

Safeguarding Adults at Risk of Harm

Foundation Course



Creating safer places. Together.

Introductions





2.5 hours with a short break



Link for slides and workbook



Webcam and microphones



Sensitive and confidential



Chat facility



Get support



Course structure



Module 1

Module 2

Module 3

Module 4

Module 1

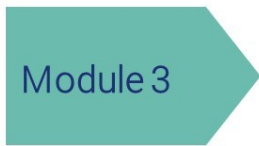
Principles of safeguarding adults

Understand the legal mandate to safeguard adults at risk and the principles that underpin safeguarding adults.

Module 2

Mental capacity and consent

Understand how the law around mental capacity and consent affects safeguarding adults.



Responding to concerns and taking action

Be equipped with the knowledge to know how to respond to abuse and take action, within the context of appropriate policies and procedures.



Safeguarding culture and safer practice

Be inspired, empowered and equipped to contribute to building a healthy safeguarding culture.

Module 1:
**Principles of
safeguarding adults**

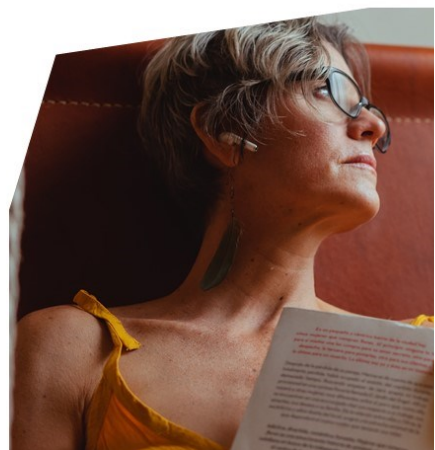
In this module:

- ▶ Principles of safeguarding adults
- ▶ How we define adults at risk
- ▶ Legal framework for safeguarding adults in the UK



Pause and consider:

What are the comparative differences between safeguarding adults and safeguarding children?



What is safeguarding adults?

“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.

This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances”.

Department of Health 2020 (Care and Support Statutory Guidance)

Legislation and guidance

England

- Care Act 2014
- Mental Capacity Act 2005

Wales

- Social Services and Well Being (Wales) Act 2014
- National Outcomes Framework for People who need care and support
- Mental Capacity Act 2005

Legislation and guidance

Northern Ireland

- Adult Safeguarding: Prevention and Protection in Partnership Key Documents (2015)
- Mental Capacity Act (Northern Ireland) 2016

Scotland

- Adult Support and Protection (Scotland) Act 2007 and Code of Practice 2014
- Adults with Incapacity (Scotland) Act 2000

UK safeguarding adults legislation

England, Scotland and Wales,
Safeguarding Adults legislation applies to:

- Adults (16+ in Scotland) who experience physical or mental illness or disability,
- Those who are unable to protect themselves from abuse or neglect.

UK safeguarding adults legislation

In Northern Ireland, Safeguarding Adults legislation applies to:

- ▶ Adults (18+) whose exposure to harm through abuse, exploitation or neglect may be increased by their:
Personal circumstances and/or Life circumstances





Pause and consider:

Which groups of adults might find it harder to keep themselves safe due to physical or mental illness or disability?





Safeguarding or pastoral care?

-  Local authorities will only respond where there is a statutory duty to safeguard an adult.
-  However, faith organisations and charities have a duty of pastoral care to all people who use their services, as well as staff and volunteers.
-  We can all be vulnerable at different times and in different circumstances.
-  Any adult may experience abuse. It is important to follow safeguarding procedures for all concerns of abuse.

Importance of carers

- ▶ A carer may witness or speak up about abuse or neglect.
- ▶ A carer may experience intentional or unintentional harm from the adult they are trying to support.
- ▶ A carer may intentionally or unintentionally harm or neglect the adult they support.

Key principles



Making safeguarding personal

An approach which focuses on someone's outcomes – what do they want to happen to stay safe and how would they like this to be achieved?

"Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety."

Department of Health 2020 (Care and Support Statutory Guidance)

It could be anyone

- Rarely strangers
- Family members or carers
- Any gender
- People in positions of trust
- All backgrounds, faith and cultures



End of Module



Any questions?



Module 2:

Mental capacity and consent

In this module:

- Risky decisions and refusal of help
- The impact of consent when dealing with a concern about abuse of an adult
- Mental Capacity legislation and its relevance to safeguarding adults



Mental Capacity

➤ Mental Capacity laws cover all types of decisions, but the more serious the decision, the more important it is that the guidance is followed, especially in situations with life-changing implications.



Pause and consider:

What is 'mental capacity'?



Mental capacity?

- The ability to make a particular decision.
- An adult may not be able to make a decision due to illness, disability, poor mental health, dementia, a learning disability or because of anything that may impair their judgement.

What is mental capacity?

If someone lacks capacity to make a certain decision, it means they are unable to do one or more of the following:

- Understand the decision
- Retain the information
- Weigh up the information
- Communicate their decision

Mental Capacity Principles: A rights-based approach

- A presumption of capacity
- Supported to make individual decisions
- Unwise decisions
- Best interest
- Less restrictive option



Risky decisions and refusing help

If someone doesn't want your organisation to do anything about their situation, consider in discussion with the safeguarding coordinator:

- Is anyone else at risk?
- Has a serious crime been/will be committed?
- Does the person appear to understand the implications of not doing anything?
- How likely is it that the person will come to serious harm?

Risky decisions and refusing help

- Your safeguarding policy requires you to report all concerns of abuse to the safeguarding coordinator, who will decide whether to refer on.
- If the risk is low, the person seems to understand and no-one else is at risk, their choice can be respected.
- If the risk is high, if others are at risk, or to prevent serious crime, your organisation has a right to share the information with the relevant authorities – but try to obtain the person's consent if you can.

Case Study – Film

Capacity, consent and making safeguarding personal

- Watch the film and consider the question:
- What are the issues around capacity, consent, and making safeguarding personal for the woman who discloses her current situation?

End of Module



Any questions?



Module 3:

Taking action

In this module:

- Signs and indicators of abuse
- Organisation's role
- The role of statutory authorities
- How to respond to concerns, suspicions or a disclosure of abuse



Case Scenarios

1. Does the person have any physical or mental health needs or illness which might prevent them from keeping themselves safe (statutory safeguarding duty)?
2. Can you identify the category/categories of abuse?
3. What would your initial thoughts or concerns be?



Scenario 1 - Marlene

Marlene is 53 and attends your debt counselling project. She has a history of domestic abuse from previous partners. However, since leaving her last partner, Marlene has been living alone and doing well.

She has made great progress with her finances and had hoped to be debt-free by the end of next year. During today's session, Marlene tells you that she has accumulated more debt.

A new partner, Richard, moved in recently, and offered to look after Marlene's credit card, which seemed like a great idea. However, he has made a number of large purchases for himself, causing Marlene to reach her credit limit.

Scenario 2 - Aaden

Esota and Frances are a couple in your church small group. Their family has a tradition of arranged marriage.

Esota and Frances have a son, Aaden, who is 28 years old and has severe learning disabilities. He attends the local day centre 5 days a week.

One day, Esota and Frances tell you that they have arranged for Aaden to marry an Indian woman, Rasia, who will be able to care for him when he leaves their home.

Scenario 3 - Fred

Fred volunteers with you at the local community café. He has a diagnosis of schizophrenia, which is managed by medication, and he copes well day-to-day. Fred's daughter Kayla visits regularly and helps him with things like shopping and paying his bills.

One day, you notice what looks like a cigarette burn on the back of Fred's hand. "Are you ok, Fred?", you ask, pointing at the mark. "That's Kayla," he responds. "She gets right on my nerves."

Sometimes when she really gets to me, I stub my cigarette out on my hand". Fred laughs. "Better a pain in my hand than that pain in the neck, Kayla!"

Scenario 4 - Chimdi

Chimdi is a member of your community, who attends regular meetings. She is a wheelchair user, but meets her own needs and works as a teacher. You are out for a coffee with Chimdi when she breaks down in tears.

She tells you that last week, she arrived for the meeting and parked her wheelchair in the spot reserved for her. One of the stewards, a good friend of yours, came up behind her and said, "we've lost a whole row of seats thanks to that thing", pointing at her wheelchair.

Then he reached his hand into her bra, whispering, "but I'm sure you know how you can make it up to me". Chimdi tells you she doesn't know what to do.

Scenario 5 - Mr and Mrs Smith

You have been carrying out pastoral visits to Mrs Smith, 84, for some time because she can't come to services as she cares for her husband. Last week when you knocked at the door, you heard Mrs Smith call out, "please, let yourself in".

When you entered, she called to you from the bathroom, "help me off the toilet, be a dear". You've increasingly found yourself doing bits and bobs for Mrs Smith. Last week she asked you to pop out and get some shopping.

You've also started to give her a hand to reposition Mr Smith in bed, as he says he can't wait for the agency carers to arrive.

Scenario 6 - Ellen

Ellen is a regular at your women's group, but she tends to keep herself to herself. You've had to have words with some of the other volunteers who have made derogatory comments about Ellen behind her back, calling her a "crazy cat lady" and commenting on her body odour and soiled clothing

One day, you are knocking door to door with a charity collection, and to your surprise, Ellen answers. She only opens the door a crack, but through the curtains you can see that the property is filled from floor to ceiling with clutter.

There are piles of full bin bags out the front, and litter spilling out onto the pavement. Ellen quickly shuts the door again, leaving you wondering what to do.

Scenario 7 - Prayer room

Your church/place of worship runs a prayer room where anyone can drop in at certain times. After the service one day, you chat with a man in the foyer, making small talk. You comment about how well the prayer room seems to be going. The man goes quiet.

He tells you that he's been going to the prayer room regularly. Every time he goes, the minister prays for him and has been saying things like "God is calling you to count the cost. He's given you success in your business for one reason, and one reason only – to build his church. You must give money sacrificially".

The man says "I feel privileged to be used by God in this way, but I don't know. There's something a bit creepy about it, what do you think?"

Scenario 8 - Bill

Bill lives with his niece, Jane. Jane brings Bill to church every now and again. His memory is affected by dementia, so he often asks the same question repeatedly, forgetting what he has been told.

Jane is generally very caring towards Bill, but members of the congregation have recently observed her losing her temper with Bill and on one occasion, she was seen leaning into him and shouting into his face.

A concerned member of the church has reported that they saw Jane grab Bill and push him back in to his seat during worship and that he banged his head on the back of the chair and was seen rubbing his head for the rest of the service

Scenario 9 - Temi

Temi left her home to come to the UK as a nanny. She was promised that she would be given help with her English language skills. However, since being here she has been forced to work long hours doing cleaning and cooking as well as looking after the family's children with whom she is living.

Temi has had no help with learning English at all and when she has asked about it, she has been told that they will send her back and she should be grateful for what they have given her.

Temi is frightened of telling anyone and she does not know where her passport is. When the family are home, she is not allowed out of her room but she has managed to post a letter to a friend back home and they are not concerned about her.

Scenario 10- Dawn

Dawn lives in a care home. English is not her first language and she often needs her family to translate when they visit.

Staff have been advised to use the hoist to transfer Dawn from her bed to her chair safely and comfortably. However, staff regularly ignore the procedures that are in place and often lift her manually to save time. This method of lifting is quite rough and it causes Dawn severe pain due to her widespread rheumatoid arthritis.

When Dawn asks the staff to transfer her using the hoist (as has been set out in her care plan), they tell her that they can't understand her request and make fun of her saying 'house, hose, can't understand your accent, if you mean the hoist, it takes too long'.

Domestic

- Can include other types of abuse
- Characterised by coercion and/or control
- May include honour-based violence, female genital mutilation, forced marriage.



Sexual

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth

Sexual

- Sexual activity that the person lacks ability to consent to
- Indecent exposure
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts

Discriminatory

Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)

Discriminatory

- Harassment/taunting/bullying
- Loss of self esteem
- Not being able to access services or being excluded



Self-neglect

- Lack of self-care, which threatens personal safety
- Neglecting to care for personal hygiene, health or home
- Inability to avoid self-harm
- Failure to seek help or access services
- Inability or unwillingness to manage one's personal affairs

Financial

- Misuse or theft of money
- Exploitation, pressure in connection with wills, property or inheritance
- Unexplained withdrawal of large sums of money



Financial

- Personal possessions go missing from home
- Extraordinary interest and involvement by the family/carer or friend in an individual's assets



Psychological

- Enforced social isolation
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Addressing a person in a patronising way
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance

Psychological

- Cyber bullying
- Preventing stimulation, meaningful occupation or activities
- Preventing someone from meeting their religious and cultural needs
- Intimidation, coercion, harassment.
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance

Physical

Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating or otherwise causing physical harm to an adult.

Physical

- Lack of medical attention/untreated illnesses
- Injuries to unexposed parts of the body
- Injuries not consistent with an explanation or explanation not consistent
- Injuries and bruises present differently on different skin tones

Organisational

- One off incident or ongoing ill-treatment
- Neglect or abuse within an institution (e.g. hospital/care home) or care provided in own home



Organisational

- Poor professional practice, policies or structure of organisation
- Individual needs are ignored in favour of blanket policies which make things easier for staff



Neglect and acts of omission

- Refusal of access to visitors
- Ignoring or isolating the person
- Failure to ensure privacy and dignity
- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care

Neglect and acts of omission

- Failure to administer medication as prescribed
- Not taking account of educational, social and recreational needs
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.

Modern slavery

- Debt bondage i.e. being forced to pay off debts that will realistically never be paid.
- Human trafficking, forced labour, domestic servitude, sexual exploitation such as escort work, prostitution and pornography.

Responding to disclosures or concerns

- Show acceptance and keep calm
- Don't promise confidentiality
- Don't ask leading questions – if needed only clarifying questions: Tell, Explain, Describe

**Do not investigate the concerns yourself-
this is not your role or responsibility.**

Responding to disclosures or concerns

- Write detailed notes using the adult's words as soon as possible.
- Pass information on to your safeguarding coordinator.
- Get appropriate support for yourself.

Recognise Respond Record Report Reflect

Additional factors

If a person does not give consent for your organisation to share the information, consider (in discussion with the safeguarding coordinator):

- Does the person appear to understand the implications of not doing anything?
- Can you provide them with more information to help them understand the risk and are there any other services who could help?

Additional factors

- Is anyone else at risk?
- Has a serious crime been/will be committed?
- How likely is it that the person or someone else will come to serious harm?

End of Module



Any questions?



Module 4:

Healthy Safeguarding Culture

In this module:

- ▶ Policies and procedures
- ▶ Safer recruitment
- ▶ Managing risk
- ▶ Cultivating a healthy safeguarding culture



Safeguarding is everyone's business

“For faith-based organisations, getting this right can be challenging but it must be at the heart of everything they do. Recognising the risks and understanding that abusers can hide in plain sight is more than a tick-box exercise, it's about culture and behaviour.”

Paul Burstow, Chair SCIE

Signs of a healthy culture

Beliefs

We take safeguarding seriously because we care about other people and it's the right thing to do, not as a tick-box exercise. We believe all adults have the right to live in safety from abuse.

Signs of a healthy culture

Attitudes

Our attitude, from the leadership down, is that safeguarding matters and should be prioritised.

Signs of a healthy culture

Behaviours

We are committed to behaving in ways that promote dignity, respect and safety for all.

Pause and consider:

What can help create a healthy safeguarding culture for adults in your organisation?



Your unique role

- Position of Trust.
- You witness, hear or see something of concern.
- Are you clear on what safer practice looks like in your role?
- Always think, which hat are you wearing?
- You may be the only person to witness or hear something untoward.

Role of the safeguarding coordinator

- ▶ First port of call.
- ▶ Ensure compliance and a healthy safeguarding culture.
- ▶ The voice of adults at risk of harm.
- ▶ Have contact details of key organisations and helplines.
- ▶ Respond when a concerns raised and when necessary liaise with the statutory authorities.

Accountability

- ▶ Is a personal responsibility.
- ▶ Be transparent in all you do.
- ▶ Debrief and record your actions.
- ▶ Always ensure you know to whom you are accountable.
- ▶ Keep team members/line managers informed of your whereabouts and activities.

Policy, procedures, codes of conduct

- ▶ The safeguarding policy is an essential document.
- ▶ Codes of conduct set out the way everyone should work and behave in their role.
- ▶ Policies and procedures should reflect the nature of the work specific to YOUR church/organisation online and offline.



Safer recruitment



More is covered in our Advanced Course: Safer Recruitment

Managing risk

- ▶ May include a covenant of care or supervision contract
- ▶ What level of contact is permitted and with whom?
- ▶ Liaison with outside agencies if appropriate.
- ▶ Agreement about activities and services they can and cannot access including who they should report to when and in what building.

**More is covered in our Advanced Course
Assessing and Managing Risk**

Ongoing support

- ▶ Training
- ▶ Teamwork
- ▶ Time to talk and debrief





Healthy Safeguarding Culture...

Get the whole church or organisation on board!

Review of learning objectives

By the end of this course you should:

- ▶ Understand the legal mandate to safeguard adults at risk and the principles that underpin safeguarding adults.
- ▶ Understand how the law around mental capacity and consent affects safeguarding adults.

Review of learning objectives

By the end of this course you should:

- ▶ Be equipped to respond to abuse and take action within the context of appropriate policies and procedures.
- ▶ Be inspired, empowered and equipped to contribute to a Healthy Safeguarding Culture within your church, organisation or charity.

Any questions?

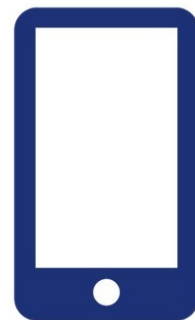


I have learnt.....



Your feedback is important to us

Please complete the online feedback form which will be emailed to you. Thank you.



Thank you

Your trainer was:



Creating safer places. Together.
