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Department of Health 2018

"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".

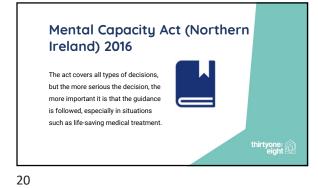
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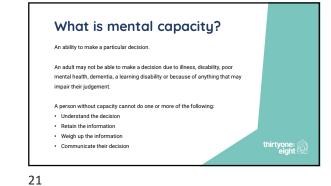
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The rights-based approach – key principles 1. A resumption of capacity: National States of a matchead condition or disability. 2. Supported to make individual decisions : We use all necessary practical help to support decision making 2. Unwise decisions : Pople have the right to make what others might regard an unwise or eccentric conditional States and the state of the person does lack capacity, decisions must be made in their best interest 2. Less restrictive option : Medical De as minimal interference as is necessary





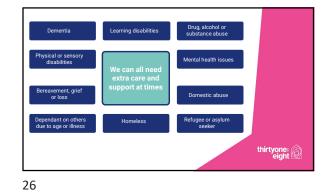






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Making safeguarding personal

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

Department for Health 2016:

"Making safeguarding personal means it should be person-led, and outcome-focussed. 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."

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Importance of carers

Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- 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 or from
- professionals and organisations they are in contact with.a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others.

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Risky decisions and refusing help

If someone doesn't want you to do anything about their situation, consider:

- 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?

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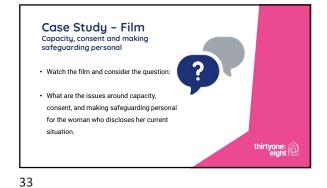
Risky decisions and refusing help

- If the risk is low, the person seems to understand and no-one else is at risk, you can respect their choice.
- If the risk is high, if others are at risk, or to prevent serious crime, you have a right to share the information with the relevant authorities - but try to obtain the person's consent if you can.

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In this module we will explore:

Your unique role and the role of the safeguarding coordinator.

Signs and indicators of abuse.

• Responding to concerns or a disclosure of abuse.



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The role of the safeguarding coordinator/designated lead

· First point of contact

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- Ensure that appropriate policies exist
- · Have contact details of key organisations and helplines
- · To be an advocate/voice adults at risk of harm
- · To liaise with the statutory authorities if and when necessary



Scenario 7 - Bella

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Bella attends the lunch club every Wednesday at church. She shares with you that her granddaughter has been helping her buy her groceries and pay some of the bills. Bella has problems remembering her PIN, so she has given it to her granddaughter to enable her to draw the cash out of her bank account. Initially Bella felt that the arrangement was working well. However, her granddaughter has continued to ask for money for other things. She has also started to take large sums of money out of her account without any receipts for what has been purchased. Bella states that she is a lot worse off than she used to be and is now unable to make ends meet. She says she can no longer afford to put the heating on in her flat and is unable to buy new clothes to see her through the winter.



Scenario 8 - Cath

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Cath lives in a care home. A volunteer at church visits her every week. Cath has dementia and needs a high level of support and assistance. The volunteer has noticed she is often left on her own, has little interaction or stimulation for long periods of time and is ignored when she calls for assistance. This results in her soiling her clothes because she needs physical assistance to use the toilet. She appears withdrawn and says very little when the volunteer visits.

Neglect and omission · Inadequate medical, emotional or physical care needs · Failing to provide education, social opportunities or mental stimulation · Unkempt clothing or never being supported to get dressed out of nightclothes

Scenario 9 - 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.



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Scenario 10 - Julie

Julie is a young adult aged 20. She has been living alone for the past 6 months, following the tragic death of her parents who passed recently. She has some learning difficulties but lives independently with the support of a community support worker visiting on a regulta basis. Her neighbour across the road, a good friend of the family, pops in 2 or 3 times a week and recently offered to cut the lawn and do odd jobs around the house. One day, when the neighbour was cutting the grass, she went outside to offer him a cup of tea. She found him in the shed reading a magazine, he invited her in and showed her the pictures and idin't want to look at them, but he just laughed it of fand made a joke about her looking like one of them. He then touched her bottom and said he had to go. Julie was left very upset and confused and is going to tell her support worker when they next visit.



Scenario 11 - Chris and Alex

Chris has always been an independent person, however after a motorbike accident, Chris has needed support from Alex. They have been married for 3 years. Because Chris is now unable to work there has been a lot of tension in the home. Alex now feels pressured to bring home the money. Tension has been building and Chris shared at the weekly home group that Alex has been saying all sorts of horrible things. Chris talked about being scared, stating that Alex has on several occasions, threatened to be violent, but so far it's just the hurtful stuff that is said, however, the barrage of nasty and intimidating words is becoming a daily occurrence.

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Scenario 12 - 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'.



Discriminatory Discrimination including gender, sexual orientation, race, disability, age, colour, language, culture, religion or belief, and politics. · Harassment/taunting/bullying · Loss of self esteem · Not being able to access services or being excluded

Scenario 14 - 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.

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Modern slavery

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



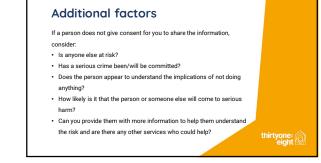
- · Appearing malnourished, unkempt or withdrawn
- · Living in dirty, cramped or overcrowded accommodation
- · Lack of personal effects, ID documentation

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· Isolation form the community, seeming under the control or influence of others Fear of law enforcers













Safeguarding policy A statement about your organisation's commitment to safeguarding adults. Signs and indicators of adults at risk. How to respond to concerns. What to do document (and any template forms). Other associated guidelines e.g. prayer ministry guidelines, safer practice, codes of conduct, home visit, lone working policy etc.





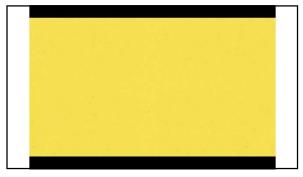
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Review of learning objectives By the end of this course you should understand:

- by the end of this course you should understand.
- · Safeguarding and the legal framework relating to adults
- Factors that put adults at risk

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- Perpetrators of abuse towards adults
- Types of abuse towards adults, signs and indicators
- · Responding well to concerns and disclosures of abuse towards adults

What working safely looks like in a church setting

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