

Safeguarding Adults at Risk of Harm



Creating safer places. Together.

Welcome to the Thirtyone:eight Safeguarding Adults at Risk of Harm course. This handbook is designed to accompany the webinar and contains the case scenarios, discussion questions and polls we will be using in the webinar.

Safeguarding Adults at Risk of Harm is a four UK nations friendly course. Most of the information in the handbook is applicable to all four nations, but there are also individual sections related to each nation. Please find the section(s) that relates to the nation(s) you work in. This handbook has a lot of information and isn't designed to be printed or read cover-to-cover. We do encourage you to use the contents page to identify the information relevant to you, and to revisit this information when you need a refresher and as things arise.

Safeguarding is a vital consideration in any place where vulnerable people are welcomed. Many environments, like hospitals and care settings, are highly regulated and there is an expectation for strong safeguarding arrangements – many of you will have professional and personal experience of this. For our churches, faith organisations and many charities, our contexts are more complex. We have to balance open doors, a welcome for all and a culture of creating family – all good things – with a recognition that we have a duty to protect the vulnerable and also the sad reality that those who wish to perpetrate abuse may even target such environments as places with easy access to potential victims.

When we are safeguarding adults, we also recognise the need to keep each individual at the centre of any decisions made about their care, protection and wellbeing. This includes empowering adults to make their own choices and take risks; to ensure that safeguarding is life-giving and gives back power and control to the individual rather than taking this away.

We are looking forward to supporting you as you safeguard those you work with through your Safeguarding Adults at Risk of Harm processes.

The Thirtyone:eight team

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Questions and Exercises in the Webinar

Throughout the webinar there will be opportunities to have discussions, share knowledge and participate in activities to apply our learning in context. These are included here for reference only. There is no need to work through anything in advance.

Module 1: Recognise

Pause and consider: What are the similarities and differences between safeguarding adults and safeguarding children and young people?

Poll 1: Which of the categories of abuse or harm defined in the legislation of all 4 UK nations is being described by each of the following sentences? Choose from: Neglect (including acts of omission), Sexual abuse, Financial abuse, Physical abuse and Emotional / Psychological abuse:

1. Causing physical harm, pain, injury through any means e.g. hitting, rough handling, burning, shaking, illegal use of restraint.
2. Withholding or failing to provide adequate care for someone who needs it, not meeting basic needs including food, warmth, medication etc.
3. Rape, attempted rape, sexual assault, non-consensual touching or sexual involvement of any kind, including sexual photography, indecent exposure etc. Any sexual activity someone lacks ability to consent to.
4. Causing mental distress, frightening, threatening, humiliating, isolating.
5. Misuse or theft of money, withholding pension or benefits, exerting pressure around wills, property or inheritance, exploitation.

Pause and consider: What signs and indicators might lead you to be concerned that an adult is experiencing any of the forms of harm and abuse we have just considered?

Pause and consider: What would a person-centred, rights-based approach to safeguarding look / feel like?

Module 2: Respond

Scenarios - Questions for Discussion:

What are your concerns?

Is the adult in the scenario an 'adult at risk of harm' (statutory safeguarding duty)?

How would you respond?

For reference - Categories of abuse named across 4 Nations' legislation for adults are: Physical, Emotional / Psychological, Neglect, Sexual, Financial, Exploitation, Institutional, Modern Slavery, Domestic, Self-Neglect, Discriminatory. In Scotland, legislation encompasses 'all harm', even if not specifically named.

Aoife:

You and your friend Aoife volunteer in your charity / church's community café once a week. While you are washing up you start chatting about the recent cost of living crisis and how difficult you and your husband have found it to manage the family's finances.

During the course of the conversation Aoife tells you that her husband is very good with money and has always managed her money. All the household finances and bills he sorts out and he gives her an allowance each week for the groceries. She tells you that any money that comes into the home goes into an account that he has the bank card for, and she just has to give him receipts for everything she buys.

She laughs and says "He's so good he has every penny accounted for. Mind you it can be a bit embarrassing when I have to ask him for extra, you know at certain times of the month when I need personal items. But sure, I'm no good with money he says so I just let him sort it out".

Dawit:

You are visiting Dawit, a long-term member of your community, who is in a local rehabilitation centre awaiting a place in a care home. He has been unwell, lost his mobility and needs more care than his family can give him at home.

While you are chatting to him, two of the care assistants come to help another patient across the ward. They pull the curtains around the bed and you hear

one of the girls say that she will go and get the hoist. You hear another voice saying “No don’t worry, it will be quicker just to lift him up the bed, you take his other arm and I’ll do this one” You hear the patient letting out a cry and say “oh that’s sore, I don’t like that” to which one of the assistants replies “You’re ok Tommy that’s you done now, we will be back later”.

Dawit tells you that he doesn’t like it when that care assistant is on as she doesn’t use the equipment to support his mobility issues and often her methods hurt and leave him with bruises and sore muscles. Dawit then shows you some bruises that he has on his upper arm.

Zeva:

Zeva is 19 years old. She is from Poland and has been in your community over the past 9 months. She has been working as a ‘nanny’ for a local family. She is caring for their 3 children and works long hours as both parents are often away on business.

Zeva has been bringing the youngest child who is 18 months old, to your toddler group which meets every week. Zeva only speaks a little English and she has not made much connection to anyone in the group and seems to be shy, but you have been trying to get to know her.

One morning you get chatting to her over the coffee break and you ask her how she is settling into her work and the area. Zeva tells you that she is a bit homesick and has not heard very much from her family as she cannot afford to phone them, but she is hoping to write to them when she gets some time off.

She tells you that she is hoping to do English classes soon as this was part of the agreement that was made with the family before she came to work for them. You also find out that she is over here on her own and does not get to go out very much and has not made any friends.

Mhairi:

Mhairi is a woman in her 40s who has attended your church for last 6 years. She is an active member of the church and has always been involved with the parents and tots’ group and teaching Sunday school. She has many friends in the church and lives a short distance away.

Over the past 4 months you have noticed a change in Mhairi’s behaviour and demeanour. She often comes to church late and leaves before the end, she looks tired and strained and she looks to you like she is not taking care of

herself like before as her clothes are dishevelled and not what she would 'normally' wear to church. You have also noticed when you go past her house that the curtains are closed even in the daytime and her garden has not been cared for like it was.

Sadie:

Sadie is in her late 80s. She's physically frail but otherwise bright and energetic. She faithfully attends your weekly seniors' group and has done so over the past 5 years. She loves to have a chat with you over coffee and to share about her family. Sadie had missed a couple of weeks of group and during your chat over a coffee she tells you that her grandson Eoghan has been living with her at her two-bedroom bungalow. She says that he is 'a great lad' and has been good company and a great help to her. He has collected her pension for her, done her shopping and makes her lovely dinners.

You've noticed that Sadie looks tired and when you mention this, she tells you that Eoghan is very popular and often has friends that call around to the house at 'all times of the day and night' and you 'hardly see the same one twice'.

You remember that she's previously told you that her grandson had been in a bit of trouble with the police in the past.

Osian and Cerys:

You meet your friend Cerys for a chat at the coffee bar after church one Sunday evening. She has a 12-year-old son, Osian, who attends a local supported learning unit. He has a diagnosis of ASD and ADHD.

When you ask her how Osian is doing she bursts into tears and tells you that she just doesn't know what to do. She tells you that recently Osian has been physically and verbally abusive to both her and his dad and that she is afraid of him. He has pushed her on several occasions now when she has been in the house on her own. Just this week when he pushed her, she fell back and hit her head on the side of the door. His dad doesn't know about this latest incident, Cerys doesn't want him to get angry.

Eddie:

Eddie attends your men's social most months. He tells you that he is struggling in his relationship with his girlfriend. She is a bit 'overbearing' and 'controlling' and Eddie is feeling suffocated, and he is feeling 'a bit low'. They have known

each other for a long time just as friends and just in the last few months started going out.

She is on the phone to Eddie throughout the day asking him where he is and who he is with. Even when she knows he is at work. He does have his own house, but she doesn't like him staying there and wants him to move in with her.

Eddie breaks down as he tells you that he is afraid to leave the relationship as he knows she has some 'bad people in her life' and she will 'send them after him' if he walks away. He tells you that they just got engaged last weekend and he just doesn't 'know what on earth made him ask her!' he says, 'the whole situation has gotten out of hand, and I don't know what to do'. To add to the situation, she is now pregnant.

Jason:

You are on the welcome team at your church and you notice someone you haven't seen before. You get chatting to him and he tells you that he has been in prison and he is looking for a church in the area that he can attend regularly. You also learn that his name is Jason and he is wanting to turn his life around after a few mistakes in the past. You notice he has a bruise and a cut above his eye.

Module 3: Record

Katie's Story (video): If Katie spoke to you, what would you record? Do you need Katie's consent to pass on the concern to safeguarding lead or outside your context?

[Video used with the kind permission of Essex Safeguarding Adult's Board]

Pause and consider: What is 'mental capacity'?

Module 4: Report

Pause and consider: Why might an adult not consent to report their situation to statutory services or seek help from other agencies?

Module 5: Reflect

Pause and consider: *“What good is it making someone safer if it merely makes them miserable?” – Lord Justice Munby*

How can we avoid making someone ‘miserable’ through our safeguarding practices?

Pause and consider: *“For the practitioner, enabling a person to take risks is a difficult thing to do. For the person concerned, not being allowed to take risks can feel very restrictive and frightening.” - The Straightforward Guide to Safeguarding Adults, p10*

Reflect on this statement with an adult you know in mind.

Reflective exercises:

Reflection for webinar discussion: Reflect on learning from this webinar considering your own organisation and the role that brought you to training today. What impact might this learning have- for you / your organisation / adults at risk?

Reflection for after the course:

1. 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?
2. Considering the learning from this course, 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?
 - 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?

Key laws across the 4 UK nations

Safeguarding practice is usually based on the laws made by one of the 4 UK Governments (Westminster, Holyrood, Stormont and the Senedd). You do not need to memorise or have a deep understanding of these pieces of legislation, it's enough to have an awareness that there is a legal framework that informs how we safeguard adults at risk of harm, our volunteers and employees.

Across all four nations of the UK, there is a rights-based approach to safeguarding adults at risk of harm, which is informed by Human Rights law:

UK Wide Legislation
Human Rights Act 1998 (based on European Convention of Human Rights - ECHR) UN Universal Declaration of Human Rights 1948

The table below gives the two other key pieces of legislation that underpin policies and processes related to safeguarding adults at risk of harm for each UK nation. The full legislation documents are available online by searching the name and date given here. Other related pieces of legislation are listed in the nation specific sections of this handbook.

England	Northern Ireland	Scotland	Wales
The Care Act 2014 Mental Capacity Act 2005	Adult Safeguarding: Prevention and Protection in Partnership Key Documents (2015)* Mental Capacity Act (Northern Ireland) 2016	Adult Support and Protection (Scotland) Act 2007 and Code of Practice (2014 updated in 2022) Adults with Incapacity (Scotland) Act 2000	Social Services and Wellbeing (Wales) Act 2014 Mental Capacity Act 2005

*In Northern Ireland, a new Adult Protection Bill was proposed in 2020, but this has yet to be progressed by the Northern Ireland Assembly.

Safeguarding Adults at Risk of Harm in England

The following pages contain useful information for those for those seeking to Safeguard Adults at Risk of Harm in England.



Approaches to Safeguarding Adults in England:

The Care Act 2014 is the main law that informs safeguarding adults in England. The guidance that accompanies it defines adult safeguarding as:

“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.”

There are six key principles named in the Care Act that underpin our approach to safeguarding adults:

Empowerment: We support and encourage adults to make their own choices and give informed consent to any safeguarding measures.

Prevention: We take action before harm occurs.

Proportionality: We only get involved as much as we are needed, and any action taken is the least intrusive response appropriate to the situation.

Protection: We act to support and protect those in greatest need.

Partnership: We work with other local agencies to prevent, detect and report neglect and abuse.

Accountability: We are accountable and transparent in our safeguarding work.

Adult at Risk:

The Care Act 2014 states that adult safeguarding duties apply to anyone aged 18 or over who meets all three of the following conditions:

- Has care and support needs (whether or not the Local Authority is meeting those needs)
- Is experiencing, or is at risk of, abuse or neglect
- Is unable to protect themselves from the abuse or neglect because of their care and support needs.

The Local Authority has a duty to conduct enquiries (or instruct others to do so) into safeguarding concerns about adults in these circumstances. That is what is meant by a 'statutory duty'.

Categories of Abuse named in Legislation:

The Care Act 2014 defines the following ten forms of abuse and neglect that can affect adults. It also states that it isn't intended to be an exhaustive list and that abuse and neglect can take many forms:

Physical abuse: including assault, hitting, slapping, pushing, misuse of medication and restraint.

Psychological abuse: including emotional abuse, humiliation, threats of harm or abandonment, coercion, intimidation, isolation, harassment and cyber bullying.

Neglect or acts of omission: including ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care, support or educational services; not meeting basic needs such as food, warmth and shelter.

Sexual abuse: including rape, sexual harassment, indecent exposure, sexual assault, sexual photography and inappropriate looking, touching or sexual teasing.

Financial or material abuse: including theft, fraud, coercion in relation to finances including wills, property, inheritance or transactions and misuse of possessions or benefits.

Domestic abuse: including control and coercion, psychological, physical, sexual, financial abuse and so called 'honour' based violence.

Modern Slavery: including forced labour and domestic servitude, human trafficking and coercing, deceiving or forcing someone into a life of abuse, servitude and inhumane treatment.

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

Organisational abuse: including neglect and poor care as a result of the structure, policies, processes and practices within an institution, care setting, or by those providing care services in someone's own home.

Self-neglect: including neglecting to care for personal hygiene, health or surroundings.

A really helpful description of types and indicators of all ten categories of abuse is available in [this document](#) produced by SCIE (Social Care Institute of Excellence).

Safeguarding Structures in England:

Emergency Services: If there is a risk to life, someone is at risk of serious harm or a serious crime has been committed, we need to call 999 so emergency services can respond quickly.

Safeguarding Lead: Every organisation should have a safeguarding lead, although they might have a different title – such as safeguarding co-ordinator, designated officer, safeguarding advisor etc. The safeguarding lead is your first port of call for any concerns within your organisation. They keep records and liaise with statutory agencies when necessary.

Adult Social Care Services: This is the government-funded (statutory) agency for providing services to adults with care and support needs through the Local Authority. Your safeguarding lead may refer a safeguarding concern to Adult Social Care Services. Local Authorities are required to make safeguarding enquiries, or request others to do so, when an adult with care and support needs is experiencing or at risk of experiencing abuse or neglect. The website for your local Adult Social Care Services will also have contact details for out of hours / emergency situations.

Multi Agency Safeguarding Hubs (MASH): As well as Adult Social Care Services, many areas in England also have a MASH Team. These are teams made up of highly skilled professionals from different agencies including social work, police, health, and education. The team usually provide an early triage and multi-agency assessment of safeguarding concerns in respect of both children and adults.

Police: The police service may be part of a safeguarding response when a crime has been committed, whether or not they have been part of an emergency response.

Safeguarding Adults Board (SAB): These strategic boards are responsible for overseeing local safeguarding arrangements, ensuring that sufficient support is available and that services are working effectively.

Mental Capacity and the Law

Sometimes, safeguarding adults will involve working with people who may not have the capacity to fully understand and participate in decisions about their safety, care and wellbeing. In England, the law designed to uphold the rights of adults in this situation is the Mental Capacity Act 2005.

Its purpose is to protect and promote the rights of people aged 16 or over who lack the mental capacity to make a particular decision or take a particular action for themselves at a particular time.

A person may lack capacity because they have dementia, a severe learning disability, a brain injury or are unconscious due to an accident, for example. However, having a particular condition or characteristic doesn't automatically mean someone can't make decisions for themselves. In fact, the Mental Capacity Act makes it clear that we must assume a person has the capacity to make a decision for themselves unless it is proved otherwise (through professional assessment).

Often a person will have the capacity to make some decisions but lack the capacity to make others and the law takes account of this. Lack of capacity can also be temporary. Any decision that is made on behalf of a person who lacks capacity must be made in that person's best interests and any safeguarding measures provided for a person should be the least restrictive option available.

Mental capacity must be assessed by a professional and the Mental Capacity Act sets out a two-stage test of capacity:

- 1) Does the person have an impairment of the mind or brain? (This could be the result of an illness, disability, condition, or external factors such as alcohol or drug use). [This is called the Diagnostic Test.]
- 2) Does the impairment mean that the person is unable to make a specific decision when they need to? [This is called the Function Test.]

The Act says the person is unable to make a decision if they cannot do any one of the following:

- Understand the information relevant to the decision
- Retain the information
- Use or weigh-up the information
- Communicate the decision

Before deciding a person lacks capacity, they should be given any support that would enable them to make a decision themselves. This could include providing information in a different format, exploring non-verbal methods of communication, considering whether a person's understanding might be better at a different time of day, providing information on alternatives or asking a family member, carer or advocate to help with communication.

In each situation consider, could the decision be delayed until the person might be better able to make it for themselves? Also, we must never treat someone as lacking capacity because we think the decision they are making is unwise.

Advocacy:

An advocate works alongside an adult to amplify their voice and support them in any interaction with outside agencies. The advocate's role is to ensure that the person 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. You might have experience acting as an advocate through your role in your organisation or for a family member.

There is particular legal provision for advocacy for adults who lack mental capacity through the Mental Capacity Act 2005. Adults who lack capacity to make specific important decisions, such as where they live or about serious medical procedures, are entitled to an Independent Mental Capacity Advocate (IMCA). IMCAs are trained professionals who will work with the adult and on their behalf. They will gather and evaluate information, raise issues or concerns and challenge any decisions as necessary. IMCAs will usually be instructed to act when there is no one independent of the services, such as a friend or family member, who it would be appropriate to consult. In adult protection cases, people without capacity can have an **Independent Mental Capacity Advocate**,

even if they have family or friends available to support them. This is different from medical and accommodation decisions where authorities would look to friends and family to help support and represent the person.

More detailed information around Independent Mental Capacity Advocates, including a video illustrating the role, is available [here](#).

Additional Legislation:

Serious Crime Act 2015

Protection of Freedoms Act 2012

Equality Act 2010

Safeguarding Vulnerable Groups Act 2006

Sexual Offences Act 2003

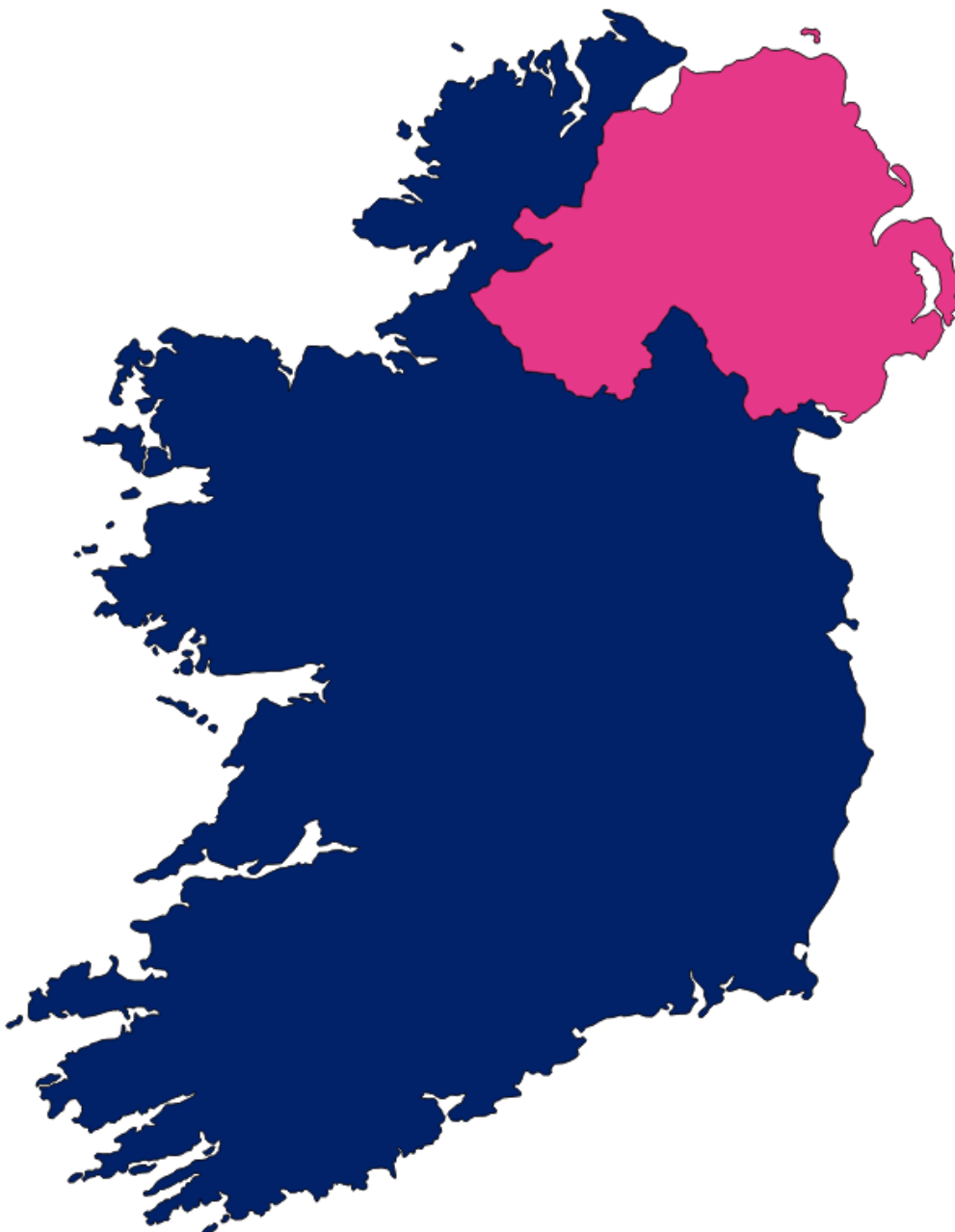
Crime and Disorder Act 1998

Police and Criminal Evidence Act 1984

Mental Health Act 1983

Safeguarding Adults at Risk of Harm in Northern Ireland

The following pages contain useful information for those for those seeking to Safeguard Adults at Risk of Harm in Northern Ireland.



Approaches to Safeguarding Adults in Northern Ireland:

Adult Safeguarding in Northern Ireland is underpinned by 5 approaches:

A Rights-Based Approach: To promote and respect an adult's rights. These include: the right to be safe, secure, free from harm and coercion; the right to equality of treatment and freedom from discrimination; to the protection of the law; to privacy and confidentiality.

An Empowering Approach: To empower adults to make informed choices about their lives and make their own decisions about managing risk. To empower adults to keep themselves safe and participate in wider society.

A Person-Centred Approach: Ensuring adults fully participate in all decisions affecting their lives and that these are based on their views, wishes and feelings and, where appropriate, the views of others who have an interest in their safety and well-being.

A Consent-Driven Approach: To presume that the adult has the ability to give or withhold consent and to make informed choices. To provide information, options, and alternatives to enable informed choice. To ensure support with communication and advocacy is given to those who need it. To give particular regard to those who lack the capacity to consent. Intervening in the life of an adult against their wishes will only happen in particular circumstances, for very specific purposes and always in accordance with the law.

A Collaborative Approach: To work together with safeguarding partners across the statutory, voluntary, community, independent and faith sectors to provide the most effective adult safeguarding possible. Clearly define roles, responsibilities and lines of accountability and ensure these are understood. Working in partnership and a person-centred approach will work hand-in-hand.

There is a really helpful, simple video about Safeguarding Adults by the Southern Health and Social Care Trust: [Adult Safeguarding What is Adult Safeguarding - YouTube](#)

Adults at Risk of Harm and In Need of Protection:

Adult at Risk of Harm: An 'Adult at risk of harm' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) personal characteristics AND/OR
- b) life circumstances

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.

Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

Adult in Need of Protection: An 'Adult in need of protection' is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their:

- a) personal characteristics AND/OR
- b) life circumstances AND
- c) who is unable to protect their own well-being, property, assets, rights or other interests; AND
- d) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d).

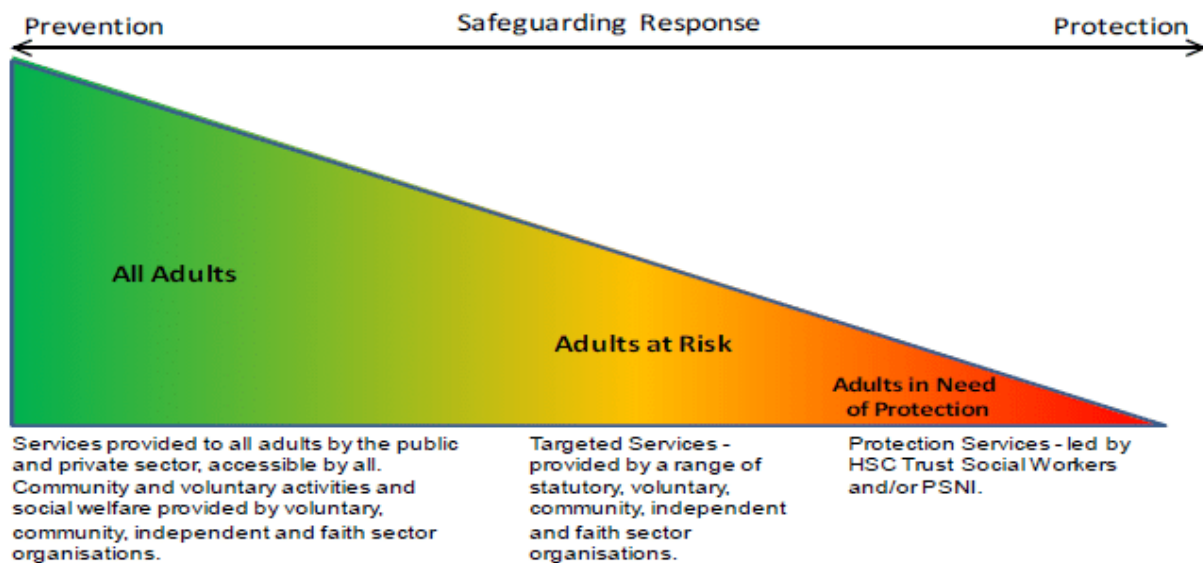
Adult Safeguarding Continuum:

The image below shows different levels of safeguarding provision and activity in Northern Ireland.

- All adults can access practical help, care, support and interventions designed to prevent harm and promote wellbeing. Our community, voluntary and faith sector organisations may provide some of these services.

- There are also targeted services to support adults at risk; our organisations may provide these or signpost and refer people to them.
- Protection Services are led by Health and Social Care Trusts and / or Police Service Northern Ireland. These services are for adults who are in need of protection, that is, when harm from abuse, exploitation or neglect is suspected, has occurred, or is likely to occur.

We need to work in partnership so that adults at risk and adults in need of protection can have their needs assessed and receive the safeguarding responses and protection to which they are entitled.



Forms of abuse and harm named in National Policy:

Full definitions pages 13 -15 of policy: [Adult Safeguarding: Prevention and Protection in Partnership key documents \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-in-partnership-key-documents)

Physical abuse: The use of physical force or mistreatment of one person by another. The abuse may or may not result in actual physical injury.

Sexual violence and abuse: Any behaviour perceived to be of a sexual nature which is unwanted or happens without consent or understanding.

Psychological / emotional abuse: Any behaviour that is psychologically harmful or inflicts mental distress.

Financial abuse: Theft, fraud, exploitation, misuse or misappropriation of money, property, benefits and material goods that the person did not or could not consent to.

Institutional abuse: Mistreatment or neglect of an adult by systems or individuals in places where they live, visit or receive services.

Neglect: Failing to provide care or support that results in someone being harmed.

Exploitation: Deliberate maltreatment, manipulation or abuse of power and control over another person. The policy names slavery, servitude, forced labour, domestic violence and abuse and human trafficking as examples of exploitation.

The Policy also states that the above list of types of harmful conduct is not exhaustive and other indicators of harm should not be ignored. If you are concerned about someone, talk to the Adult Safeguarding Champion or Safeguarding Lead in your organisation.

Safeguarding Structures in Northern Ireland:

Emergency Services: If there is a risk to life, someone is at risk of serious harm or a serious crime has been committed, we need to call 999 so emergency services can respond quickly.

Adult Safeguarding Champion (ASC): This person is your first port of call for any concerns about adults in your organisation. They might have another role title, such as safeguarding lead or safeguarding co-ordinator, especially if one person takes a lead on safeguarding for children and adults. They provide safeguarding leadership and oversight for your organisation. It is best practice for all organisations to nominate an ASC but it is a requirement for any organisation working directly with adults at risk of harm. 'Volunteer Now' has a useful factsheet explaining more about the role of ASC: [KAS ASC A4 leaflet \(volunteernow.co.uk\)](https://www.volunteernow.co.uk)

Health and Social Care (HSC) Trusts: These trusts have the principle responsibility for protecting against harm (alongside PSNI when a crime is alleged or suspected). Adult Social Work Services and Gateway Teams sit within the local HSC Trusts.

Adult Social Work Services: Social workers within HSC Trusts are the lead professionals for safeguarding adults at risk. If an adult is at risk or in danger of serious harm, then a referral can be made to the Adult Protection Gateway Service.

Adult Protection Gateway Team: Your organisation should contact the Adult Protection Gateway Team for your HSC Trust if you are concerned that an adult at risk of harm or in need of protection is being abused or exploited. The local numbers are for working hours. Wherever you live in Northern Ireland, Out of Hours Social Workers can be contacted through one central telephone number: **Tel: (028) 0800 197 9995.**

Police Service Northern Ireland (PSNI): The police service may be part of a safeguarding response when a crime has been committed, whether or not they have been part of an emergency response.

Mental Capacity, Consent and the Law:

Mental capacity means the ability to make a decision and take actions. We must always start by assuming an adult has capacity – it doesn't matter what the adult looks like, how they behave, how old they are or if they have a disability or illness. Capacity can also vary from decision to decision and day to day, so it needs to be reviewed regularly. If you have doubts about the capacity of an adult to make a decision, talk to your safeguarding lead / adult safeguarding champion who will seek advice from your Health and Social Care Trust. It may be necessary for an HSC professional to carry out a capacity assessment.

Consent means saying 'yes', freely and with full information, to any decision, such as deciding where an individual might live, agreeing to a particular safeguarding measure, undertaking a course of medical treatment etc. In Northern Ireland's National Policy for safeguarding adults, an adult's consent is only considered valid when the adult has capacity to consent (see above); they are appropriately informed (they have been given sufficient information in an appropriate format); and consent has been given voluntarily, free from coercion or negative influence.

The Mental Capacity Act (Northern Ireland) 2016 was enacted by the Northern Ireland Assembly in May 2016. The sections currently in force are those relating to deprivation of liberty, money and valuables and research. In terms of deprivation of liberty, the Act gives provision for a Nominated Person who can support and represent the person who lacks capacity – this could be a family member or someone else selected by the individual.

Advocacy:

If an adult lacks capacity to make a decision, they may benefit from advocacy. Advocates can help people access information, enable them to fully participate in decision making, explore choices and options, defend and promote their rights and have their voice amplified. An advocate shouldn't make the adult's decisions for them but work in partnership with them.

You might act as an advocate in the role of 'Nominated Person' for a family member or someone else close to you who lacks capacity in discussions around deprivation of liberty measures. You may also act as an advocate more informally, through your role supporting adults at risk of harm, enabling someone to access services and amplifying their voice in the safeguarding process.

Additional Legislation

Prevention from Stalking Bill (2022)

Justice (Sexual Offences and Trafficking Victims) Act 2022

Domestic Abuse and Civil proceedings Act (Northern Ireland) 2021

Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015

Protection of Freedom Act 2012

Safeguarding Board Act (Northern Ireland) 2011

Sexual Offences (Northern Ireland) Order 2008

Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (amended by Protection of Freedoms Act 2012)

Criminal Evidence (NI) Order 1999

Public Interest Disclosure (Northern Ireland) Order 1998

Disability Discrimination Act 1995*

Mental Health (Northern Ireland) Order 1986

Criminal Law (Northern Ireland) Act 1967

Criminal Law Act 1967

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*Equal Opportunity laws in Northern Ireland are informed by several different pieces of legislation. You can find details on specific aspects of this law here: [ECNI - The Law, Equality Legislation, Equality Commission, Northern Ireland \(equalityni.org\)](http://equalityni.org)

Safeguarding Adults at Risk of Harm in Scotland

The following pages contain useful information for those seeking to Safeguard Adults at Risk of Harm in Scotland.



Approaches to Safeguarding Adults at Risk in Scotland

A 'rights-based' approach is key to all national policy and legislation in Scotland. Human Rights is one of the National Outcomes in the National Performance Framework: "We respect, protect and fulfil human rights and live free from discrimination." [Human Rights | National Performance Framework](#) [See Appendix One for more information on Human Rights and related law]. All legislation in Scotland, and the way it is outworked, must be compatible with Human Rights. In terms of safeguarding adults at risk of harm, this means any processes and measures put in place to safeguard an adult mustn't take away their human rights.

The United Nations Conventions on the Rights of Persons with Disabilities (UNCRPD) also informs legislation and approaches to safeguarding in Scotland. This convention promotes non-discriminatory, inclusive participation for everyone and places a responsibility on public bodies to remove barriers and support disabled people to fully participate in society. This means our organisations should strive to enable and empower adults to safeguard themselves and access support or providing adults with all the necessary information to make decisions in an appropriate, accessible format.

In Scotland, safeguarding adults is based on the concept of 'harm'. The recognition of what 'harm' might involve and where it might come from is intentionally broad. There are some categories of harm named and defined in legislation, but it is also clearly stated that no harm is exempt just because it is not specifically named. Legislation also recognises that 'conduct that causes or is likely to cause harm' can come from another person or the adult at risk themselves.

Safeguarding duties apply to adults who are 'unable to safeguard' themselves. The guidance that accompanies the 2007 Act draws a distinction between adults who are unable to safeguard themselves and those who are deemed able but unwilling to do so. Adults who have "the power, ability or authority to safeguard themselves" but are apparently unwilling to do so, are not considered to be adults at risk. The guidance urges careful consideration around this distinction, recognising that various factors such as Adverse Childhood Experiences (ACEs), trauma, control and coercion and other situations may have an impact on an adult's ability to make free and informed

decisions about safeguarding themselves. Therefore, a person-centred approach with a wide view of a person's situation is important.

Services in Scotland seek to be trauma-informed. Trauma informed practice is not the same as 'treating' trauma-related issues, rather it means reducing barriers for those who have experienced trauma and equipping people with knowledge and understanding about how trauma can affect people's biological, psychological and social development. Becoming 'trauma-informed' takes time and specialist training, but we can all seek to become more trauma aware in our safeguarding work. [For more on trauma awareness, see Appendix 3]

Adult at Risk:

An 'adult at risk' is someone aged 16 years or over who meets all of the following three-point criteria:

- “They are unable to safeguard their own well-being, property, rights or other interests;
- they are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected.” - [Adult Support and Protection \(Scotland\) Act 2007: Code of Practice - gov.scot \(www.gov.scot\)](#)

An adult is considered to be at risk of harm if:

- another person's conduct is causing (or is likely to cause) the adult to be harmed, or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm

Categories of Harm:

Physical harm: Can include hitting, kicking, rough-handling, scalding, physical punishments, inappropriate use of restraint, misuse of medication, involuntary isolation, forcible feeding or withholding food.

Sexual harm: Can include rape, attempted rape or sexual assault, inappropriate touch anywhere, any sexual activity the person lacks capacity to consent to, indecent exposure, sexual photography, sexual harassment.

Psychological / Emotional harm: Can include intimidation, coercion, harassment, humiliation, verbal abuse, enforced social isolation, bullying (including cyber bullying), failing to respect privacy.

Financial or material harm: Can include theft, fraud, scamming, pressure and influence in connection with loans, wills, inheritance, property etc, false representation (using another person's bank card or documents), misuse of benefits.

Neglect or acts of omission: Can include failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care, providing care in a way the person dislikes, ignoring or isolating the person.

Self-Neglect: This is a complex concept and covers a wide range of behaviours. At its most basic, it's an inability to care for your own basic needs- for example being unable to manage personal affairs, persistent inattention to personal hygiene, health and surroundings.

The Adult Support and Protection (Scotland) Act 2007 makes it clear that we should consider 'all harm' and that no concern or harm should be overlooked just because it is not specifically named. Pass on all concerns.

Safeguarding Structures in Scotland:

Emergency Services: If there is a risk to life, someone is at risk of serious harm or a serious crime has been committed, we need to call 999 so emergency services can respond quickly.

Safeguarding Lead: Every organisation should have a safeguarding lead, although they might have a different title – such as safeguarding co-ordinator, designated officer, safeguarding advisor etc. The safeguarding lead is your first port of call for any concerns within your organisation. They keep records and liaise with statutory agencies when necessary.

Adult Protection Committee: The Adult Support and Protection (Scotland) Act 2007 set up Adult Protection Committees (APCs) in every council area. These are multi-agency groups with representation from Police Scotland, the NHS, social care services and other agencies. Their remit is to monitor and review what is happening in their local area to safeguard adults.

Police Scotland: The police service may be part of a safeguarding response when a crime has been committed, whether or not they have been part of an emergency response.

Sheriff: There are six Sheriffdoms in Scotland. Sheriff Courts deal with civil matters and criminal cases. In terms of safeguarding, a Sheriff becomes involved when a council applies to them for a Protection Order (see below).

Protection Orders:

In Scotland, the law allows councils to apply to a Sheriff for a protection order when an adult is at risk of serious harm. There are three types of protection order given in the Adult Support and Protection (Scotland) Act 2007.

Protection orders should not be granted without the adult's consent. However, the Sheriff can ignore refusal to consent if there is a belief that the adult has been unduly pressured to refuse and nothing else can be done to protect the adult from serious harm.

- **Assessment Order:** Allows for an adult at risk of serious harm to be taken to a more suitable place for an interview or medical examination.
- **Removal Order:** Allows for an adult to be moved to a suitable place for up to 7 days if they are likely to be seriously harmed where they are.
- **Banning Order:** Bans the subject of the order from being in a particular place for up to 6 months. Other conditions may also be included.

Mental Capacity and the Law:

The Adults with Incapacity (Scotland) Act 2000 is a law designed to safeguard the welfare and manage the finances and property of adults with incapacity. The law defines an adult with incapacity as someone aged 16 or over who "lacks capacity to make some or all decisions for themselves because of a mental disorder or inability to communicate."

The law gives five principles that must be applied when deciding which measure will be most suitable for meeting someone's needs:

Principle 1 – Benefit: Actions and decisions must benefit the person, and only be taken when the benefit cannot be achieved in another way.

Principle 2 - Least-restrictive option: It should be the option that restricts the person's freedom as little as possible.

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Principle 3 – Past and present wishes of the person: In deciding if an action or decision is to be made, account must be taken of the present and past wishes and feelings of the person as far as these can be understood. The person must be offered help to communicate their views. This might mean using memory aids, pictures, non-verbal communication, advice from a speech and language therapist, or support from an independent advocate.

Principle 4 - Consultation with relevant others: Take account of the views of others with an interest in the person's welfare, for example, the person's primary carer, nearest relative, named person, attorney or guardian.

Principle 5 - Encourage the person to use existing skills and develop new skills: Encouraging and allowing the adult to make their own decisions and manage their own affairs and, as much as possible, to develop the skills needed to do so.

Advocacy

An advocate works alongside an adult to amplify their voice and support them in any interaction with outside agencies. The advocate's role is to ensure that the person 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. You might have experience acting as an advocate through your role in your organisation or for a family member.

In Scotland, everyone with a 'mental disorder' has the right to independent advocacy under The Mental Health (Care and Treatment) (Scotland) Act 2003

Related to advocacy, Scotland also makes provision for **welfare guardians**. By law, if an adult is unable to make decisions or take actions to safeguard their own welfare, a court can appoint a 'welfare guardian' to do this for them. Welfare guardians can make decisions about where a person lives, as well as about their personal and medical care. The welfare guardian might be a relative, friend or a carer. The court can also appoint the chief social work officer of a local authority to be a person's welfare guardian. The law that sets out the role and responsibilities of guardians is the Adults with Incapacity Act (Scotland) 2000.

Additional Legislation:

Disclosure (Scotland) Act 2020

Female Genital Mutilation (Protection and Guidance) (Scotland) Act 2020

Domestic Abuse (Protection) (Scotland) Act 2020

Vulnerable Witnesses (Criminal Evidence) (Scotland) Act 2019

Carers (Scotland) Act 2016

Abusive Behaviour and Sexual Harm (Scotland) Act 2016

Mental Health (Scotland) Act 2015

Human Trafficking and Exploitation (Scotland) Act 2015

Social Care (Self-directed Support) (Scotland) Act 2013

Equality Act 2010

The Sexual Offences (Scotland) Act 2009

Protection of Vulnerable Groups (Scotland) Act 2007

Mental Health (Care and Treatment) (Scotland) Act 2007

Antisocial Behaviour etc. (Scotland) Act 2004

Criminal Justice (Scotland) Act 2003

Scotland Act 1998

Police Act 1997 (as amended)

Safeguarding Adults at Risk of Harm in Wales

The following pages contain useful information for those for those seeking to Safeguard Adults at Risk of Harm in Wales.



Approaches to Safeguarding Adults in Wales

Safeguarding adults at risk in Wales is underpinned by several pieces of legislation, national policy, statutory guidance and related procedures. The [Wales Safeguarding Procedures](#) help organisations identify what they need to do to fulfil their safeguarding duties.

The Social Service and Wellbeing (Wales) Act 2014 recognises safeguarding as one key strand of our overall wellbeing. Other strands include ensuring people have their rights, being part of the community, being physically, mentally and emotionally happy and having positive relationships with family and friends. There is a focus throughout the Act on person-centred working, including enabling the person to communicate and access services in their own language and in a format they can understand.

The Social Service and Wellbeing (Wales) Act 2014 (SS&WB) includes a **mandatory duty to report safeguarding concerns**. This means that if there is cause to suspect an adult or child is at risk, this **MUST** be reported to the local authority.

Four fundamental principles that come from the SS&WB Act and shape the approach to safeguarding in Wales are:

- **Voice and control:** This means the person is at the centre of their own care. They have a voice and control over how they achieve wellbeing.
- **Prevention and early intervention:** Providing services within the community to prevent harm or escalation to the point of critical need.
- **Well-being:** Supporting people to be happy, healthy and comfortable with their life and what they do.
- **Co-production:** Designing and delivering services alongside the people who use them.

These fundamental principles are part of the wider person-centred approach. A person-centred approach ensures that the individual's rights are paramount; that they will be treated with respect and dignity; that their views, wishes and feelings will be sought and acted upon wherever possible; that the characteristics, culture, language and beliefs of the individual will be taken into account; that they will be supported to participate in any decisions that affect them and that their best interests will be promoted. Guidance encourages those working with adults at risk of abuse and neglect to maintain a person-

centred approach by seeing and speaking to the individual; finding out about their daily lived experience; finding out what changes they would like to experience in their daily lives, whilst also recognising that in some cases wishes may not override safeguarding interests.

Adults at Risk:

An adult at risk is an adult who:

- Is experiencing or is at risk of abuse or neglect,
- Has needs for care and support (whether or not the authority is meeting any of those needs), and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The procedures state that “the use of the term ‘at risk’ means that actual abuse or neglect does not need to occur before practitioners intervene, rather early interventions to protect an adult at risk should be considered to prevent actual abuse and neglect...Risk of abuse or neglect may be the consequence of one concern or a result of cumulative factors.”

Categories of Abuse:

Physical abuse: Can include hitting, kicking, rough-handling, scalding, physical punishments, inappropriate use of restraint, misuse of medication, involuntary isolation, forcible feeding or withholding food.

Sexual abuse: Can include rape, attempted rape or sexual assault, inappropriate touch anywhere, any sexual activity the person lacks capacity to consent to, indecent exposure, sexual photography, sexual harassment.

Psychological / Emotional abuse: Can include intimidation, coercion, harassment, humiliation, verbal abuse, enforced social isolation, bullying (including cyber bullying), failing to respect privacy.

Financial abuse: Can include theft, fraud, scamming, pressure and influence in connection with loans, wills, inheritance, property etc, false representation (using another person's bank card or documents), misuse of benefits.

Neglect: Can include failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care, providing care in a way the person dislikes, ignoring or isolating the person.

Safeguarding Adults at Risk of Harm

A full list of descriptions and indicators is available in the Wales Safeguarding Procedures [here](#):

Procedures and policy in Wales make it clear that there are other ways in which these forms of harm can be experienced and behaviours that put adults at greater risk of experiencing these named categories. They give the particular examples of: Violence against women, domestic abuse and sexual violence (VAWDASV) this includes Female Genital Mutilation, modern slavery, domestic abuse and violence against men and criminal exploitation but emphasise that this is not an exhaustive list. Anyone who is worried that an adult is at risk of harm and abuse must pass on their concern.

Safeguarding Structures in Wales:

Emergency Services: If there is a risk to life, someone is at risk of serious harm or a serious crime has been committed, we need to call 999 so emergency services can respond quickly.

Safeguarding Lead: Every organisation should have a safeguarding lead, although they might have a different title – such as safeguarding co-ordinator, designated officer, safeguarding advisor etc. The safeguarding lead is your first port of call for any concerns within your organisation. They keep records and liaise with statutory agencies when necessary.

Safeguarding Boards: Wales has a National Safeguarding Board and Regional Safeguarding Boards. The regional boards cover more than one local authority. They cover both child and adult safeguarding.

Gofal Cymdeithasol Cymru / Social Care Wales: This is social care services and wellbeing services for Wales.

Local Authority Designated Officer (LADO): Organisations must contact the LADO if they become aware that someone who poses risk of harm works, volunteers or lives with adults at risk. This role can sometimes have the title Designated Officer for Allegations (DOFA).

Multi Agency Safeguarding Hubs (MASH): As well as Social Care Wales services and regional safeguarding boards, some areas in Wales also have a MASH Team. These are teams made up of highly skilled professionals from different agencies including social work, police, health, and education. The team usually

provide an early triage and multi-agency assessment of safeguarding concerns in respect of both children and adults.

Police: The police service may be part of a safeguarding response when a crime has been committed, whether or not they have been part of an emergency response.

Related Processes:

Adult Protection and Support Order (APSO): An APSO is obtained from the Magistrates Court to allow the local authority to enter a property to ascertain if there is an adult at risk. Each local authority has a designated officer, usually a social worker, who can apply for these orders.

Duty to Ask and Act: This is a measure that gives authorities, including safeguarding services, a duty to proactively identify those experiencing domestic abuse and offer access to support services. It comes from The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

Mental Capacity

The Mental Capacity Act 2005 is designed to protect and promote the rights of people aged 16 or over who lack the mental capacity to make a particular decision or take a particular action for themselves at a particular time. It is decision specific because people will have the capacity to make some decisions but lack the capacity to make others. Lack of capacity can also be temporary. Any decision that is made on behalf of a person who lacks capacity must be made in that person's best interests.

A person may lack capacity because they have dementia, a severe learning disability, a brain injury or are unconscious due to an accident, for example. However, having a particular condition or characteristic doesn't automatically mean someone lacks capacity. The Mental Capacity Act is clear that we must assume a person has the capacity to make a decision for themselves unless it is proved otherwise. Individuals should be given all the support necessary to help them make their own decisions wherever this is possible. We mustn't treat someone as lacking capacity just because we think the decision they make is unwise. Any safeguarding measures provided for someone who lacks capacity should be the least restrictive of their basic rights and freedoms.

Mental capacity must be assessed by a professional and the Mental Capacity Act sets out a two-stage test of capacity:

- 1) Does the person have an impairment of the mind or brain? (This could be the result of an illness, disability, condition, or external factors such as alcohol or drug use). [This is called the Diagnostic Test.]
- 2) Does the impairment mean that the person is unable to make a specific decision when they need to? [This is called the Function Test.]

The Act says the person is unable to make a decision if they cannot do any one of the following:

- Understand the information relevant to the decision
- Retain the information
- Use or weigh-up the information
- Communicate the decision

Before deciding a person lacks capacity, they should be given any support that would enable them to make a decision themselves. This could include providing information in a different format, exploring non-verbal methods of communication, considering whether a person's understanding might be better at a different time of day, providing information on alternatives or asking a family member, carer or advocate to help with communication. In each situation consider, could the decision be delayed until the person might be better able to make it for themselves?

Advocacy

An advocate is someone who can help an individual access information, enable them to fully participate in decision making, explore choices and options, defend and promote their rights and ensure their voice is amplified. Both the Mental Capacity Act 2005 and the Social Services and Well-being (Wales) 2014 Act include the duty to provide people with an independent advocate in certain circumstances.

The provision of advocacy under the 2014 Act is broader – it covers those who have capacity but wouldn't be able to participate fully in care and support processes without someone to advocate for them, those who lack capacity and carers who themselves would experience barriers, whether or not they lack capacity. The focus is on enabling people to make their own decisions, helping the person to understand and exercise their rights, participate in processes and Safeguarding Adults at Risk of Harm

challenge decisions when necessary, rather than informing best interests decisions- which is a key part of independent advocacy under the Mental Capacity Act.

There will be people who qualify for independent advocacy under the 2014 Act but not the 2005 Act, but most people who are entitled to an Independent Mental Capacity Advocate under the Mental Capacity Act will also qualify for independent advocacy under the 2014 Act. The same person could provide support in both roles as long as they are trained, qualified and have the appropriate skills to do both. If this is not the case, the individual could have separate advocates to represent them under the different legislation.

In adult protection cases, people without capacity can have an **Independent Mental Capacity Advocate**, even if they have family or friends available to support them. This is different from medical and accommodation decisions where authorities would look to friends and family to help support and represent the person.

Additional Legislation:

Domestic Abuse (Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Modern Slavery Act 2015 (UK)

Working Together to Safeguard People Vol 1- 6

Protection of Freedoms Act 2012

Welsh Language Measure 2011

Mental Health (Wales) Measure 2010

Equality Act 2010

Safeguarding Vulnerable Groups Act 2006

Sexual Offences Act 2003

Female Genital Mutilation Act 2003 (UK)

Crime and Disorder Act 1998

Safeguarding Adults at Risk of Harm

Appendix 1: Human Rights

Keeping the adult at the centre of their own life, care, decisions and processes is a key principle for safeguarding legislation and policy in all 4 nations of the UK. One of the main concepts that informs this principle is that of ‘human rights’ – the basic rights and freedoms that we all have. They apply to every person in the world, from birth until death, regardless of where you are from, what you believe or how you choose to live your life. They are based on values like dignity, respect, fairness and equality. In the UK, these are written into law in the Human Rights Act 1998, based on the European Convention of Human Rights (ECHR).

The Human Rights Act means that public bodies have to ensure that none of their practices contravene an individual’s human rights. This includes police, local authorities, courts, prisons and the NHS. (Individuals and private companies aren’t bound by this law.) The governments of each UK nation will also look to make any new laws and national policies compatible with the Human Rights set out in this legislation.

The Human Rights Act sets out each right in a different ‘Article’:

1. The obligation to respect human rights.*
2. The right to live.
3. Freedom from torture.
4. Freedom from slavery and forced labour.
5. The right to liberty and security
6. The right to a fair trial
7. No punishment without law
8. The right to respect for private and family life.
9. Freedom of thought, belief, and religion.
10. Freedom of expression.
11. Freedom of assembly and association.
12. Right to marry and start a family.
13. Right to an effective remedy through courts of other public body.*

14. Protection from discrimination.

*Articles 1 and 13 are from the ECHR, not the Human Rights Act 1998 as the Act itself is the way that the UK fulfils these articles.

Our human rights can't be taken away, but some can be restricted in certain circumstances. For example if a person breaks the law and is given a prison sentence, their right to liberty can be limited.

When we talk about a 'rights-based' approach to safeguarding adults at risk, it means ensuring that any safeguarding measures, processes and practices don't contravene their human rights. It also encourages us to remember that every individual is a human being with these rights and freedoms. We don't want to limit them in the interests of 'safety' if there are less restrictive options available, even if these options are more complicated or difficult.

[Homepage | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/)

[About the Human Rights Act - Mind](#)

[What rights are protected under the Human Rights Act? - Citizens Advice](#)

Appendix 2: Strengths Based Approach

A Strengths Based Approach to assessment and practice means valuing an individual's strengths- their skills, abilities, knowledge, connections, experience, potential and other assets. These are the starting points for planning any care and support, for example, rather than the first focus being on what they cannot do or are struggling with (although these things mustn't be ignored). It means that the organisation providing support or services works collaboratively with the individuals accessing the support or service to find the best way to enable each person to achieve desired outcomes. It works alongside a person-centred, rights-based approach to safeguarding as it values the adult at risk as an individual human being and looks to find safeguarding measures that reflect that person's life and choices.

“A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.” - Alex Fox, chief executive of the charity Shared Lives

A Strengths-Based Approach is recognised as part of best practice in all four nations of the UK. It supports the key principles of safeguarding adults at risk that are laid out in national policies and legislation. What would it mean to have a strengths-based approach to safeguarding in your organisation?

[Video: What is a strengths-based approach? | SCIE](#)

More information on a strengths-based approach in each of the four nations is available in the signposting section of this handbook.

Appendix 3: Trauma Awareness

Trauma describes a situation or response to a situation in which a person felt unsafe. What's traumatic is personal. A person might have similar experiences to someone else, but be affected differently. Trauma can affect a person's biological, psychological and social development. We might notice the effects of trauma in someone's behaviour and responses to situations.

Survivor voice: "I wish there was more awareness of trauma and the way it affects a person's thought process and behaviour. [...] Self-preservation behaviours can be greatly misinterpreted or misunderstood." (from [What is trauma? - Mind](#))

Many people involved in safeguarding, and working with vulnerable groups in any capacity, are seeking to become more trauma aware. When we are trauma aware, our approach moves from 'What's wrong with you?' to 'What do you need? What happened to you? What is your behaviour telling me?'

When we listen well and become aware of the impact of trauma, we can then seek to build safe and trusted environments where we can better support those who have experienced trauma and avoid creating situations where someone might be retraumatised.

In the UK, there has been a movement in recent years to develop 'trauma-informed practice' in services that support vulnerable groups. This involves specialist training for professionals and key principles being written into guidance. In terms of safeguarding, this means equipping professionals with a greater understanding that some behaviours may have a basis in trauma and delivering services in a way that promotes a feeling of safety and empowerment:

"Trauma informed practice is not intended to treat trauma-related issues. It seeks to reduce the barriers to service access for individuals affected by trauma, and to promote understanding of the impact of trauma on individuals." From [Trauma - Adult Support and Protection \(Scotland\) Act 2007: guidance for General Practice - gov.scot \(www.gov.scot\)](#)

More information around trauma and trauma informed practice is available in the signposting section of this handbook.

Appendix 4 – Preventative Safeguarding through Good Practice

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. We also have a duty to safeguard our staff and volunteers as they outwork their roles.

Overall responsibility for complying with legislation and Charity Regulator expectations for safeguarding lies with the trustees of an organisation, but safeguarding is everyone's responsibility, and we all have a part to play. We need to have a clear understanding of the expectations and boundaries of our role and how we work safely.

Your policies, procedures and codes of conduct will be important sources of information about this, so please take time to find and read them. If you have any questions or uncertainties, talk with your safeguarding lead, adult safeguarding champion, or team leaders to see how the policies apply in your particular context.

Here are some questions to consider:

- What is the guidance around lone working? Do you work on a one-to-one basis with adults at risk? If so, what safeguards and accountability measures are in place to keep everyone safe?
- Are risk assessments undertaken, shared and reviewed for activities that involve adults at risk?
- What is the guidance around physical contact for different activities? For example, prayer ministry, hospital visiting, providing transport.
- What is the guidance around handling money or fundraising when it comes to adults at risk? Is handling money part of your role or not?
- What is the guidance around sharing personal contact details? What about online contact, social media etc.?
- Do you have regular contact with someone for support related to your role – a team leader or mentor, for example?

- What would you do if you felt unsafe or uncomfortable at any time while outworking your role?
- Have you got any ideas that would contribute to building a healthier safeguarding culture in your organisation? If so, share them!

Signposting to other useful organisations and resources

Please note: These links are accurate at the time of course preparation.

Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

Age UK: [Age UK | The UK's leading charity helping every older person who needs us](#)

Ann Craft Trust: [Ann Craft Trust: Safeguarding Adults at Risk](#)

Autism Together: [Autism Together – Services for adults with autism and their loved ones](#)

Carers UK: [Guides and tools | Carers UK](#)

Hourglass (safer ageing): [Hourglass \(wearehourglass.org\)](#)

Learning Disability Today (news and discussion): [Home - Learning Disability Today](#)

Mencap: [Learning Disability Support Services | Mencap](#)

Mental Health Foundation: [Mental Health Foundation | Good mental health for all](#)

Mind: [Home - Mind](#)

NACRO (supporting rehabilitation): [We See Your Future, Whatever The Past | Nacro](#)

NICE (National Institute for Health and Care Excellence): [NICE | The National Institute for Health and Care Excellence](#)

Rethink (Mental Illness Support): [We are Rethink Mental Illness](#)

Samaritans: [Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)

SCIE (Social Care Institute of Excellence): [Social Care Institute for Excellence \(SCIE\)](#)

Volunteer Now: [Safeguarding Archives - Volunteer Now](#)

Domestic Abuse:

Domestic Abuse Helpline: [Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](#)

National Centre for Domestic Violence: [Domestic Abuse Help · National Centre for Domestic Violence \(ncdv.org.uk\)](#)

Refuge: [Home - Refuge](#)

Women's Aid: [I need help - information and support on domestic abuse \(womensaid.org.uk\)](https://www.womensaid.org.uk)

DAVE (Domestic Abuse Victim Empowerment) [Male Victim Domestic Abuse Support – Dads Unlimited \(dadsunltd.org.uk\)](https://dadsunltd.org.uk)

Modern Slavery:

Anti-Slavery International: [What is modern slavery? | Anti-Slavery International \(antislavery.org\)](https://antislavery.org)

Modern Slavery Helpline: [Modern Slavery Helpline](https://www.modernslaveryhelpline.org)

The Clewer Initiative: [The Clewer Initiative | The Clewer Initiative](https://www.theclewerinitiative.org)

Unseen: [Home - Unseen \(unseenuk.org\)](https://www.unseenuk.org)

Trauma:

[What is trauma? - Mind](https://www.mind.org.uk)

[UK Trauma Council](https://www.uktraumacouncil.org) (focus on supporting children and young people)

[Trauma | Mental Health Foundation](https://www.traumainformedpractice.org)

[Trauma-informed practice: toolkit - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[What is Trauma Informed Practice? \(safeguardingni.org\)](https://www.safeguardingni.org)

[Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Human Rights:

[Homepage | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com)

[About the Human Rights Act - Mind](https://www.mind.org.uk)

[What rights are protected under the Human Rights Act? - Citizens Advice](https://www.citizensadvice.org.uk)

Strengths-Based Approach

England: [Strengths-based approaches - Care Act guidance | SCIE](https://www.scie.org.uk)

Northern Ireland: [Strengths-based practice insights from adult services | SCIE](https://www.scie.org.uk)

Scotland: [Strengths-based approaches for working with individuals | Iriss](https://www.iriss.org.uk)

Wales: [Strengths-based practice in social work with adults – ExChange \(exchangewales.org\)](https://www.exchangewales.org)

Legislation and accompanying guidance:

England:

[Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

[Care Act factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Care Act 2014 | SCIE](#)

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

[Mental Capacity Act: making decisions - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Mental Capacity Act 2005 - legal information - Mind](#)

[Mental Capacity Act - Social care and support guide - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Northern Ireland:

[Adult Safeguarding: Prevention and Protection in Partnership key documents | Department of Health \(health-ni.gov.uk\)](#)

[Adult Safeguarding: Prevention and Protection in Partnership key documents - Easy Read \(health-ni.gov.uk\)](#)

[Mental Capacity Act | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)

Scotland:

[Adult Support and Protection \(Scotland\) Act 2007 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

[Adult support and protection - Social care - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[Adult Support and Protection \(Scotland\) Act 2007: Code of Practice - gov.scot \(www.gov.scot\)](https://www.gov.scot)

[Home - Act Against Harm](#) (Very user-friendly website designed to help everyone understand the principles of the 2007 Act and how to apply it)

[Adults with Incapacity \(Scotland\) Act 2000: principles - gov.scot \(www.gov.scot\)](https://www.gov.scot)

Wales:

[Social Services and Well-being \(Wales\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

[Overview of the Social services and well-being... | Social Care Wales social-services-and-well-being-wales-act-2014-the-essentials.pdf \(gov.wales\)](#)

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

[Mental Capacity Act: making decisions - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Mental Capacity Act 2005 - legal information - Mind](#)

[Mental Capacity Act - Social care and support guide - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Thirtyone:eight Resources:

About 31:8 – Ten Standards: www.thirtyoneeight.org/about-us/who-we-are/our-10-standards/

Theology of Safeguarding: <https://thirtyoneeight.org/about-us/why-safeguarding/theology-of-safeguarding/>

Links to our help guides and practice guides:

www.thirtyoneeight.org/get-help/resources/help-guides/

www.thirtyoneeight.org/get-help/resources/practice-guides/ (member only access)

Find my training tool: <https://thirtyoneeight.org/what-training-do-i-need/>

Safeguarding Sunday: [Safeguarding Sunday | Thirtyone:eight \(thirtyoneeight.org\)](http://www.thirtyoneeight.org/safeguarding-sunday)

Links commonly used throughout the webinar

Please note: As above, these links are accurate at the time of course preparation. Thirtyone:eight don't recommend organisations, but you may find these links useful when looking for support and guidance.

These are shared in the order they're likely to be mentioned during our webinar. Some of these are also included in our signposting section.

Module 1 – Recognise:

Types and Indicators of abuse: [Types of abuse: Safeguarding adults | SCIE](#)

Modern Slavery UK figures: [Modern slavery in the UK - Anti-Slavery International \(antislavery.org\)](#)

Modern Slavery figures – global: [Facts & figures - Unseen \(unseenuk.org\)](#)

The Clewer Initiative (Modern Slavery training and support): [The Clewer Initiative | The Clewer Initiative](#)

Modern Slavery in Care Sector - BBC Report October 2023: [Modern slavery helpline calls surge from care staff - BBC News](#)

Information and video about cuckooing: [What is cuckooing | Cuckooing | Oxford City Council](#)

Online Safety Act press release: [UK children and adults to be safer online as world-leading bill becomes law - GOV.UK \(www.gov.uk\)](#)

Adult Online Harms Report 2019: [Adult Online Harms Report 2019.pdf \(publishing.service.gov.uk\)](#)

Romance Fraud:

<https://www.actionfraud.police.uk/a-z-of-fraud/dating-fraud>

<https://crimestoppers-uk.org/keeping-safe/fraud/romance-fraud>

<https://www.bbc.co.uk/news/newsbeat-59135689>

Mind- Self Harm Support: [Tips for coping with urges to self-harm right now - Mind](#)

Rethink: Self Harm Resources: [Self-harm - what you need to know. \(rethink.org\)](#)

Safeguarding Adults at Risk of Harm

Victim Support – Stalking: [Stalking - Victim Support](#)

Police Service Northern Ireland – Stalking Protection Orders: [Stalking Protection Orders now operational in Northern Ireland | PSNI](#)

Mencap – Mate and Hate Crime: [Mate and hate crime - Bullying | Mencap | Learning disability](#)

Autism Together – Mate Crime: [Mate crime – Autism Together](#)

Hourglass Northern Ireland – Safer Ageing: [Hourglass Northern Ireland | Hourglass \(wearehourglass.org\)](#)

Module 2 – Respond

Domestic Abuse:

<https://www.restored-uk.org/>

<https://www.nationaldahelpline.org.uk/>

<https://www.dadsunltd.org.uk/services/dave/> (support specifically for male victims of domestic abuse)

Modern Slavery (additional links to module 1):

<http://www.unseenuk.org/>

<https://www.a21.org/index.php>

<https://www.gov.uk/government/publications/a-typology-of-modern-slavery-offences-in-the-uk>

Elder Abuse:

<https://www.wearehourglass.org/england/welcome-hourglass> (there are pages for each nation)

<https://www.ageuk.org.uk/>

<https://www.bbc.co.uk/news/uk-england-birmingham-55403234> (article source for survivor voice slide 34)

Child / adolescent violence towards parents:

Family Lives: <https://www.familylives.org.uk/advice/teenagers/behaviour/teen-violence-at-home>

Reducing the Risk: <https://reducingtherisk.org.uk/child-on-parent-violence/>

Safeguarding Adults at Risk of Harm

Respect: <https://www.respect.uk.net/pages/114-capva>

[What is trauma? - Mind](#)

[UK Trauma Council](#) (focus on supporting children and young people)

[Trauma | Mental Health Foundation](#)

[Trauma-informed practice: toolkit - gov.scot \(www.gov.scot\)](#)

[What is Trauma Informed Practice? \(safeguardingni.org\)](#)

[Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](#)

Module 3 – Record

Katie’s Story Video – shared with the kind permission of Essex Safeguarding Adults Board: [Katie's Story | National Safeguarding Adults Week - YouTube](#)

Mental Capacity Act guidance from SCIE (England and Wales):

<https://www.scie.org.uk/mca/practice/decision-making/unwise-decisions>

Mental Capacity Act guidance from NHS (England and Wales):

<https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/>

Mental Capacity Act Northern Ireland 2016:

<https://www.health-ni.gov.uk/mca>

Adults with Incapacity Scotland 2000:

<https://www.gov.scot/publications/adults-with-incapacity-act-principles/>

Module 4 – Report

Helplines –

Hourglass Helpline (older adults at risk of abuse): wearehourglass.org 0808 808 8141

Modern Slavery Helpline: [Modern Slavery Helpline](#) 08000 121 700

National Domestic Abuse Helpline: [Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](#) 0808 2000 247

Samaritans: [Samaritans | Every life lost to suicide is a tragedy | Here to listen](#) 116 123

Thirtyoneeight: 03030031111 option 2 / (+44) 01322 517817
helpline@thirtyoneeight.org

Safeguarding Adults at Risk of Harm

Module 5 - Reflect

For context of Justice Munby's quotation: Local Authority X v MM, KM [2007]
EWHC 2003 (Fam) (Munby J)

[Local Authority X v MM and KM - Case Law - VLEX 793688997](#)