, forced marriage and forced organ removal.

People trafficking and people smuggling are often confused. People smuggling is the illegal movement of people across international border for a fee and upon arriving at the destination the smuggled people are free to move at their will. The trafficking of people is different as the trafficker is enabling the movement of people for the purpose of exploitation. Sometimes trafficking of people does not

involve crossing of international borders as it can occur nationally, even within a local community.

As a professional, you should keep your eyes and ears open. If you suspect that someone is being controlled or forced by someone else to work or provide services, the first step is to inform your line manager or safeguarding lead within your organisation; alternatively you should contact the police. Contact numbers can be found at the end of this workbook.

Signs of human trafficking can be where an unknown person appears to be monitoring the movements of another person or appears to be controlling them in some way. This may include a person constantly being dropped off and collected from work, being exploited or ill-treated. Often victims are physically abused.

## Prevent

Prevent is the Government's strategy to stop vulnerable people becoming terrorists or supporting terrorism, in all of its forms. Prevent forms part of the Government's counter-terrorism strategy 'CONTEST' which is divided into four priority objectives:

- **Pursue:** stop terrorist attacks.
- **Prepare:** where we cannot stop an attack, mitigates its impact.
- **Protect:** strengthen overall protection against terrorist attacks.
- **Prevent:** stop people becoming terrorists and supporting violent extremism.

Prevent works at the pre-criminal stage by using early intervention to encourage individuals and communities to challenge extremist and terrorist ideology and behaviour.

Early intervention can prevent individuals being drawn into terrorist-related activity in a similar way to criminal activity such as drugs, knife or gang crime. Health and care services have been identified as an important partner in preventing vulnerable people of becoming radicalised. It is key that all health and care staff are able to identify and voice a safeguarding concern, which will be handled seriously. The specific objectives that relate to healthcare services are to:

- Support individuals who are vulnerable to recruitment, or have already been recruited by violent extremists
- Disrupt those who promote violent terrorism and support the places where they operate

- Address the grievances which radicalisers are exploiting.

Prevent is aligned with Community Safety and Safeguarding; all communities are affected by violent extremism and those most vulnerable to the ideologies, particularly through the use of the internet.

If you suspect an individual is being radicalised or becoming involved in terrorism, the first step is to inform your line manager or safeguarding lead within your organisation; alternatively you should contact the police. Contact numbers can be found at the end of this workbook.

## Domestic Abuse

The definition of domestic violence and abuse is 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse'. Women in the UK are much more likely than men to be the victims of high risk or severe domestic abuse with 28.3% of women and 14.7% of men experiencing abuse at some point in their lives. 30% of domestic abuse starts in pregnancy, and existing abuse may get worse during pregnancy or after giving birth.

Domestic abuse can affect anyone from any background. Whilst the majority of cases are male on female violence there has been an increase of female on male violence and violence in same sex relationships. In 90% of cases children are in the same or the next room when the incident occurs. They may be emotionally distressed witnessing abuse, or physically harmed themselves.

The context of coercion and control may present significant barriers to women disclosing either their own or their children's suffering, particularly in situations where the offending partner is present. Women need repeated opportunities to disclose, and a safe, trusted environment within which they can voice their concerns.

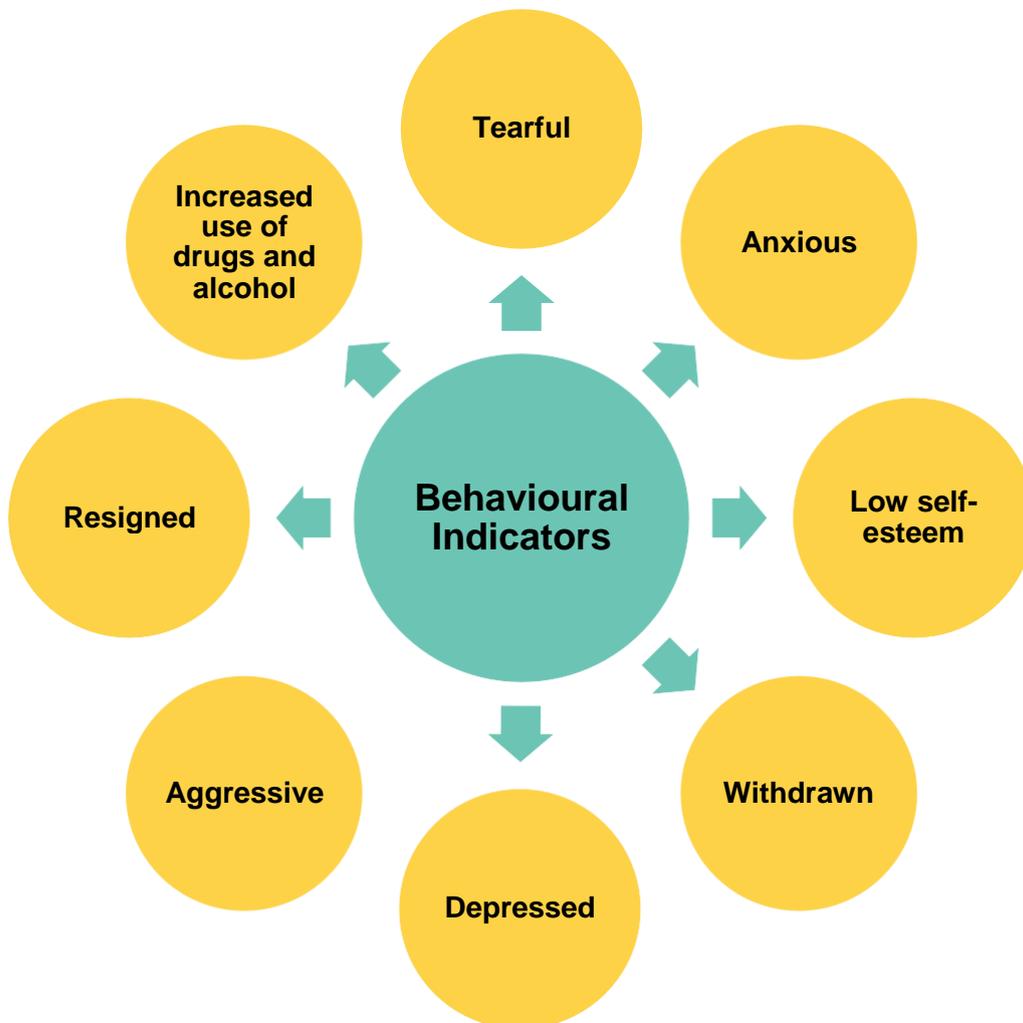
More information on Domestic Abuse is available at [www.rochdalesafeguarding.com](http://www.rochdalesafeguarding.com). Training courses on a wide variety of safeguarding topics are available free of charge at the same address.

## Signs and indicators

Abuse isn't always obvious and it's important not to jump to conclusions or make assumptions about what might have happened, but there may be signs and indicators that give you a cause for concern.

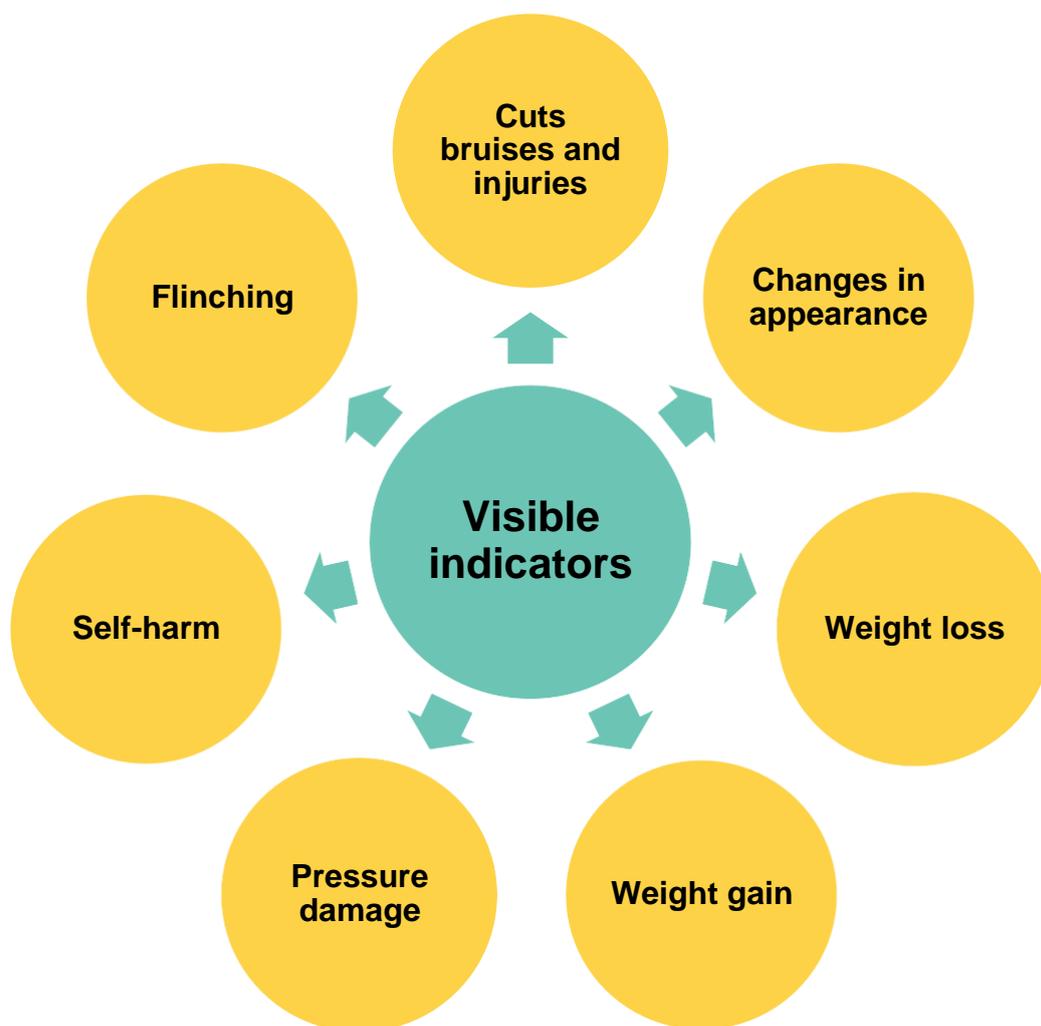
### Behavioural indicators

Different types of abuse can affect different people in different ways. For example, some people may become withdrawn and tearful whereas others may be left angry and frustrated. This is why it is important to be aware of the changes in someone's behaviour which may indicate that something isn't quite right. Below are some examples of changes in behaviour.



## Visible Indicators

Sometimes indicators of abuse will be visible. For example, somebody may have a physical injury like a cut or bruise. When somebody has an injury it's important to think beyond the injury itself and also look at other factors such as where the injury is and the person's explanation as to how the injury occurred. The indicator will become more significant if the injury is in an unusual place (such as inner arms or thighs) and when the injury and the explanation don't add up.



## Financial Indicators

Many types of abuse will have a financial impact on the victim. When considering financial indicators it's important to think about whether there has been a change in circumstances. For example, if someone is struggling to pay bills we have to think about whether this has always been the case or is it a recent development? Once again, it is the changes in someone's financial circumstances that will be more significant.



### Exercise Three

Read the case studies and identify the signs and indicators that abuse might be taking place. Then try and identify which category of abuse they relate to.

#### Case Study One: Anne

Anne is 34 years old and has a learning disability. Anne has always wanted to make friends but struggles to see the difference between friendship and abuse. Recently Anne has made friends with a lady called Sharon whom she met online. Over the past few months Sharon has become increasingly involved in Anne's life. Anne's support worker visits her flat and is concerned because there doesn't seem to be very much food in the house and Anne has lost a lot of weight. Anne always used to have plenty food in the house and a healthy appetite. When asked about the food Anne says she doesn't have enough money to buy food as she lent some money to Sharon because she was struggling to pay her rent. When asked when she will get the money back from Sharon, Anne says that it won't be for at least another week as Sharon has gone away on holiday.



1) Are there any signs / indicators that abuse is taking place? (If so what are they?)

2) What category/categories of abuse might this be?

## Case Study Two: Pete

Pete is a 47 year old man with a physical disability. Pete is living in supported accommodation. A member of staff is concerned about Pete as he has a graze on the side of his face. When asked how this happened, Pete says he had been on his way home from the pub last night when his wheelchair slipped off the curb and he fell out and grazed his face. Pete says his friends then had to help him back into his chair. Later the same day a different colleague asks Pete what happened and he says he had been doing some cooking in his kitchen and he had reached to open a cupboard, when he did a can had fallen out and hit him on the head.



1) Are there any signs / indicators that abuse is taking place? (If so what are they?)

2) What category/categories of abuse might this be?

### Case Study Three: Maureen

Maureen is 87 years old, suffers from dementia and has reduced mobility. For the past two months she has been living in a care home. Emma has been working at the home for 3 months and this is her first job in care. One morning she becomes concerned about Maureen as she doesn't seem her usual self; and there is an odour of urine in the room and Emma notices that her sheets are wet.



Maureen requires assistance to get in and out of bed but is capable of walking down the corridor to the toilet and back. Maureen says that she was not able to get assistance over night because one of the nurses took her buzzer away from her, telling her that they were not her personal slaves and that she was pressing it too much.

1) Are there any signs / indicators that abuse is taking place? (If so what are they?)

2) What category/categories of abuse might this be?

## The Mental Capacity Act 2005

The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment and applies to individuals aged 16 and over. Examples of people who may lack capacity are those with:

- Dementia
- A severe learning disability
- A brain injury
- A mental health condition
- A stroke
- Unconsciousness caused by anaesthetic or sudden accident.

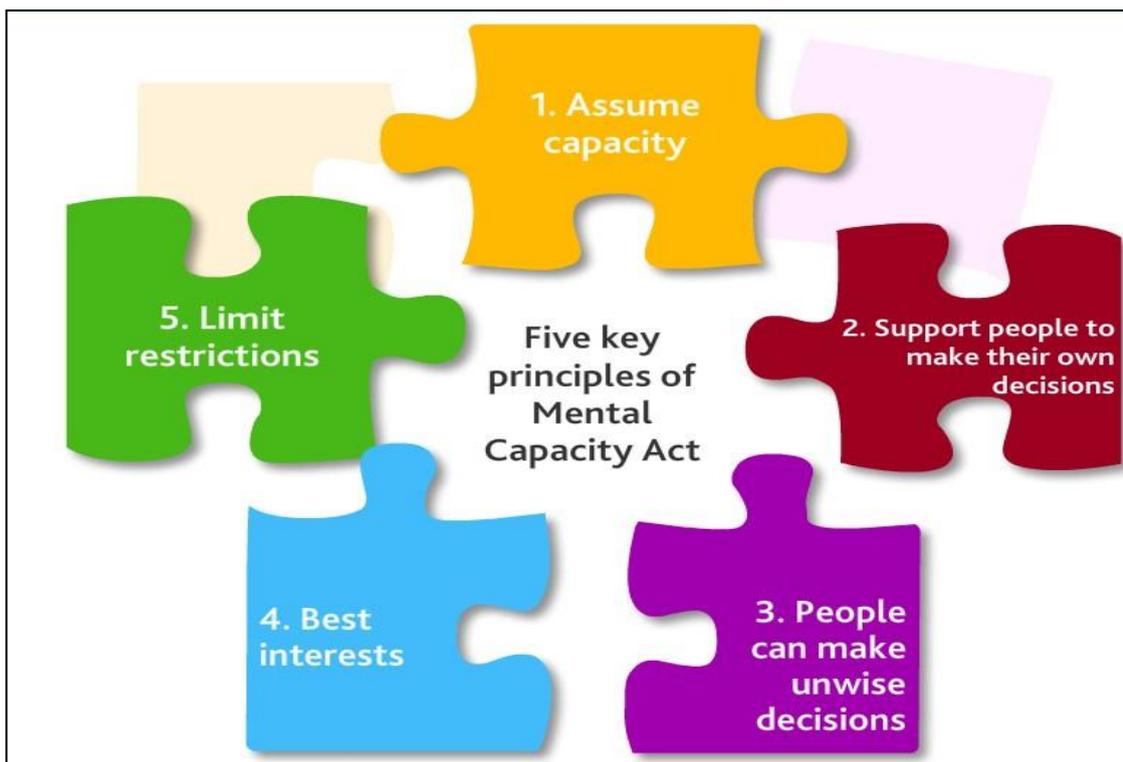
However, just because a person has one of these conditions does not necessarily mean they lack the capacity to make a specific decision.

### What does lacking capacity mean?

Someone can lack capacity to make some decisions (for example, to decide on complex financial issues) but still have the capacity to make a specific decision. The MCA says:

- Everyone has the right to make their own decisions. Care professionals should always assume an individual is able to make decisions, unless a capacity assessment is carried out and proves otherwise.
- A person must be given help to make a decision. This might include, for example, providing the person with information in a manner that is easier for the individual to understand
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision
- Where someone is judged not to have the capacity to make specific decisions (following a capacity assessment), that decision can be taken on their behalf, but it must be in the person's best interests. The resulting treatment and care provided should be the least restrictive to the person's basic rights and freedoms as possible.

The MCA also allows people to express their preferences for treatment and care, as well as allowing the individual to appoint a trusted person to make the decision on their behalf should the person lack the capacity to make decisions in the future.



## What is deprivation of liberty?

Sometimes the restrictions placed on an individual who lacks the mental capacity to consent to the arrangements for their care may amount to 'deprivation of liberty'. Each case must be judged on an individual basis.

Where it appears a deprivation of liberty might have occurred, the provider of care (usually a hospital or care home) has to apply to the local authority, who will then arrange an assessment of the individual's treatment and care to decide if the deprivation of liberty is in the best interests of the person concerned, this is known as a best interests assessment.

If it is in the individual's best interests, the local authority will grant a legal authorisation. If it is not, the treatment and care package must be changed – otherwise, an unlawful deprivation of liberty will occur. The system is known as the Deprivation of Liberty Safeguards (DoLS).

If you suspect a deprivation of liberty may occur, the first step is to inform your line manager. If you still feel a deprivation of liberty has occurred you should then call the relevant Local Authority Safeguarding Adults Team. Contact numbers can be found at the end of this workbook.

## Exercise Four

Read the case study and identify the issues involving mental capacity that might be taking place.

### Case Study Four: Mary

Mary is a care home resident and is usually fully alert, independent and able to make her own decisions. Mary is currently suffering from a urine infection.

One morning the care staff find Mary in the corridor outside her bedroom; she is distressed, appears to be confused and is unable to explain to the care staff what is bothering her.

The care staff are concerned about Mary's condition and they ask Mary if she would like her doctor calling, to which Mary replies no.



1) What should the care staff do now?

2) What would be the consequences of the staff failing to take any action?

## How to respond to a Safeguarding Concern

### Taking immediate action

Immediate safety is the first priority around any concern of abuse or neglect. Make an immediate assessment of the risks and take action to ensure everyone is safe. Do not hesitate to **call the emergency services when required**. If there is a concern that a crime has taken place it's important to preserve evidence where possible.



### Responding to a disclosure

If somebody discloses to you that they have been the victim of abuse or neglect there are some things that you can do to make sure the person feels reassured and you get the best possible information from them.

- Assure the individual that you are listening and taking what the person is saying seriously
- Avoid asking too many or leading questions
- Use the TED technique (tell, explain and describe); these are questions you can ask to make sure you are getting the best possible information from the person rather than putting words in the person's mouth. For example, you might ask "Can you explain to me what happened when you went to your friend's house?"
- Stay calm
- Do not guarantee confidentiality as some information that they tell you might result in you having to act upon it if someone's safety is at risk
- Explain that you may have to pass the information on (be open and honest)
- Reassure them that they will be involved in any decisions about their safety
- Don't be judgemental or jump to conclusions.
- There may be instances (such as domestic abuse) where it may not be safe to speak to the adult concerned, as the perpetrator may be close by and overheard the conversation. If you are unable to speak to the adult about their views and wishes, consult your manager and/or speak to the adult safeguarding team for advice.

You don't have to ask lots of questions at this stage. Firstly, you don't want the person to feel as though they are being investigated. That might put them off from telling you the truth. Secondly, it's not the role of the person raising the concern to undertake an investigation and determine whether or not abuse has taken place; that's why we have the multi-agency safeguarding procedures in place. When you become aware that an adult may have experienced, or be at risk of, abuse it's important that you then raise that concern. Even if after the enquiry has taken place it appears that no abuse has taken place you will still have done the right thing by raising your concern.

Here are some examples of the sorts of things you can say to the person.

**Abuse is always wrong and nobody should have to put up with it.**

**You did the right thing by telling me.**

**Can you tell me more about that?**

**I am going to have to pass this on to my line manager so that we can take action to try and make you safe.**

**There are some things that I am not allowed to keep secret but please tell me what it is you want to say.**

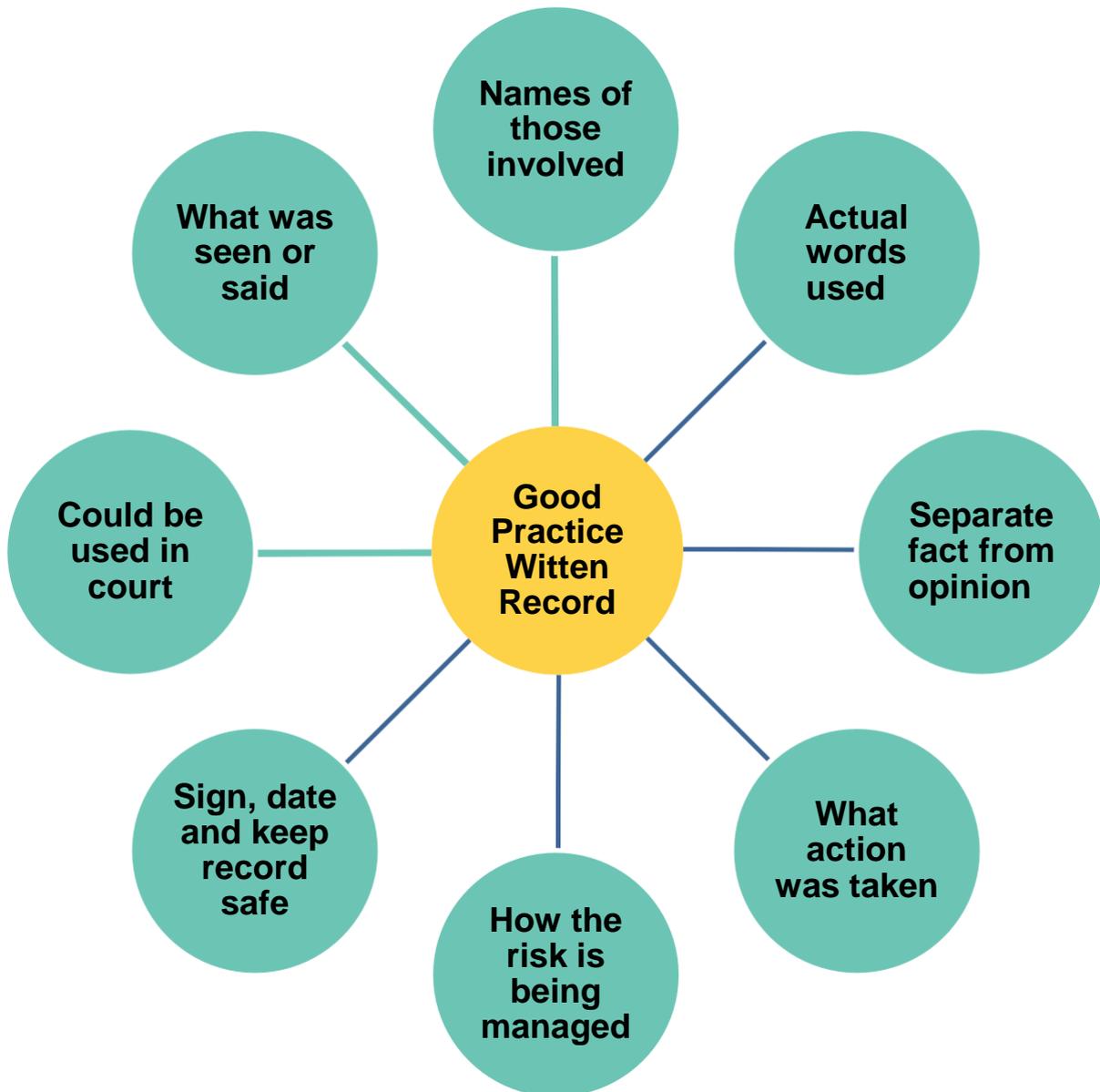
**You will be involved in any decisions that are taken about your safety.**

**I'm here to listen to you and support you.**

**It's not your fault.**

## Good Practice Written Record

Once you have managed the immediate risks and spoken to your line manager you should make a written record of your concern. Below are some tips for making an accurate written record.



## Do's and Don'ts:

Exercise Five		
Read the statements below and decide which points you should do when you have a concern, and which ones you shouldn't do.		
	Do ✓	Don't ✗
Preserve evidence wherever possible		
Wait until you are certain abuse is taking place before raising your concern		
Ask leading questions		
Ensure immediate safety – if the person is in danger contact emergency services		
Confront the alleged abuser		
Treat information seriously – don't dismiss allegations		
Ask lots of questions		
Listen carefully, remain calm		
Promise to keep it a secret		
Record the information		

## Raising a Concern

When you become aware that an adult at risk has been abused it is vital that you take action. Never presume that somebody else will be reporting the concern as this might not be the case. As the person raising the concern, you don't need to be certain that abuse is taking place. It is important to act on any concerns or suspicions that you might have. We all have a responsibility to protect people from abuse and you can do that by raising your concerns. You have a duty of care to protect people from abuse, even if the person asks you not to tell anyone, you still have to pass the information onto your line manager. Be open and honest with the person and tell them why you have to do this. Below are the three steps you should take to raise a Safeguarding Concern.

1

### Take immediate action

- Make an immediate evaluation of the risks and take steps to ensure nobody is in danger
- Call 999 if necessary
- Preserve evidence and secure the scene (e.g. locking a door)
- Keep yourself and others safe
- Obtain support through specialist staff if required

2

### Don't lose the moment

- Assure the person that you are listening and taking them seriously
- Avoid asking too many questions
- Use the TED technique (tell, explain and describe)
- Stay calm
- Do not guarantee confidentiality
- Explain that you may have to pass information on
- Reassure the person that he/she will be involved in decisions
- Don't be judgemental or jump to conclusions

## Tell your line manager

- Check your organisation's policy
- Follow your own organisational procedures
- Don't do nothing
- Get feedback

As a professional you may need to complete a Safeguarding Adults Concern Form (signposted on page 38). When completing the Form, you must:

- Complete all sections with as much detail as possible
- Send any capacity test with the Concern Form
- If the concern relates to a pressure ulcer remember to refer to local policies and procedures.  
Be clear if an Independent Mental Capacity Advocate (IMCA) is involved
- Be clear about any discussions with the individual and their wishes
- Be clear about any discussions with appropriate family/partner/carer and include their contact details
- Where possible, complete the Concern Form electronically; if this is not possible and the form is being hand written, then ensure it is legible
- If you do not know the answer to any questions, please write 'not known' and do not leave the box blank.
- Email your concern to the Rochdale Council Adult Care (details on page 38)
- Ensure your organisations safeguarding lead or Single Point of Contact (SPOC) is copied into this email
- Contact Rochdale Adult Care by phone to check that they have received the Concern Form.

**The RBSAB Multi-Agency Safeguarding Adults Policy and Procedures, and the Concerns Form, can be found on the [RBSAB website](#).**

## What happens next?

Rochdale Adult Care are required by law to carry out safeguarding enquiries for those individuals aged 18 and over who meet the criteria outlined in section 42 of the Care Act 2014:

- Be experiencing, or at risk of, abuse or neglect; AND
- Have needs for care AND support (whether or not the local authority is meeting any of those needs); AND
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

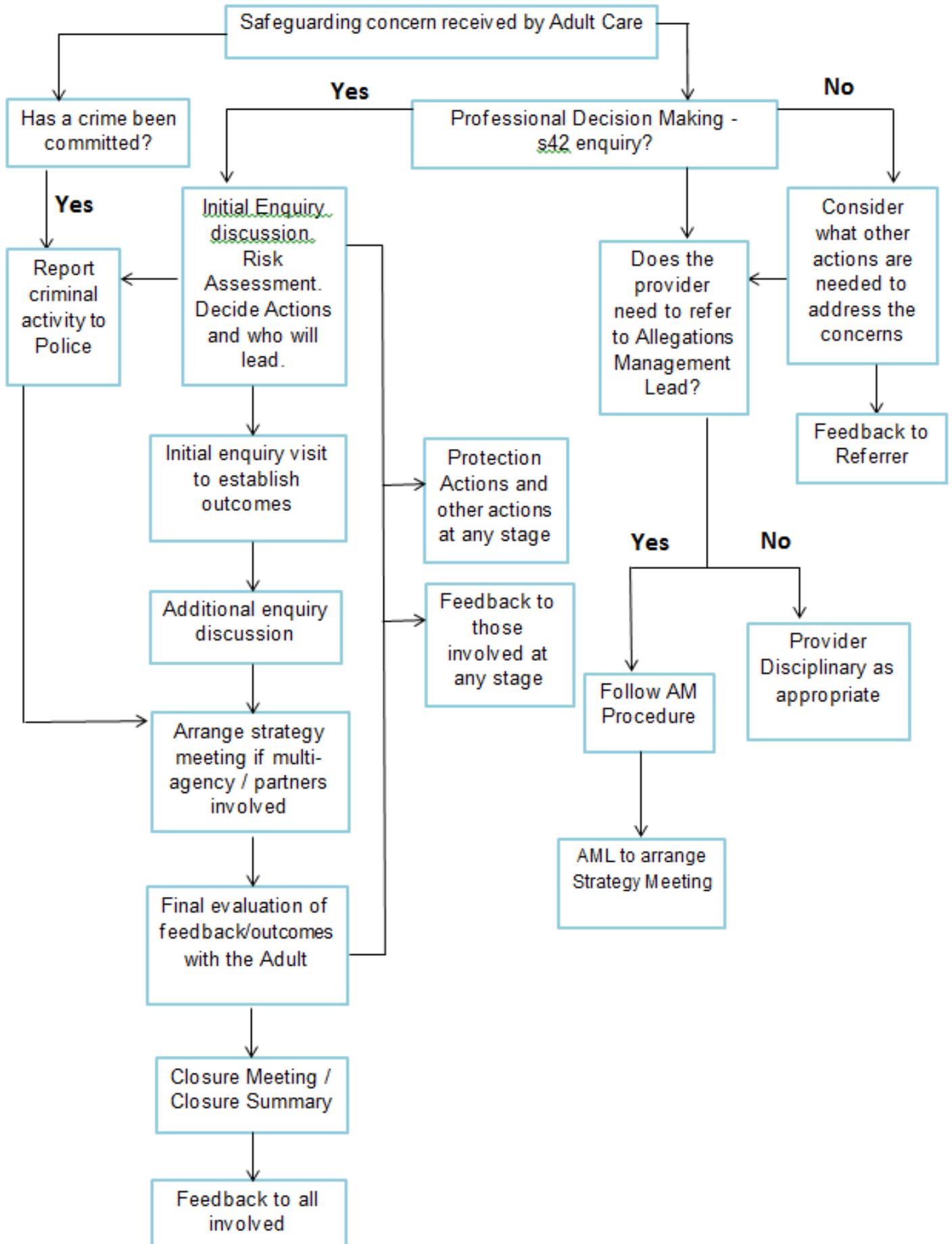
Upon receipt of your Safeguarding Concern Rochdale Adult Care will check that the criteria for a Section 42 Enquiry (above) has been met and if so, will gather further information and decide what action needs to be taken.

Section 42(1) of the Care Act 2014 is where information gathering takes place to establish if the individual does meet the criteria above. If met, then a S42 (2) safeguarding enquiry must take place. The proportionate conversations and information gathering that take place in finding out whether the criteria in S42 (1) are met (and therefore whether a statutory enquiry is triggered) sometimes themselves offer protective and preventive value.

Each safeguarding adult's enquiry will be different. It will depend on how serious the concern is and what the adult (or their representative) wants to happen. Every safeguarding adult's enquiry must involve the adult who is at risk or someone who can represent them. This is known as 'Making Safeguarding Personal'. If the person does not have an appropriate person to represent them **and** they would have substantial difficulty in being involved, then Adult Social Care must arrange an independent advocate. They will help to support and represent the adult through the safeguarding adult's enquiry.

The safeguarding adult's enquiry can end at any stage, as long as it is agreed that the person is as safe as they possibly can be. Whenever this happens, there will be an agreed plan in place to keep the person safe. This is called a **Safeguarding Adult's Plan**.

## Flowchart of the Safeguarding process



## Allegations Management

**Allegations of abuse or neglect made against a professional who works with adults with care and support needs have their own procedure, called Allegations Management. Allegations Management does not replace a Safeguarding enquiry.**

This might be a care worker within an organisation such as a care home, a voluntary organisation or a Social Worker. Everyone is at risk of allegations being made against them at any time and we need to ensure clear safer working practices are in place. An allegation against a person in a position of trust has to be taken seriously and dealt with in a way that protects both the person who has been harmed and the worker whom the allegation has been made against. This means a process needs to be followed to ensure this is done fairly for all involved.

An allegation is *“A suspicion or concern that a trusted individual within an organisation or establishment has mistreated or abused an adult with care and support needs or may be about to do so”*

The procedures should be used when an allegation is made that a person who works with adults with care and support needs who has:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed a criminal offence against, or related to, an adult or child
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs.

It is the employers' responsibility to decide whether these threshold for allegation management is met. If the employer is unsure a consideration form can be completed and emailed to the Allegation Management Lead (AML); help can be given to decide if the threshold is met. A referral form needs to be completed by the employer if the threshold is met and the AML will arrange an allegation management strategy meeting. The meeting will decide:

- What is required to safeguard the adult involved or any other adults with care and support needs with whom the staff member has contact.
- Whether a police and/or adult social care investigation is required or whether disciplinary procedures should be followed.
- Whether further investigation is required following which a second allegation management strategy meeting needs to be convened.
- The outcome of the allegation.

Full details of the Allegations Management process can be found at [www.rochdalesafeguarding.com](http://www.rochdalesafeguarding.com)

## When I raise a concern will I get feedback?

Yes you should do. It's really important that when you raise a concern you are provided with some feedback to explain what has happened. You might not be given lots of information relating to the case as some of it might be confidential but you should be told about what has happened. If you don't get any feedback or if you disagree with anything that has happened and you want to challenge a decision then call Rochdale Adult Care. Contact numbers can be found on page 38 of this workbook.

Here is an example of how a safeguarding enquiry might work.

### Case Study – Mary and Fred

Mary lives with her husband Fred. Fred has a long term brain injury which affects his mood, behaviour and his ability to manage close family relationships. This has often led to him shouting and hitting out at Mary, who is also his main informal carer. Mary told one of her care workers that she was becoming increasingly frightened by Fred's physical and verbal outbursts and at times feared for her personal safety. The care worker told her manager who raised a safeguarding adult's concern.



Other family members were unaware of the extent of the harm and Mary was exhausted and considering leaving the situation. A social worker became involved with Mary and spent time meeting with her to explore her views around her safety and what she wanted to happen, including whether or not she would like the wider family to be involved. Mary decided that she would like to remain with Fred but needed some more help to deal with his behaviour.

A plan was developed to keep both Mary and Fred safe. The plan included information for Mary about how to safely access help in an emergency and helped her to develop strategies to manage her own safety. Staff worked more closely with Fred, developing a rapport with him and building on his strengths and in particular his desire to participate in more social activities outside the family home. The effect of this was that some of the trigger points of him being at home with Mary for sustained periods of time during the day were reduced. The situation will be reviewed regularly with both Mary and Fred but for the time being they do feel more able to manage.

You have almost completed the workbook. Below are some of the key messages that you should have learnt and a section for your key contacts. To get a certificate for this workbook please speak to your line manager and complete the assessment.

1. Safeguarding Adults is about protecting adults from abuse
2. Multi-agency procedures (lead agency is Adult Social Care)
3. Everybody has the right to a life free from abuse
4. Safeguarding is person led and outcomes focussed
5. Immediate safety is the first priority
6. Don't lose the moment (speak to the victim where possible)
7. No such thing as an incorrect Safeguarding Concern
8. Raising a Concern should be seen as a good thing
9. The Mental Capacity Act (MCA) protects individuals who may not have the mental capacity to make their own decisions about their care and treatment
10. Deprivation of Liberty Safeguards (DoLS) are there to ensure a care provider acts in the best interest of a person

## Key contacts

**If an Adult or Child is in immediate danger phone the police on 999.**

Person/Agency	For	Contact
<b>Your Manager / Safeguarding Lead</b>	Your first point of contact when you have a concern.	
<b>Your Manager's Manager</b>	In case you have a concern about your manager, or your manager is unavailable as a first point of contact.	
<b>Rochdale Borough Council Adult Care</b>	To raise an Adult Safeguarding Concern	0300 303 8886 <a href="mailto:adult.care@rochdale.gov.uk">adult.care@rochdale.gov.uk</a>
<b>Rochdale Borough Council Children's Social Care</b>	To raise a Children's Safeguarding Concern	0300 303 0440  Alternatively you can contact the NSPCC 24/7 on 0808 800 5000
<b>Out of Hours</b>	To raise a Safeguarding Concern or children's alert out of office hours.	0300 303 8875
<b>Greater Manchester Police</b>	For any concern where a crime has taken place.	101
<b>Rochdale Borough Safeguarding Adults Board</b>	For general advice and information around safeguarding adults (not to discuss individual cases)	01706 927700 <a href="mailto:rbsb.admin@rochdale.gov.uk">rbsb.admin@rochdale.gov.uk</a> <a href="http://www.rochdalesafeguarding.com">www.rochdalesafeguarding.com</a>

## Where can I find further information?

<p>All policies, Procedures, Protocols and Guidance documents are available on the RBSAB website. The site also contains links to other organisations involved in Safeguarding Adults.</p>	<p><a href="http://www.rochdalesafeguarding.com">www.rochdalesafeguarding.com</a></p>
<p>For information on Safeguarding Children visit the site of the Rochdale Borough Safeguarding Children’s Partnership.</p>	<p><a href="http://www.rochdalesafeguarding.com">www.rochdalesafeguarding.com</a></p>
<p>The Board/Partnership offers free training courses that are available for anyone who works or volunteers in the Rochdale borough.</p> <p>Courses include:</p> <ul style="list-style-type: none"> <li>• Domestic Abuse</li> <li>• Mental Capacity</li> <li>• Provider Safeguarding Responsibilities</li> <li>• Allegations Management</li> <li>• Stalking</li> <li>• ‘Honour’ Based Violence/Abuse</li> <li>• Female Genital Mutilation (FGM)</li> <li>• Women and Problem Gambling</li> <li>• Illegal Money lending</li> </ul> <p>And many more. Courses are being added all the time so check the website regularly for the latest information.</p>	<p><a href="http://www.rochdalesafeguarding.com">www.rochdalesafeguarding.com</a></p>
<p>For up-to-date information on safeguarding in the Rochdale borough check out the Facebook pages of the Board and Partnership.</p>	<p><a href="http://www.facebook.com/rochdalesab/">www.facebook.com/rochdalesab/</a> <a href="http://www.facebook.com/LSCPRochdale">www.facebook.com/LSCPRochdale</a></p>
<p>The Board and Partnership have a joint Twitter page.</p>	<p>@LSCP_B_Rochdale</p>
<p>The Board and Partnership publish a regular newsletter. They are available on our websites, or to join our subscription list please drop us an email.</p>	<p><a href="mailto:rbsb.admin@rochdale.gov.uk">rbsb.admin@rochdale.gov.uk</a></p>

## Rochdale Borough Safeguarding Adults Board Safeguarding Adults Awareness Workbook Assessment

Notice to Learners: You should complete the following questions without any help and submit answers to your line manager. **The pass mark is 75% (12 out of 16).**

<b>1</b>	<p><b>Which piece of legislation placed safeguarding adults' procedures on a statutory footing?</b></p> <p> <input type="checkbox"/> No Secrets (2000)  <input type="checkbox"/> Care Act (2014)  <input type="checkbox"/> Mental Capacity Act (2005)         </p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
<b>2</b>	<p><b>An adult at risk is defined as someone who:</b></p> <p> <input type="checkbox"/> Is aged 18 or over  <input type="checkbox"/> Has needs for care and support (whether or not the local authority is meeting any of these needs)  <input type="checkbox"/> Lacks the mental capacity to make decisions about their own safety  <input type="checkbox"/> Is experiencing, or at risk of, abuse or neglect  <input type="checkbox"/> As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.         </p> <p style="text-align: right;"><i>(please tick 4 of the answers)</i></p>
<b>3</b>	<p><b>What is the first priority around any concern of abuse?</b></p> <p> <input type="checkbox"/> Immediate safety  <input type="checkbox"/> Raising a Safeguarding Concern  <input type="checkbox"/> Telling all of your colleagues         </p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
<b>4</b>	<p><b>There are 10 categories of abuse; these include physical, sexual, financial, emotional, self-neglect, discrimination and domestic abuse.</b></p> <p><b>What are the remaining 3 categories of abuse?</b></p> <p>1.</p> <p>2.</p> <p>3.</p>

<b>5</b>	<p><b>From which legislation does the following statement come from?</b></p> <p><b>“The right to life, freedom from torture and degrading treatment, the right to respect for private and family life, and the right to live a life that is free from abuse and neglect.”</b></p>
	<p><input type="checkbox"/> Sexual Offences Act (2003)</p> <p><input type="checkbox"/> Public Interest Disclosure Act (1998)</p> <p><input type="checkbox"/> Human Rights Act (1998)</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
<b>6</b>	<p><b>Hitting, punching, kicking and burning are a type of which abuse?</b></p>
	<p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Domestic Abuse</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
<b>7</b>	<p><b>Only children can be victims of sexual exploitation, not adults.</b></p>
	<p>True / False</p> <p style="text-align: right;"><i>(please circle the appropriate answer)</i></p>
<b>8</b>	<p><b>Who can be a perpetrator of abuse</b></p>
	<p><input type="checkbox"/> GP</p> <p><input type="checkbox"/> Care Worker</p> <p><input type="checkbox"/> Family member</p> <p><input type="checkbox"/> Anyone</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
<b>9</b>	<p><b>When raising a Concern do you inform your manager...?</b></p>
	<p><input type="checkbox"/> In private, as soon as possible but not more than 24 hours after having the concern</p> <p><input type="checkbox"/> In the staff room, the next time you see them</p> <p><input type="checkbox"/> With family present, as soon as possible but not more than 2 hours after having the concern</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
<b>10</b>	<p><b>Whose responsibility is it to protect adults from abuse?</b></p>
	<p><input type="checkbox"/> Police</p> <p><input type="checkbox"/> Adult Social Care</p> <p><input type="checkbox"/> The Care Provider</p> <p><input type="checkbox"/> Everyone</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
<b>11</b>	<p><b>Only concerns about deliberate harm can be raised as a safeguarding concern? If the abuse is unintentional then there is no need to raise a concern.</b></p>

True / False		<i>(please circle the appropriate answer)</i>
<b>12</b>	<b>If staff do not give a resident the medication they have been prescribed what type of abuse might this be?</b>	
	<input type="checkbox"/> Physical <input type="checkbox"/> Discrimination <input type="checkbox"/> Neglect <input type="checkbox"/> Organisational	<i>(please tick 3 of the answers)</i>
<b>13</b>	<b>What should you do if the victim says they do not want you to tell anyone?</b>	
	<input type="checkbox"/> Don't tell anyone, they are an adult and can make decisions for themselves. <input type="checkbox"/> Tell your line manager, you have a duty of care to protect adults from abuse even if this may mean overriding confidentiality	<i>(please tick the appropriate box)</i>
<b>14</b>	<b>Which piece of legislation prevents the abuse of people without capacity?</b>	
	<input type="checkbox"/> Care Act (2014) <input type="checkbox"/> Mental Capacity Act (2005) <input type="checkbox"/> Public Interest Disclosure Act (1998)	<i>(please tick the appropriate box)</i>
<b>15</b>	<b>Which organisation is the lead agency for coordinating Safeguarding Adults Enquiries?</b>	
	<input type="checkbox"/> Police <input type="checkbox"/> Care Quality Commission <input type="checkbox"/> Local Authority	<i>(please tick the appropriate box)</i>
<b>16</b>	<b>The aim of the Deprivation of Liberty Safeguards (DoLS) is to protect care home/hospital patients who lack mental capacity and need severe restrictions to protect them from harm.</b>	
True / False		<i>(please circle the appropriate answer)</i>

<b>Name</b>	
<b>Job Role</b>	

## Evaluation

**Name:**

Once completed please forward the workbook evaluation (*i.e. this page*) and the Certificate of Completion) to the Rochdale Borough Safeguarding Adults Board Business Unit, using the contact details below, who will make a record of completion and issue a certificate. Completion records may be shared with the training leads of your commissioning organisation to ensure that your staff development record remains up to date.

**Rochdale Borough Safeguarding Adults Board, 4<sup>th</sup> Floor, Number One  
Riverside, Smith Street, Rochdale OL16 1XU**

[rbsb.admin@rochdale.gov.uk](mailto:rbsb.admin@rochdale.gov.uk)

<b>Why did you complete this workbook?</b>	Safeguarding Adults Awareness
<b>Where did you do your training?</b>	
<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Mixture	
<b>Overall, how satisfied were you that the workbook gave you the information that you needed to know?</b>	
<input type="radio"/> Very satisfied <input type="radio"/> Satisfied <input type="radio"/> Partly satisfied <input type="radio"/> Dissatisfied	
<b>What is the most important thing you have learned from this workbook?</b>	
<b>How will you use the information from this workbook in your day to day work?</b>	
<b>Would you recommend this workbook to other people? Please explain.</b>	
<b>Is there any aspects of the workbook you feel could be improved?</b>	
<b>Manager / Supervisor: Please provide feedback on how the learner managed this learning experience.</b>	

## Certificate of Completion Safeguarding Adults Awareness Workbook

I have discussed the completion of the workbook with my manager / assessor.

Name (*please print*): \_\_\_\_\_

Signature of employee: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Declaration:

I have seen the workbook completed by \_\_\_\_\_

(*as it will appear on the certificate*) and I can confirm that I am satisfied that they are sufficiently competent.

Assessment score: \_\_\_\_\_ (out of a possible 16)

Name (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Details of Manager / Assessor:

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

## Useful Websites and Resources

### [Rochdale Borough Safeguarding Adults Board's Policies, Procedures and Guidance](#)

Including information on:

- Allegations Management
- Criminal Exploitation
- Domestic Abuse
- Female Genital Mutilation
- Hate Crime
- 'Honour' Based Violence/Abuse
- Making Safeguarding Personal
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Pressure Ulcers and the Interface with a Safeguarding Enquiry
- Safeguarding Adult Reviews
- Safeguarding in Housing
- Self Neglect
- Training Courses

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](#)

[Mental Capacity Act Code of Practice - GOV.UK \(www.gov.uk\)](#)