

# Transcript for Adults at Risk of Harm Webinar

## [Introduction]

Hello and welcome to the safeguarding adults at risk of harm training. This webinar is two and a half hours long and we'll have two five-minute breaks within that time. You should have received a link to the PDF of the slides and the handbook for this course, you will need those throughout the discussion so please have them ready. There are accessible formats available, so please let the host or the co-host know if you would like those. Ideally, we would like your webcams enabled, but we ask that you keep microphones muted unless you are participating in a discussion or asking a question. We do this because we want to minimise the distractions that background noise could create for people, but we also want to be able to see that everyone is here and engaged. We understand there might be occasions when you would prefer to have the webcam off. For example, if you're having problems with your internet speed, or you've got children who need your attention.

Just to say that information shared can be of a sensitive nature, and some of the content is not appropriate for children, so if children are in the room, please consider using headphones and angling your screen away. Also, if you're happy to share any of your own experiences, please bear in mind confidentiality. We ask that you anonymise any examples, experiences or stories that you share.

It is important to keep yourselves emotionally safe during the training and if you need to take a breather from the webinar, that's okay and you can rejoin whenever you feel able to. It might be good to think about somebody you could reach out to if uncomfortable feelings or memories come to the surface. You might need to find support for yourself, or it might be that you're concerned about someone else or another situation after the session. If that's the case, please do call our helpline as soon as you can because the trainer is not equipped to give specific advice on the webinar platform.

The chat facility can be used throughout for questions and for participation in activities. The co-host might answer the question, signpost you to further sources, or hold on to that question for the next pause and share it with the host. If a question is not answered, or a question is about a very specific issue, please do call our safeguarding help centre.

Thank you for choosing Thirtyone:eight for your training today. Our motivation is to equip, empower and encourage you in your safeguarding responsibilities. As we start, we just want to recognise the time, care and commitment you're investing in your church, charity or organisation by attending this training and in everything that you do, thank you. I hope that the message you get today is that you never have to do safeguarding alone. As we begin, I just want to tell you about our helpline; you may want to pop the number into your phone now if it's not already there. The helpline is there to support you with any questions regarding safeguarding. It might be queries about policy, or you might have a live situation which you'd value talking over with us and getting advice. The helpline

operates from 7am till midnight, seven days a week, 365 days a year or 9 am to 5 pm Monday to Friday for those regular questions about policies, guidance and processes, and the out of hours service for any more immediate concerns.

Everyone here today will have a different motivation for engaging with safeguarding. For us at Thirtyone:eight it comes from our passionate belief that safeguarding is close to God's heart. Our name comes from a verse in the Bible, Proverbs 31:8 that says, "Speak out on behalf of the voiceless and for the rights of all who are vulnerable." When we take care of the vulnerable, we are fulfilling God's call. If you're part of another faith group, you may well recognise this call from your own sacred scripts. Or you might be part of a charity that has care and dignity for the vulnerable at its heart. Whatever your motivation, we want to equip you.

This is a four UK Nations-friendly course. The principles for safeguarding adults at risk of harm that we cover throughout the webinar are similar across all four nations of the UK, even if

they're outworked and resourced in different ways. We'll flag any terminology that is nation-specific. There are nation-specific sections in the handbook outlining key approaches, terminology and legislation. Please find the section applicable to the nation(s) in which you work, and feel free to explore the others too, since they provide examples of best practice.

Our learning journey for this webinar involves five modules of varying lengths. The modules are based on the five 'R's' of safeguarding, which is a helpful and widely known mnemonic for the safeguarding process. The first 'R' stands for 'recognise'; the second 'respond'; third is 'record'; fourth 'report'; and finally, number five is 'reflect'. Each module will include some taught content, opportunity for interaction and space to ask questions.

## **Module 1 - Recognise**

So, our first 'R' is 'recognise'. In this module, we're going to recognise the experiences that increase vulnerability for adults. We're going to recognise what safeguarding looks like for

adults: the important principles that guide our practice; the categories of abuse defined in legislation across our four nations, and other contemporary concerns that impact the lives of the adults we serve. We will also seek to recognise the signs and indicators of harm.

As we get started, we're just going to pause and consider what safeguarding is and the similarities and differences between safeguarding adults and safeguarding children. "Safeguarding is concerned with ensuring a person is free from harm, risk and danger, and that the individual can access the support they need to thrive and do well in life." (Douglas and Fourie, 2022).

Safeguarding started life as child protection; lots of our knowledge is in that area and the majority of people in our organisations will recognise that if there is a concern about a child's safety and wellbeing, we have a duty to act.

But what do we do if our concern is about an adult?

Safeguarding responsibilities apply to adults as well, but safeguarding adults is not as straightforward as safeguarding

children. There are some similarities, but also key differences.

Can you think of any? We'd love to hear some of your ideas now, so feel free to unmute or type your thoughts into the chat.

Thank you for those responses. We've recognised that in terms of similarities, adults as well as children have the right to live free from harm, abuse and neglect. That Adult Safeguarding also has a legal framework behind it; that we've got the same moral or theological motivation to care for the vulnerable; that if we're a charity, our Charity Regulators have expectations that we will safeguard the adults in our care. Safeguarding is everyone's responsibility, and we all need to have an awareness of the potential concerns and how to respond.

But in terms of differences, adults have got more control of their lives and, for most, the ability to make their own decisions. The laws that outline how we safeguard adults are mainly different laws to those for concerned with children, although there are some that are shared like the Social Services and Wellbeing Wales Act, for example. There's more complexity about which

adults are covered by safeguarding legislation and statutory services, it isn't just based on age as it is for children. If we think about the lives of adults, adults have got the potential to be more isolated than children. There's no automatic contact with schools or other statutory services. There can be a more complex interplay between what falls under the remit of safeguarding and what is a need we seek to meet through pastoral care or community support.

Children have less experience of the world and may be less likely to understand or communicate what is happening to them than adults, though that's not the same for every adult. For example, we might have to give more careful thought to how we can hear the voices of adults with learning disabilities, people who don't speak English as their first language and people with a lifelong history of abuse who may perceive their experience as 'normal'. Cultural norms and expectations may also affect an adult's response to their experience.



We would always pass on serious concerns about a child to statutory agencies, with or without their consent. Whereas there are circumstances in which concerns about adults might not be shared and an adult can choose to withhold consent. We'll unpack that a little more as the training goes on, particularly in module four.

At different stages of our childhood, we're vulnerable for different reasons. We can all recognise the risks that are present during pregnancy, the total dependence of babyhood, the precarious exploration of being a toddler, children's reliance on others to meet their basic needs, and the exposure to new experiences of adolescence.

But just as in different stages of childhood, there are a wide range of circumstances in an adult's life that can bring additional challenges and increased vulnerability. For example, living in a country where you don't speak the language; being a refugee or asylum seeker; we might experience isolation; we are vulnerable at times of bereavement, grief, or loss;

joblessness or uncertain employment; homelessness or unsafe housing; poverty, living with dementia; mental ill health, experiencing the impact of trauma and ACEs (adverse childhood experiences); substance misuse; and age-related challenges. You may be able to think of other things as well.

The fact that someone has needs in one of these areas doesn't automatically mean there'll be a duty for the local authorities to get involved if they are at risk of harm. That would normally depend on whether the person has care and support needs that affect their ability to keep themselves safe. However, in times and circumstances of difficulty, we can be at a greater risk of harm, and we might experience additional barriers to accessing support. When we recognise that an adult in our community is experiencing any of these vulnerabilities we've just spoken about, we can have a caring curiosity towards them, and pass on any concerns about their safety and wellbeing to our safeguarding lead or adult safeguarding champion.

The definition of an adult to whom statutory safeguarding duties apply varies slightly between the four UK nations. The exact wording from each nation's legislation is in the nation-specific sections of your handbook. But the key shared principles are on the slide: That the person is an adult (16 years or over in Scotland, 18 years or over in the other three nations); that the person is at risk of harm is experiencing harm; and that the person is unable or less able to safeguard themselves due to increased vulnerability.

In England, Scotland and Wales that increased vulnerability is attributed to the person's characteristics or needs for care and support, that could be due to a physical disability, learning disability or an illness, for example. In Northern Ireland, the recognition of increased vulnerability is broader and includes life circumstances, as well as care and support needs.

In Northern Ireland, the law differentiates between an adult at risk – someone whose exposure to harm maybe increased by their personal characteristics or life circumstances, and an adult

in need of protection – someone who in addition to the above is unable to protect themselves and is at risk of harm through the actions or inactions of another person.

If anybody has any questions about those legal definitions, please feel free to ask. And, as I said, the exact wording for each nation's definition is in your handbook.

Any of our faith groups, charities and churches might encounter adults experiencing difficulties and vulnerabilities. It can be hard to know if, how and when to get involved. When is it appropriate to offer support? And when do we have a duty to safeguard?

As a starting point, good signposting is always helpful. This is something we can offer anyone who comes through our doors.

Do you display posters with information and contact numbers for organisations that offer support in various circumstances?

Does everyone in your organisation know who the safeguarding lead is and how to contact them if they're worried about themselves or someone else? Are there other opportunities in

groups and meetings to discuss current safeguarding trends? Perhaps you could invite experts to speak on relevant subject matters or invite your safeguarding lead to attend your seniors' lunch club, for example, this could offer opportunities to raise awareness amongst vulnerable groups. For example, we could talk to our older adults about door-to-door scams, what to do when you got those plausible people knocking on your door and offering to fix the roof, for example.

And then we move into pastoral support. One of the key roles that our third sector organisations have is providing pastoral or community support. This involves journeying alongside people when life is difficult. We can provide practical, emotional, and spiritual support in challenging circumstances. There's not a legal remit for who receives pastoral support. If the person wants this, and we can provide it, then this can be a life-giving offering that can make a real difference to someone's safety and wellbeing. Referrals that come through your safeguarding channels often open an opportunity to offer pastoral support, whether this is alongside a more formal safeguarding process

or when a concern doesn't constitute a safeguarding matter, but a need is identified. Often the role of our safeguarding lead is identifying the most appropriate response and means of support.

Then we come to our safeguarding duties. Our organisation's legal duty to safeguard applies to certain adults in certain circumstances as we saw on the previous slide. However, if you're worried that any adult in your community may not be safe and well, pass on your concerns to your safeguarding lead or your adult safeguarding champion, as there may be pastoral support or signposting that we can offer, even when the situation can't be referred on to those statutory agencies like social care, or police.

Across all the four UK nations, our safeguarding practices and processes are underpinned by law. Do you know the names of any pieces of legislation or national policies and practices that are relevant to safeguarding adults in your nation? Information

about the key pieces of legislation are in the accompanying handbook on the pages shown on the screen.

It's not essential for you to know the details of these laws, but it is important to recognise that our organisations have legal duties to safeguard adults at risk and to share information if we're concerned. Those who make safeguarding decisions within your organisation should be aware of the legislation and national policies that define the adults to whom a safeguarding duty applies, as per our earlier slide. But it's helpful if you have a basic understanding of the types of abuse or harm, the role of statutory agencies and the key approaches that shape each nation's response, although again, those who make safeguarding decisions for your organisation should know this in more detail. Each nation also has legislation around an adult's capacity to make decisions, how to determine if an adult doesn't have capacity to make certain decisions and how to support them if this is the case. We will look more at this in our next module.

## [Categories of harm and abuse]

The way that abuse and harm is defined in legislation varies across the four nations of the UK. Recognising the categories of abuse and harm is helpful because it raises our awareness and enables us to respond. However, the main thing for us to remember is that if we're worried that someone isn't safe, is experiencing or is at risk of experiencing abuse or harm of any kind, then we need to tell our safeguarding lead or adult safeguarding champion. And, obviously, if it is an emergency, we phone 999 and get the emergency services involved.

Welsh legislation names five categories of abuse or harm.

These are physical abuse, emotional or psychological abuse, neglect, sexual abuse and financial abuse. In Wales, safeguarding legislation covers both children and adults, so these are the categories of abuse we need to be aware of for both child and adult safeguarding in Wales. These five categories are also named in the legislation of the other three nations of the UK.



We're going to do a poll now to match the type of abuse or harm with its definition. For the type of harm described, please select which of these five categories it defines.

Here are the answers:

Physical abuse means causing physical harm, pain or injury through any means at all. For example, hitting or handling, burning, shaking, illegal use of restraint.

Emotional or psychological abuse means causing mental distress, frightening, threatening, humiliating or isolating someone.

Neglect, which can also sometimes be called 'acts of omission', is withholding, or failing to provide adequate care for someone who needs it, not meeting that person's basic needs including food or medication, for example.

Sexual abuse, or sexual harm, might involve rape or attempted rape, also sexual assault, non-consensual touching or sexual involvement of any kind, including sexual photography and

indecent exposure. Any sexual activity that somebody lacks the capacity to consent to is harmful or abusive.

And finally, financial abuse. This could be misuse or theft of money, withholding someone's pension or benefits, exerting pressure around wills, property and or inheritance, or exploitation.

You'll see from this slide and perhaps know from your own experience that the different nations in the UK name and categorise types of harm slightly differently in their legislation and guidance.

In Northern Ireland, for example, the emphasis in national guidance is on placing responsibility for harm on those perpetrating it, so self-harm and self-neglect aren't included with the forms of abuse.

But does that mean that you wouldn't pass on a concern in Northern Ireland about someone who was unsafe due to an inability to meet their own needs? Or that you wouldn't report discriminatory abuse in Wales, for example, or institutional

abuse in Scotland just because these forms of harm aren't specifically named? No. Talk to your safeguarding lead or your adult safeguarding champion whenever you have a concern. The differences in the laws might affect what happens next, which statutory services respond and in what way, or it might just be a difference in terminology. If you're worried someone isn't safe, say something.

In Northern Ireland, legislation refers to 'abuse, exploitation or neglect' of adults at risk. Added to the 5 main categories, it names exploitation (which includes domestic abuse, trafficking and modern slavery) and institutional abuse.

In Scotland, the Adult Support and Protection (Scotland) Act 2007 refers to 'harm'. Section 53 states that this includes 'all harmful conduct, including accidental or intentional by the person themselves or someone else'. It particularly highlights the five main categories plus self-neglect, but states that no harm would be excluded just because it isn't specifically named.

In England, the Care Act 2014 identifies 10 categories of abuse: The five shared by all 4 UK nations plus all those on this slide: self-neglect, institutional abuse, domestic abuse, modern slavery and discriminatory abuse.

Could anyone give a brief description, just a sentence or two, on how we might recognise these other forms of harm and abuse?

Institutional abuse is when harm occurs due to neglect or poor care, resulting from structures, policies or practices in an institution, or through care services delivered in a person's own home.

Modern slavery includes forced labour, domestic servitude, and exploitation, including human trafficking.

Domestic Abuse includes control and coercion, psychological, physical, sexual, financial abuse, and so-called 'honour'-based violence.

Self-neglect includes neglecting to care for one's own personal hygiene, health or surroundings. This can include hoarding. The

NHS describes a hoarding disorder as ‘where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. These items can be of little or no monetary value.’

Hoarding behaviour isn't a safeguarding risk on its own, but it can intersect with self-neglect and become a concern if the storage of items is causing someone's home to be unsafe, or it's interfering with daily living. For example, if somebody was storing lots and lots of newspapers and these were being stored in the bath or across the cooker, that would be interfering with daily living.

Discriminatory abuse includes harassment, slurs, and unfair treatment based on race, gender, and gender identity, age, disability, sexual orientation, or religion.

Then next slide is a video of a survivor of modern-day slavery called Mito sharing her story. It is a powerful video, so please take care of yourself while watching it and feel free not to watch

it if it's an unsafe or unhealthy experience for you. Mito's experience is, sadly, not a rare one, as these statistics show:

The UK Home Office figures from the end of 2021 say that there were 12,727 potential victims of modern slavery in the UK, the highest number of referrals since records began in 2009. 31% of people referred were British nationals. The charity 'Unseen' state that according to slavery experts, in reality, more than 100,000 people in the UK are in modern slavery. This is much more than the official figures.

As well as the wider forms of harm and abuse that are covered in the legislation, we're going to spend a moment considering some more specific contemporary concerns that you may be aware of and that intersect with the types of harm named in legislation.

Maybe you have heard the term 'cuckooing'. If so and you'd like to describe that now that would be wonderful. Cuckooing is when someone's home is taken over and used to facilitate exploitation. This could involve using the property to deal, store

or take drugs; for sexual exploitation; for the perpetrator themselves to live; or to financially abuse the tenant.

Perpetrators often target people with some of those additional vulnerabilities we looked at earlier - people who misuse substances such as drugs or alcohol, adults with learning difficulties, or those who are socially isolated, for example.

The online world is a place where many of us spend a significant portion of our time. It provides opportunities for work, connection, entertainment and information but it is also an environment in which adults can be harmed. This is recognised in law. You may well be aware that the UK has recently passed the new Online Safety Act (in 2023) to hold social media platforms to greater account for what appears on their sites and to give adults more control over what they see. There are many forms of abuse and harm that occur online including harassment, cyber-bullying, trolling, revenge pornography, image-based abuse, exploitation, blackmail and hate crime. Certain types of online harassment constitute criminal behaviour.

Has anyone heard the term 'romance fraud'? Even if not, you can perhaps guess what it means. This is a form of fraud and adult exploitation, where perpetrators use fake profiles on dating sites or other online platforms and convince someone that they want a genuine loving relationship, but are actually trying to get their money or personal information. They will seek to build up a relationship very quickly then often ask for money for a time-critical emergency situation.

Radicalisation is when a person's thinking or behaviour becomes significantly different from other members of their community and, in some cases, a person might believe that these views can justify the use of violence in order to achieve certain aims. Everyone in the UK has got the right to openly express their beliefs, including minority views, but the concern comes when there is incitement to hate or harm.

Self-harm is a huge topic that we are becoming increasingly aware of. The NHS defines self-harm as 'when somebody



intentionally damages or injures their body and is a sign of emotional distress’.

There is a lot of support available for people who self-harm, are thinking about self-harming, and their friends and family. The co-host will share some of these now.

The next contemporary concern to look at is stalking. Stalking is defined as a fixated, obsessive, unwanted, repeated behaviour that makes you feel pestered and harassed. It includes ‘behaviour that happens two or more times, directed towards you by another person, which causes you to feel alarmed or distressed or to feel violence might be used against you’. That's from the definition of stalking from Victim Support.

In Northern Ireland, stalking protection orders are now operational. You can find more information on the link the co-host will put in the chat.

Hate Crime is when someone is abused or exploited because of an aspect of who they are. For example, their race, their sexuality, or disability.

Mate crime is when somebody poses as a friend in order to exploit a person. It's often a type of hate crime that's used against those with learning disabilities. Perpetrators befriend someone with learning disabilities and exploit them. We are going to watch a video now filmed by a group called Leep One, based in Leeds, explaining this in more detail.

Can you recognise how mate crime might play out, or where we might see it, in our faith-based communities and in our charities?

For example, if you work in a food bank, it's helpful to be aware of this because someone might befriend one of your clients to get food from the person who's been referred. Or you might identify that someone is having money taken away by a 'mate' and then needs to use the food bank because they can't cover the cost of their own needs as well.

As we finish this section, are there any other contemporary concerns or ways that adults can experience harm that you are aware of?

Now it's over to you for a moment. We're going to consider what signs and indicators might lead you to be concerned that an adult that you know is experiencing any of the forms of harm and abuse, or those contemporary concerns, we've just considered. What might you notice, see, hear or feel that might indicate to you that someone isn't ok? Please feel free to unmute and speak out or type into the chat.

There's a link in the handbook to a resource from SCIE, (the Social Care Institute of Excellence) that's got some detailed signs and indicators of abuse.

So, in terms of what we might notice, there might be injuries where the explanation given for them is inconsistent with what you can see. It could be injuries that don't seem in tune with what you know of somebody's lifestyle. We might see physical marks on somebody's body, frequent injuries, or unexplained falls.

Behaviour can tell us a lot about a person's experiences and feelings. For example, if somebody becomes more subdued or

changes behaviour in the presence of a particular person.

Sometimes we notice changes in someone's personality, and it makes us wonder what has caused this. Somebody might exhibit low self-esteem, uncooperative or aggressive behaviour, signs of distress, tearfulness, or anger.

You could notice somebody's physical appearance changes – for example, their personal hygiene or ways of presenting themselves. You might see a change of appetite, sudden weight loss or gain, or even signs of malnourishment. Someone might be reluctant to engage with medical or social care organisations, not seek medical treatment when you would expect them to, or frequently change doctors.

Other signs and indicators could include uncharacteristic use of explicit sexual language or significant changes in sexual behaviours, self-harming, poor concentration, withdrawal, sleep disturbance, fear of receiving personal care, missing personal possessions or an unexplained lack of money.

There're many different things that we might notice; the list we have just come up with is not exhaustive. The main message to take away is that if there's something that causes you to pause, that makes a little alarm bell ring for you or indicates to you that all is not well, trust that instinct and pass on your concern.

We're going to finish this first module on what I hope is a note of encouragement. The approach to safeguarding adults in the UK is becoming more in tune with something that charities, churches and faith groups, as relational communities, do really well: recognising that each person is an individual with different needs, priorities and values.

### **[Approaches to Safeguarding Adults]**

In the past, the approach to keeping people safe in the UK could be described as a process-driven approach. That is, a 'top-down' implementation of legislation, a set of processes to be rigidly followed to achieve a certain outcome. The experience of this process can be confusing or frightening for the person involved. You've probably heard stories, and may

well have some of your own, that exemplify this - childhood stays in hospital, medical treatment, experiences of law enforcement, for example. An increased understanding of the impact of trauma and the benefits of positive personal engagement have informed a change in approach in more recent years.

The current legislation in all four nations of the UK emphasises the importance of a person-centred, rights-based approach to safeguarding: keeping the person at risk of harm at the centre of any decisions made about their lives, and ensuring that any steps taken to safeguard them don't conflict with their rights.

You might have heard the phrase, "No decision about me, without me." This is a good starting point for understanding this approach. We want to keep the adult in control of their own lives and how they choose to respond to their circumstances and any difficulties they're facing.

We'll look a bit more about the practicalities of doing this in terms of gaining consent, what happens when someone

refuses help, and the opportunity for somebody to make what others consider 'unwise' decisions and take risks in more detail in modules four and five. There is further information around Human Rights and each nation's approaches to safeguarding adults in your handbook.

The following quote is from a book called 'A Straightforward Guide to Safeguarding Adults' by Deborah Bennett. It illustrates one reason that this approach is important and effective. It says, "The very definition of the eligibility criteria for safeguarding tells us that the person is suffering oppression, or discrimination, because someone else is using their power against the frailties of the person with care and support needs. The real task, therefore, is to give as much of that power and control back to the person and only use protective methods where it's lawful and ethical to do so, or better still, where the person is in control of these protective measures themselves." This book is written for social workers, and other professionals, who are involved in some of the next steps in the safeguarding process. The roles that have brought you to training today won't

involve you deciding what protective measures can and should be used in a particular safeguarding case. However, we can still apply the principles of a person-centred, rights-based approach to safeguarding adults in our own contexts. So, we're going to finish this module with a short discussion: What would a person-centred, rights-based approach to safeguarding look or feel like for your organisation?

Thank you for your participation in that first module. We're now going to have a short break.

## **[Module Two – Respond]**

We're now into module two, which is about responding well. In this module we will explore how to respond to concerns or disclosures of abuse and harm. We'll consider the importance of listening well, when someone talks to us about their experiences, we'll apply our learning so far to some short scenarios, we'll acknowledge that there are challenges to responding to concerns and essential reasons why we need to do it anyway.



If someone tells us that they've experienced or are experiencing abuse or harm, the way we respond can have a really powerful impact. One of the biggest gifts we can give someone who's telling us something painful is our time, presence and attention. Show that you're listening through your body language, your facial expressions and lack of distraction. Listen well and let them speak.

Keep calm, even though your heart might be pumping and adrenaline flowing. It's important that we communicate with our body language and tone of voice, that we're emotionally available to the person in front of us. It's important that we don't show any disgust or disbelief or rush that person, as this could close the conversation down.

Telling someone that you're being abused is hugely vulnerable, and it can be intimidating. An adult might worry about what you'll think of them once they've told you, and about what will happen next. Reassure them that they've done the right thing

by telling you, that they are valuable, and that they've got the right to be safe.

Keep in mind that person-centred, rights-based approach to safeguarding adults, find out what the person would like to happen next. Do they want support to report to the authorities? Do they know about other agencies who may be able to offer specialised help? Do they need help finding a place of safety? Or perhaps they just want a listening ear. As far as possible, we want to go along with the adult's wishes and make our safeguarding response personal to them. If we find out what these wishes are, we can give this information to our safeguarding lead when we make our report. We're also going to tell the adult that we need to talk to our safeguarding lead so they're fully informed.

Sometimes what the adult wants to happen might not be possible. For example, they don't want to report but someone else is at serious risk or a crime has been committed. But, even then, it's helpful to know what they want so we can respond

with honesty and clarity about why we might need to take certain actions. We also want to avoid making assumptions; how we would respond to their set of circumstances might be completely different to how that person themselves may want to respond. We need to let them be in control of their situation as much as is possible.

We can't promise to never tell anyone. Our policies will state that we've got a duty to pass on all concerns to our safeguarding lead and your organisation has a legal duty to refer some concerns to statutory authorities, so explain the boundaries of confidentiality to the person disclosing. You can reassure them that their information will only be shared with the people who need to know at the time they need to know it and won't go anywhere else without their consent. You can also confirm that they will be kept informed about anything that's happening. Again, going back to the principle of 'nothing about me, without me'.

We mustn't ask leading questions or try and investigate the situation. This is not our role, and we can even compromise an official investigation if we respond inappropriately.

Also, don't try and solve that person's situation all by yourself. Seek support from your safeguarding lead, or the emergency services if it's at that level of risk. We'll talk about these next steps more in the following two modules 'record' and 'report'.

You may also need support for yourself; discovering that someone you know has been experiencing abuse or harm can be really distressing.

We don't want to find reasons for why something happened or try to make a person feel better by minimising what they've experienced. We may inadvertently make them feel that they're to blame for what they've experienced, that they should just put up with it, or that they've made a mistake in seeking help.

We're going to spend some time in breakout rooms now applying some of our learning to scenarios. When you go into your room, please could someone read the scenario to the

group and someone else agree to feedback your thoughts the main group when you return? The person who agrees to report back may want to take some notes as we will have a short break after these small group discussions and before the feedback.

Here are the questions we'd like you to consider:

Firstly, what are your concerns? You can take this broadly, think about everything in the situation that makes you pause and wonder if the person or people are ok. You might recognise some signs and indicators of harm or abuse or an area of increased vulnerability.

Secondly, is the adult in the scenario an adult at risk of harm, meaning our organisation would have a duty to refer the concern to statutory agencies?

Thirdly, how would you respond? Both in the moment, if this person was with you, and afterwards?

You have seven minutes in your group, with a one-minute countdown as an indicator that you'll need to bring your

discussions to a close, then you'll automatically be brought back to the main room. When you are in breakout rooms there is an option to 'request help' so you can call one of us into the breakout room to answer a query or help if you're stuck. You're also able to leave the breakout room and come back to the main room at any time.

**\*\* Delegates will now go into breakout rooms and discuss scenarios then feedback to the whole group\*\***

Just a note on elder abuse. Every year more than a million older people are physically, psychologically, financially or sexually abused or neglected in the UK. That's one in six older people who are victims of abuse. We've got a story from somebody with lived experience of this, a survivor of abuse.

“Sarah (name replaced) was not allowed to paint her nails, wear perfume or go to bed until her husband Barry (name replaced) came home from the pub. His behaviour was so controlling that he would draw a line around objects in the house to check whether she'd moved them while he was out.

Never believing she had a way out, Sarah endured it almost daily for more than five decades. After once again being accused of moving household objects when he forbade her to do so, Sarah, then 73, made up her mind to leave. She's now ready to rebuild her life free from fear." These are her words: "If I have another five years left in me, I'm looking forward to doing what I want and being happy...I just never thought I could leave and had anywhere to go but you can so I say to any people in the same situation, 'you can get out and don't do what I did and stay for so long'." That story and Sarah's words are from a BBC News report from this year. We've also got the story of Betty. "Betty was 94 years old, had advanced dementia and was very vulnerable... Shocking footage shows care staff mocking and taunting a frightened Betty, with further recording showing staff removing bandages meant to cover one of her many open sores and wrapping them around her head. Instead of caring for Betty, staff laughed mercilessly as she lay crying... Betty was immediately removed from the home and spent the rest of her three years remaining in a comfortable and safe

environment where she was cared for with dignity.” That's from a case study from the charity Hourglass, which advocates for safer aging. The United Nations Principles for Older Persons are independence, participation, care, self-fulfilment and dignity. You can see these are absent in the stories we've just heard.

When we're considering scenarios as part of safeguarding training, it can be easy to identify when and how we need to respond. In real life, in our own communities, it can be much harder.

The words on the screen show some common reasons why people struggle to respond. I'm sure you can think of some more, please feel free to share those. Raising a safeguarding concern can sometimes feel like pressing the big red alarm button, and we can be reluctant to be the one to do it, perhaps especially when the concern relates to an adult that we know. We can second guess our instincts, find reasons to watch and wait, or minimise the concern. However, the next slide shows



some of the reasons we need to respond even when it's difficult.

Safeguarding really is everyone's responsibility. Your safeguarding lead or adult safeguarding champion can't be in every activity or conversation. They rely on all of us to pass on concerns. What we've seen or heard might give us a small part of the picture. However, when everyone passes on their concerns, the safeguarding lead can see a fuller, more accurate picture and take action to support someone's safety and wellbeing.

All adults have the right to live free from harm, abuse and neglect. Good safeguarding empowers adults to take back control of their lives free from oppression, exploitation, and harm caused by people or circumstances. It also offers protection for those who, for many reasons, cannot keep themselves safe.

One of the main reasons we must respond when we're concerned is what we know about the potential long-term

damaging effects of abuse. Abuse can affect all aspects of a person's life. And these effects can be long lasting. A person who has been abused may experience emotional impacts such as nightmares, intrusive thoughts, triggers, flashbacks, a damaged sense of self, depression, and anxiety. Abuse can have a social impact as it can damage someone's ability to trust, make friends, have relationships, respond to authority figures, and many other things.

A person who has been harmed or abused may experience trauma. Trauma describes a situation or a response to a situation where we felt unsafe. What is traumatic is personal. You might have similar experiences to someone else but be affected differently. Trauma can affect behaviour and responses to situations. When we're trauma aware, our approach moves from 'what's wrong with you?' to 'what do you need?', 'What happened to you?' and 'What's your behaviour telling me?'. We can then seek to build safe and trusted environments where we listen and support those who have experienced trauma and

avoid creating situations where someone might be re-traumatised.

Here is the way someone who has experienced trauma describes it: “For me, the memories have always been like a song I get stuck in my head. They play over and over. And sometimes I remember the words and sing along. And sometimes it's just the instruments, but they never really go away. And sometimes it gets so loud, I can barely hear myself think.”

### **[Module Three - Record]**

In this module, we'll identify what we need to record if we have a safeguarding concern, and when and why we do this. We'll also explore considerations around capacity when safeguarding adults, and why recording our observations in this area is important. Finally, we'll think through how we can enable advocacy, another means of keeping the adult at the centre of the safeguarding process and ensuring that they receive their rights.

When we have a safeguarding concern, we need to make a written record to pass on to our safeguarding lead or adult safeguarding champion. Some organisations have a template or online form for concerns, a bit of homework for you is to find out what the recording process is for your organisation.

Your notes don't need to be fancy or overly formal, but they do need to be factual and accurate. Give details of the who, what, when and where of the situation: Who is this concern about? Where did it happen? When did it happen? What is the concern? Identifying a type of harm can be helpful for clarity but not essential. Who else is involved? What does the adult want to happen next? Don't include any opinions or personal judgments of the situation. This can be misleading and can potentially prevent someone getting the help that they need.

If someone's telling us their story, we need to be cautious regarding the questions we ask. A few clarifying questions can be asked. We sometimes call these TED questions (tell, explain, describe) to ensure that we've understood the situation

accurately. Reflecting back what we've heard is also helpful as it gives the person an opportunity to clarify anything we have misunderstood, or to add any additional information we might have missed. We mustn't ask any leading questions and it's never our role to investigate what we've been told.

Use the adult's own words when recording a disclosure. All safeguarding records should be made as soon as possible.

Good practice would be within an hour (we sometimes call this the 'golden hour') of the conversation or concern arising. Also record non-verbal communication, a person's body language and how they present.

We then need to date and sign those notes and pass on our record to the safeguarding lead. They can then take any necessary actions and store the record securely to make sure people's information is kept confidential and used appropriately.

For more information on data usage, see Caldicott Principles (link supplied by co-host).

If this is an emergency, we contact the appropriate emergency services and inform the safeguarding lead of what has happened. If we're not sure if this is a situation that requires immediate action, phone the safeguarding lead, or the Thirtyone:eight helpline, while the adult is with you to get advice. If there's no immediate risk of harm, pass the record on to your safeguarding lead within 24 hours.

If the adult ceases to continue with the conversation when confidentiality is explained, then we would write up the conversation so far and make it clear in our notes that at the point of explaining confidentiality they ended/chose not to continue with the conversation. It is important we empower adults to know what we will do when we are concerned about them, and we should never 'trick' them into sharing more than they want to, as this fundamentally breaks the relationship of trust we have built with them.

We're now going to watch a video. This one is shared with the kind permission of the Essex Safeguarding Adults Board. It's a

dramatised account of a real safeguarding concern that came through to them.

While you're watching the video, I'd like you to consider what information you would record if Katie spoke to you. Also, do you need Katie's consent to pass on the concern to the safeguarding lead or to someone outside your context?

In terms of what we'd record for Katie's story, we would include Katie's full name and other details, the date and time of the conversation that we had with her. We would also record Lee's full name, if she knows it, and any other details about him that she knows and is willing to share, for example, a phone number or social media account. We would write down what she's told us in her own words, and we would ask and record what she'd like to happen next. We would then date and sign the record and pass it to our safeguarding lead.

In terms of consent, it will say in your safeguarding policies that if you have a concern about anyone then you need to pass it on to your safeguarding lead. We don't need to get the adult's

consent to be able to do this. In terms of reporting outside, that will be a discussion to have with your safeguarding lead and the decision will sit with them and Katie herself. We will look at what this involves in the next module, but finding out what Katie wants in terms of reporting, and how she feels about the situation, will be useful at this stage. We want to keep her in control of her own situation and not make assumptions about what is 'best' for her.

It's time for a second coffee break now. I will see you in five minutes.

### **[Mental (In)Capacity]**

We're now going to discuss the concept of mental capacity. As we start, please just unmute, or type into the chat, to share your thoughts as to what this term means.

So, as you've indicated in your answers, at its simplest mental capacity is the ability to make a particular decision. Although it absolutely will not be your responsibility to assess someone's mental capacity in respect of a safeguarding concern, it's very



helpful to have a general understanding about this topic, because it is so relevant to safeguarding adults, so it's means you might have more background to understanding why certain concerns are responded to and perhaps others aren't. If you have concerns about someone's mental capacity to make decisions about their own safety and wellbeing, it will be important for you to record this concern and pass it on.

Mental Capacity legislation in all four nations of the UK is there to ensure that a person without the capacity can retain their voice as far as possible in the safeguarding decisions that affect them. Mental Capacity law covers ALL types of decisions. But the more serious the decision, the more important it is that guidance is followed, especially in situations with life changing implications. Every adult is assumed to be able to make decisions for themselves without state involvement, unless it can be demonstrated that they lack the capacity to make a particular decision.

When the law refers to 'mental incapacity', as it does in Scotland, or a 'person who lacks capacity' as it does in the other nations, it is referring to an inability to make decisions as the result of 'an impairment in the functioning of the mind or brain' [wording from legislation]. There are some other circumstances when someone might not have the ability to make decisions freely, and there is protection for this under other laws. A lack of mental capacity can be permanent, temporary, or it can fluctuate. For example, when someone has learning disabilities, they might have lifelong difficulties making certain types of decisions. Whereas another person may ordinarily have capacity to make all decisions for themselves, but if they were knocked over by a car and needed emergency life-saving treatment, they might not have the capacity to make a decision in that moment.

An adult may not be able to make a decision due to illness disability, poor mental health, dementia, a learning disability or because anything that may impair their judgment. Just knowing that someone has a learning disability, though, doesn't mean

that we assume that they lack capacity, capacity is assessed on a decision-by-decision basis.

The law specifies that if a person with an impairment to the function of their mind or brain cannot do any one of the following things, then they would lack the capacity to make the decision in question: One, understand the decision. Two, retain the information. Three, weigh-up the information. Four, communicate their decision.

More information on mental capacity law in each of the four nations is available in your handbook. As with safeguarding adults in general, there's a rights-based approach to mental capacity law and this is embedded in the legislation across all our nations. All laws require formal assessment of mental capacity and capacity is to be assumed unless the assessment shows otherwise – reinforcing that this isn't something that you are responsible for deciding. When someone does lack capacity and a decision is made on their behalf, it must be in their best interests and be of benefit to them.

Wherever possible, adults must be supported to make individual decisions, given all necessary practical help to do this, and supported to develop new skills to manage their own affairs.

Adults might lack capacity to make some decisions but have a capacity to make others in the same area. For example, a person may not be able to manage their wider finances, but they can decide what to buy in the supermarket, for example.

A person's wishes, both past and present, should be taken into account and, where appropriate, other people who have an interest in the adult's welfare could be consulted, that could be a family member or a carer who knows them well.

People have got the right to make what others might regard as unwise or eccentric decisions. A person can't be deemed to lack capacity because people disagree with their decision.

Any actions or decisions taken need to result in the least possible restrictions on that person's basic rights and freedoms.

When someone doesn't have the capacity to make a certain decision, for example, about whether they can safely return home after a stay in hospital, they can be supported by an advocate who will act on their behalf and amplify their voice.

You might have the opportunity in your role or in your personal life, to advocate for someone in a formal or an informal way.

There are provisions for such a role in the legislation across the nations of the UK, though the terminology, the nature of the role, the provisions for it, and who will fulfil it varies. The advocate works to ensure that the person without capacity is kept at the heart of any decisions made about their welfare, that these decisions are person-centred, in their best interests and don't contravene their rights. Advocates can be independent professionals, or someone more closely connected with the adult.

Recording your observations and concerns about an adult's safety and mental capacity can ensure that an adult has access to all the help and support available to them, including an

advocate. There's more information about advocacy and provisions for it in the nation-specific sections of your handbook.

## **[Module Four - Report]**

We're coming into module four now and that's about reporting.

In this module, we'll clarify our responsibility to report all concerns to our safeguarding lead or adult safeguarding champion. We'll also explore why and when we need to gain an adult's consent to refer externally and how considerations of risk interact with the importance of consent.

Put simply, if you're worried that someone might not be safe, then pass on your concern. The most likely person you'll need to speak to is your safeguarding lead or adult safeguarding champion. Go to them with any concern, however big or small, about anyone in your organisation. Staff, volunteers, members or service users, adults, young people, and children in your organisation should also know who they can talk to if they don't feel safe.

Your safeguarding lead doesn't take the place of the emergency services. If there's an immediate risk of significant harm, then phone the police or the ambulance as you would in any other situation outside your church or charity, you can call your safeguarding lead afterwards to keep them informed and get further advice. There is an emergency services app for users of British Sign Language.

If you can't get hold of your safeguarding lead, our helpline advisors are here for you. And there are other specialist help lines too, for example, the Samaritans and the National Domestic Abuse helpline.

Report every concern. You might think, "Oh, I've already talked to the safeguarding lead about this person, so I won't bother them with a similar thing again," but actually multiple concerns about the same person or situation help to build a bigger picture. Don't worry about repeating yourself.

If you're worried that a concern you've reported is not being acted upon, and someone remains at risk of harm, follow the

escalation process. This could be reporting to an umbrella organisation or to statutory agencies. If you're not sure what the process should be, or how to do it, you can call our helpline for advice or refer to your internal policies. Your organisation should also provide information about how to report outside your own structures. In Scotland, this requirement is part of the most recent national guidance.

You can and should always discuss potential concerns with your safeguarding lead, even if the person doesn't give consent for you to pass the information to an outside agency. When an adult shares information with you in your role, they're sharing the information with your organisation because you are a representative of that organisation. When the organisation knows about a potential safeguarding concern, it is the safeguarding lead's role to decide what to do with that information and whether to refer on. They will make this judgment call and will have additional training to help them do this.



If you're not sure that what you are worried about is a safeguarding concern at all, you can anonymise your concern and talk to your safeguarding lead to get advice and guidance on whether this is something that you need to refer to them in their role.

Always seek the adult's consent to report outside your organisation unless this is impossible, or it would increase risk to do so. We want, as we've said before, to keep adults at the centre of their own lives and empower them to make decisions regarding their own welfare. Statutory services and other agencies will be much better able to support the adult if they can communicate with them directly. And they often actually won't discuss a concern without the consent or engagement of the adult involved. When we seek consent, we are making safeguarding personal, and the adult won't be surprised or alarmed by somebody contacting them who they're not expecting. We can explain our reasoning and enable the adult to take steps to safeguard themselves, build trust, bring clarity and manage expectations.

We're now going to pause and consider a question around consent. There are many reasons why an adult might not consent to report their situation to statutory services or seek help from other agencies. Can you think of any? Please unmute or type into the chat.

Here are some reasons: The adult could be scared of the consequences, for themselves or for other people involved. Perhaps they would rather put up with a situation they know than enter the unknown world of a safeguarding process. They could be afraid of the perpetrator. They could love the perpetrator. And often both. Perhaps somebody doesn't recognise that what they're experiencing is abuse or neglect or harm. They could be worried about the uncertainty of the future if they do report. Sometimes it's as simple as someone not wanting to cause trouble. They might have a distrust of authorities or processes. It could be shame - for themselves, their family, or their community. They might just not be ready yet, or it could feel overwhelming.

From these reasons, and many others, we can see that taking somebody's situation out of their hands and reporting without consent can be damaging and it's not something we'd ever want to do unless we absolutely have to.

If a person doesn't give consent for your organisation to share the information, these are the things that your safeguarding lead will need to consider, and they may ask for your input from your knowledge of the situation: Does the person appear to understand the implications of not doing anything? What makes you think this? Is there a question around capacity or incapacity? If there is a question of capacity, it's not for you to establish but just pass on to your lead with the rationale as to why you're concerned. Can you provide the person you are concerned about with any more information to help them understand the risk? And are there any other services who could help, other safeguarding or signposting options that they haven't considered?

If a person initially refuses help, or they don't want you to report their concern externally, make it clear that they can change their mind in future and that you're there to support them if they want to seek help or report at a later date.

Your role is to understand what the person wants to happen, their understanding of the circumstances, to recognise any factors that may be putting them at serious risk or compromising their ability to make decisions, and to pass all this information to the safeguarding lead.

It's important to tell the person that you are passing the information to the safeguarding lead. This is one reason why it's helpful for your organisation to communicate clearly to everyone what happens if you receive a safeguarding concern. In this way, the process won't come as a surprise.

If somebody still doesn't consent, then there would need to be a risk assessment. Your safeguarding lead or adult safeguarding champion will need to consider if anyone else is at risk. For example, if an older adult in your community

discloses to you that their care agency worker stole £10 from their bag, they might not want to report because they don't think £10 is a significant amount, or they might not want to get their care worker into trouble. But if that worker is supporting other people, then those other people could be at risk too. Similarly, if an allegation is made about someone who is in a position of trust in your community, we need to act to protect others from harm.

Another consideration is whether a serious crime has been committed or may be committed. This is not always as straightforward as it might sound, but as a general principle, you've got the right and responsibility to share information to prevent crime.

Also, how likely is it that the person involved will come to serious harm if we don't report externally? The greater the likelihood, the more responsibility your organisation has to share the information with outside agencies.

Other criteria for overriding a refusal to consent is where a person lacks the capacity to make an informed and free decision, or in an emergency or life-threatening situation.

If the risk is low, the person seems to understand, and no one else is at risk, then their choice must be respected. If the risk is high, if others are at risk, or to prevent serious crime, your organisation's got a right to share the information with the relevant authorities. But always try to obtain the person's consent if you can.

### **[Module Five - Reflect]**

Okay, our final is 'R' is Reflect. In this module we'll consider why reflection is an important part of the safeguarding process, how reflection helps us keep the person at the centre of their own situation, and encourage ongoing reflection on our organisation's practices and safeguarding culture.

So why should we reflect? Reflection is a way of learning through experience, we can review and analyse something that happened so we can gain insight from it. We are continually

learning. When things go well, reflection helps us recognise the formula so we can repeat it. When we have near misses, or things go wrong, we can be tempted to avoid thinking or talking about it and just move on. However, if we do this, we miss important learning opportunities and risk the same things happening again.

Reflection is particularly important when it comes to safeguarding. The world is moving quickly; there are new things having an impact on the lives of adults at risk all the time. We need to reflect on what this might mean in terms of our safeguarding knowledge and practice. For example, in the last few years, many of us experienced making adaptations to our ways of working through lockdown. We had to think through how to maintain safe environments when we started to do things in different ways. We also need to think through how any changes in legislation and guidance might make a difference to our procedures or activities.

Reflection really can keep people safer. Many of the pieces of legislation related to safeguarding came out of serious case reviews, a process of painful reflection about how and why mistakes were made, or safeguards were insufficient, and an adult was seriously harmed or had their rights contravened as a result. The lessons learned during these reviews informed policies designed to stop the same thing happening again. On a much smaller scale, we can close gaps in our own procedures through reflection and risk minimisation.

If we have a positive, safe, proactive culture where staff and volunteers are able to reflect together and learn from experience, we can create an environment where adults at risk are safe, well supported and able to thrive.

We can also reflect on how our safeguarding processes feel to those who experience them. The quotation on your screen says, "What good is it making someone safer if it merely makes them miserable?" It was said by Lord Justice Munby when he was summing up a complex safeguarding case in 2007. The



case involved a woman with a learning disability, who had experienced abuse in childhood, making decisions about continuing a relationship with a partner who had previously been abusive and controlling. Here's a little bit more of what he said:

“The fact is that all life involves risk, and the young, the elderly and the vulnerable, are exposed to additional risks and to risks they are less well equipped than others to cope with. But just as wise parents resist the temptation to keep their children metaphorically wrapped up in cotton wool, so too we must avoid the temptation always to put the physical health and safety of the elderly and the vulnerable before everything else. Often it will be appropriate to do so, but not always. Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good –

in particular to achieve the vital good of the elderly or vulnerable person's happiness. What good is it making someone safer if it merely makes them miserable?"

This quotation comes from a decision maker at a much higher level of the safeguarding process than you are likely to be involved in through the roles that have brought you to training today. Your role is unlikely to involve you in deciding what protective measures can and should be used in a particular safeguarding case. However, we can still apply the principles of a person-centred, rights-based approach to safeguarding adults in our own contexts.

So, in the roles that we have, how can we avoid making an adult miserable through our safeguarding practices in our communities?

It could be empowering someone to make their own decisions and supporting and equipping them to take actions to safeguard themselves. It could be by finding out what that adult wants to happen about their situation; listening rather than

making assumptions. It could be through communicating in advance about safeguarding, so people have got clear expectations and understanding of what we're doing and why. We can make any processes personal and reflective of the person's life and culture, their personality, their skills. When we have meetings, it could be as simple as allowing the person to choose the place and time rather than suggesting what is most convenient for us. We want to be respectful, non-judgmental, approachable and compassionate. It will involve keeping someone informed and helping them know what to expect and ensuring that what we're offering good signposting and support. We're going to finish our learning journey with an opportunity to reflect on our own contexts. As well as using the 5 'R's to ensure we have a robust safeguarding process, our organisations also have a responsibility to prevent harm occurring to adults at risk through their interaction with us. Our organisations also have a duty to safeguard us as staff and volunteers as we outwork our roles. Reflect on your own organisation - your policies, codes of conduct and culture. What

good practice do you have to prevent harm occurring? What helps you feel safe and supported in your role? Have you been shown your organisation's whistleblowing policy, outlining protection for those who raise concerns about their own organisation? Is there anything that could be better? Appendix four in your handbook has some questions that will support further reflection on this area. Please unmute or type into the chat to share some ideas now.

### **[Learning Review]**

So, as we come to an end, we are just going to review the learning journey we've been on and we hope that in covering all of these objectives, you have a greater awareness and understanding of these areas. In module one, we sought to recognise our safeguarding duties towards adults, factors that may increase vulnerability, the legislation that underpins our practice, the types of harm that people may experience and key approaches to take when safeguarding adults. In module two, we explored what it would mean to respond well to any concerns, through listening and taking action. In module three,

we identified how and when to record concerns and why this is so important. In module four, we clarified our responsibilities around reporting concerns, the importance of obtaining consent for external reporting and explored considerations around risk. In module five, I hope you've been encouraged to reflect and work with others to build a safe, healthy safeguarding culture.

Before you leave, we encourage you to just take a moment to make a note of one thing that you've learned, or you'd like to act on next. In your handbook on page ten you will also find a more detailed reflective exercise that we commend to you for later. If appropriate, and being mindful of confidentiality, you might find it helpful to discuss it with your safeguarding lead or a member of your team:

Firstly, in light of the learning from this course, can you think of a concern about an adult at risk that was handled really well - where a concern was recognised, responded to, recorded and reported in a way that met the adult's needs, kept them at the

centre of any processes, and where safeguarding measures had a positive impact on their wellbeing?

What knowledge, understanding, relationships, communication processes and actions enabled this to happen? How could this be repeated for future concerns?

Secondly, can you think of a concern about an adult at risk where things could have been handled differently? What parts of a good safeguarding process or a person-centred approach were missing? And what was the impact of this? What could be communicated or put in place now for a better outcome to happen if a similar situation occurred in the future?

Thank you for your participation in this Safeguarding Adults at Risk of Harm training. We would really value your honest feedback, please complete the form and help us equip, empower and encourage more delegates in the future. Thank you.