



Safeguarding Adults Awareness Workbook

Our safeguarding arrangements will effectively prevent
and respond to adult abuse

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Revision Number	Date Approved by the Board	Change Record
5.1	Business Unit Nov 2022	Mini review; no changes
5.2	Business Unit Jan 2023	Postal address removed

Acknowledgement: This workbook has been developed by the Teeswide Safeguarding Adults Board after receiving permission from the Newcastle Safeguarding Adults Board to adopt and amend this workbook. We would like to say a big thank you to Newcastle SAB for producing the original workbook, it is gratefully acknowledged.

Learning Outcomes

After having completed this workbook, learners will:

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

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

The workbook has been checked for legal accuracy and is accurate as of November 2022. Suggested study time to be allocated to complete this module: 4 hours.

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

Level 1 (Foundation)

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

Target groups: **Alerters and NHS Level 1 & part of Level 2.** Including: All staff and volunteers in health and social care settings, all frontline staff in Fire and Rescue, Police and Neighbourhood Teams and Housing, Clerical and Administration staff, Domestic and Ancillary staff, Health and Safety Officers, staff working in Prisons and custodial settings, other support staff, Elected Members, Governing Boards and Safeguarding administrative support staff.

Although the word 'Alerter' is used here in conjunction with the national competency framework, the term 'Safeguarding Concern' was introduced in April 2015 to replace this.

How to use this workbook

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

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

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

What do you think safeguarding adults is?

What is safeguarding adults?

Safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risk and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Care Act 2014

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

Multi – agency working

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

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

Statutory Partners

Cleveland Police

North East and North Cumbria Integrated Care Board

Hartlepool Borough Council

Middlesbrough Borough Council

Redcar and Cleveland Borough Council

Stockton-on-Tees Borough Council

Non-Statutory Partners

Care Quality Commission

Cleveland Fire Brigade

Healthwatch Hartlepool

Healthwatch Stockton

Healthwatch South Tees

HM Prison Service

Middlesbrough Voluntary
Development Agency

National Probation Service

North East Ambulance Service

North Tees and Hartlepool NHS
Foundation Trust

Office of the Police and Crime
Commissioner for Cleveland

Redcar and Cleveland Voluntary
Development Agency

South Tees Hospitals NHS
Foundation Trust

Tees, Esk and Wear Valleys NHS
Foundation Trust

Teesside University

Thirteen Housing Group

Why is multi – agency working so important?

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

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

This means working in partnership by better understanding what services are being delivered in the local area and working in conjunction with these organisations to help protect adults at risk of abuse and neglect. Key agencies are mapped by Borough here: <https://www.tsab.org.uk/find-support-in-your-area/>






Legislation




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

Exercise One

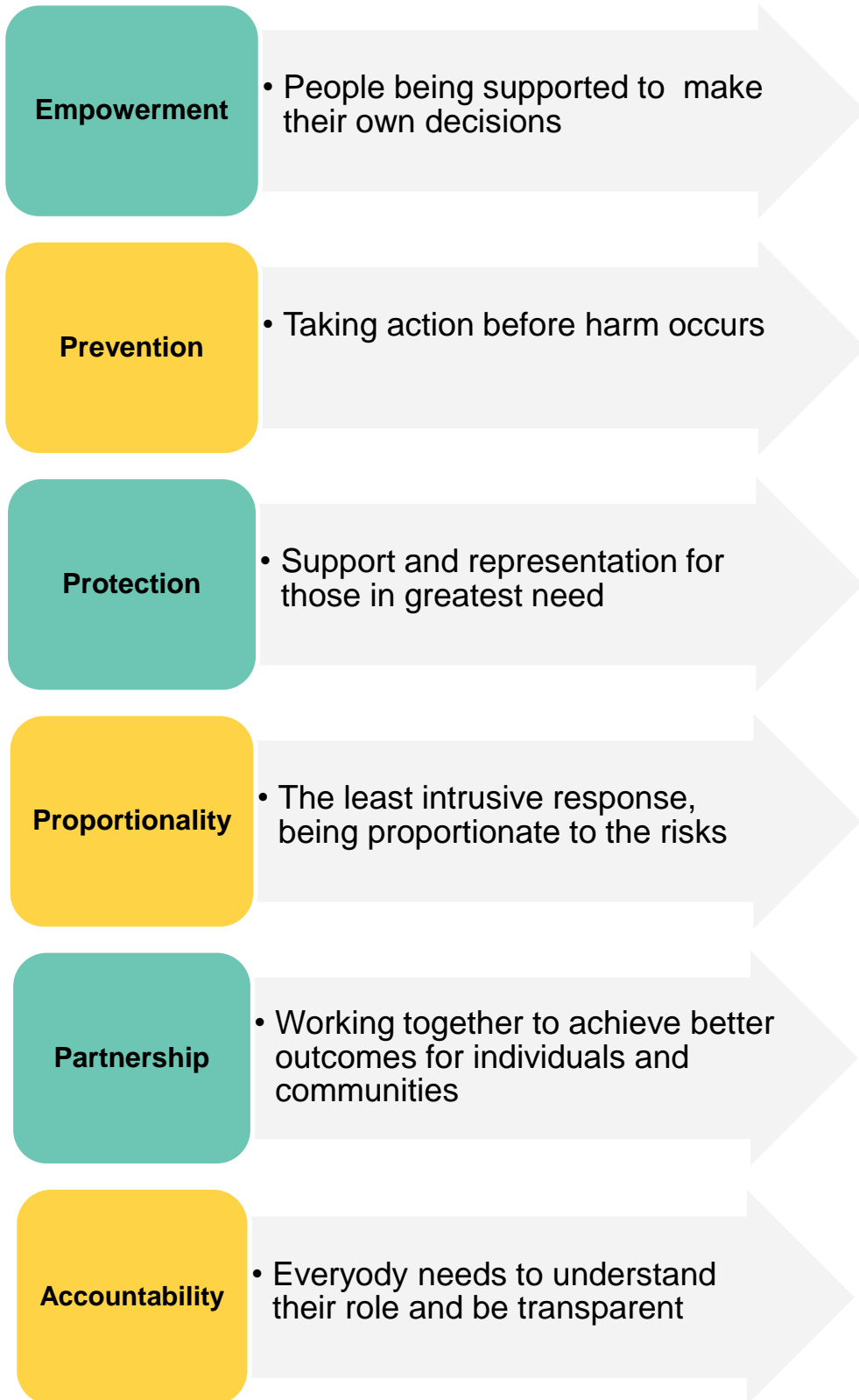
Here are some different pieces of legislation which are important to safeguarding adult's procedures. Try and match the legislation title and year to the pictures and definitions below.

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

	<p style="background-color: #FFD700; padding: 5px;">This act made it an offence for a person in a position of trust to dishonestly abuse that position to make gain for him/herself</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Legislation title/year:</td> <td style="width: 75%;"></td> </tr> </table>	Legislation title/year:	
Legislation title/year:			
	<p style="background-color: #FFD700; padding: 5px;">This act states Everyone has a right to life, free from torture or inhuman or degrading treatment</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Legislation title/year:</td> <td style="width: 75%;"></td> </tr> </table>	Legislation title/year:	
Legislation title/year:			
	<p style="background-color: #FFD700; padding: 5px;">This act makes it an offence for those engaged in providing care, assistance or services for people with Learning Disabilities or Mental Health to have a sexual relationship with people whom they are providing care for.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Legislation title/year:</td> <td style="width: 75%;"></td> </tr> </table>	Legislation title/year:	
Legislation title/year:			

	<p>This act introduces new responsibilities for adult social care, outlines who might be entitled to care and how care should be funded. The act also places safeguarding adult's procedures on a statutory footing.</p>		
	<table border="1"> <tr> <td data-bbox="603 367 873 499"> <p>Legislation title/year:</p> </td> <td data-bbox="873 367 1501 499"></td> </tr> </table>	<p>Legislation title/year:</p>	
<p>Legislation title/year:</p>			
	<p>This act states if capacity is not considered we could potentially be taking away a person's independence and choice and, therefore, if someone is unable to make a decision his/her capacity needs to be assessed and recorded; any decision made needs to be in the person's best interest.</p>		
	<table border="1"> <tr> <td data-bbox="603 759 873 891"> <p>Legislation title/year:</p> </td> <td data-bbox="873 759 1501 891"></td> </tr> </table>	<p>Legislation title/year:</p>	
<p>Legislation title/year:</p>			
	<p>This act introduced disclosure procedures under which staff could, in confidence, raise any serious concerns they may have about an employee's practice.</p>		
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<p>Legislation title/year:</p>			

6 key Principles of safeguarding adults



Adults at risk

Safeguarding Adults' procedures don't apply to all adults; they apply to adults who might be seen as 'Adults at Risk'. 'Adults at Risk' used to be known as 'Vulnerable Adults'.

Who is an adult at risk?

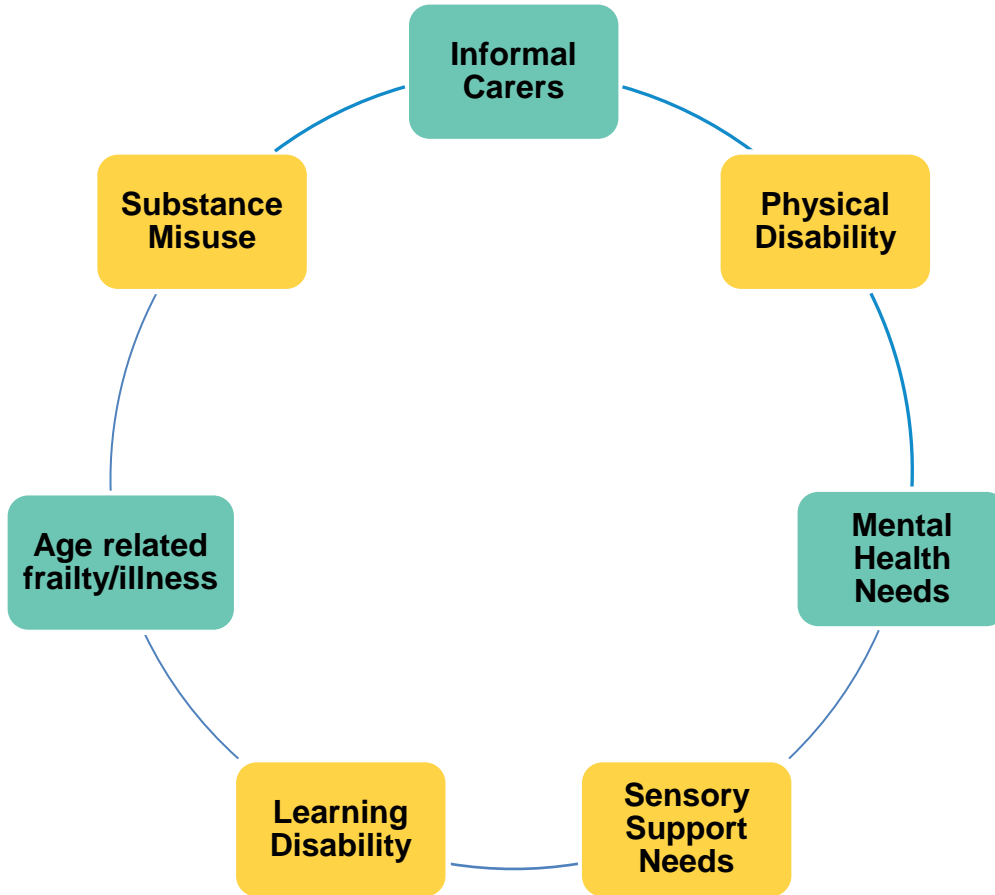
The Care Act (2014) defines an adult at risk as someone who is aged 18 or over and:

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

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

- Physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury
- They purchase their care through personal budgets
- Their care is funded by Local Authorities and/or health services
- They fund their own care
- They receive informal care from family and friends
- They are informal carers, family and friends who provide care on an unpaid basis.

Risk Factors



Consider risks to others - ‘Think Family’

Consideration must also be given as to whether anyone else is at risk as a result of an adult’s behaviour or care and support needs. This may include children or other adults with care and support needs. Whilst actions may be limited in relation to the individual themselves, there may be a duty to take action to safeguard others. Should there be a concern that a parent may be neglecting children in their care, concerns must be reported to Children’s’ Social Care. See: **Think Family Guidance** (signposted on page 46).

Are all adults who have a disability at risk?

Anybody can be subject to abuse, but some people are more vulnerable to abuse and less able to protect themselves. Being disabled or ill does not necessarily mean that people are unable to take care of themselves or protect themselves from abuse or exploitation. However, research tells us that generally the more dependent people are on the help of others with the tasks of day to day living the more vulnerable they are likely to be. This is especially so where there is also a degree of mental incapacity or mental disorder that affects the person's ability to make informed decisions and exercise choice.

Dignity and respect

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

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

What do we mean by adult abuse?

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

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

Discrimination	Domestic Abuse
Financial and Material	Modern Slavery
Neglect & Acts of Omission	Organisational
Physical	Psychological
Self-Neglect	Sexual

Sexual Exploitation, Human Trafficking (which is linked to Modern Slavery) and Prevent are also important issues which are outlined on pages 15-17.

Exercise Two	
Match the different categories of abuse to the definitions provided in the table.	
Category of abuse	Definition
	Including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.
	Including ignoring medical, emotional or physical care needs, failure to access appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
	Including rape, indecent exposure, sexual assault, sexual acts, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into consenting. It also includes sexual exploitation which is exploitative situations, contexts and relationships where the person receives “something” (e.g. food, accommodation, drugs, alcohol, mobile phones, cigarettes, gifts, money) or perceived friendship/relationship as a result of them performing, and/or another or others performing, sexual acts.

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

misuse or misappropriation of property, possessions or benefits.

Sexual Exploitation

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

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

Human Trafficking

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

People trafficking and people smuggling are often confused. People smuggling is the illegal movement of people across international border for a fee and upon arriving at the destination the smuggled people are free to move at their will. The trafficking of people is different as the trafficker is enabling the movement of people for the purpose of exploitation. Sometimes trafficking of people does not involve crossing of international borders as it can occur nationally, even within a local community.

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

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

Prevent

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

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

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

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

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

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

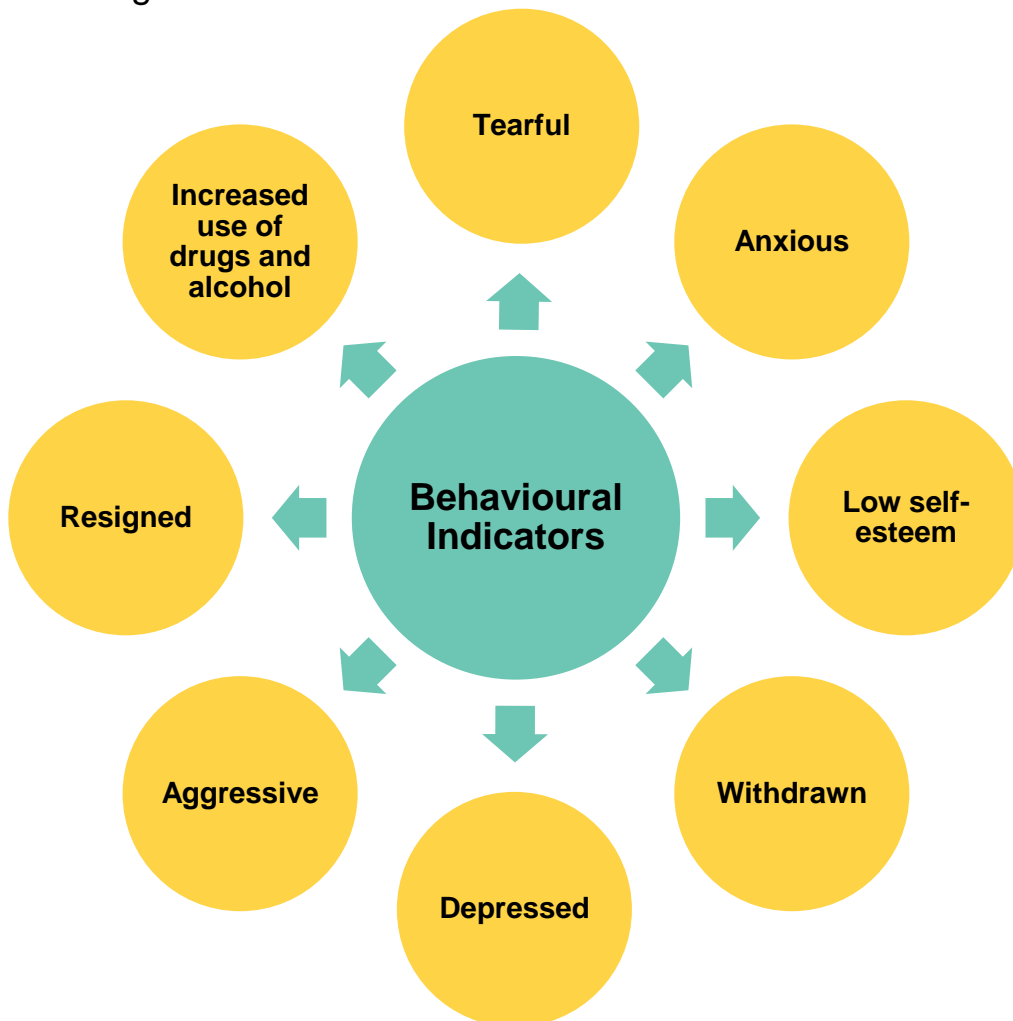
If you suspect an individual is being radicalised or becoming involved in terrorism, the first step is to inform your line manager or safeguarding lead within your organisation; alternatively you should contact the police. Contact numbers can be found at the end of this workbook.

Signs and indicators

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

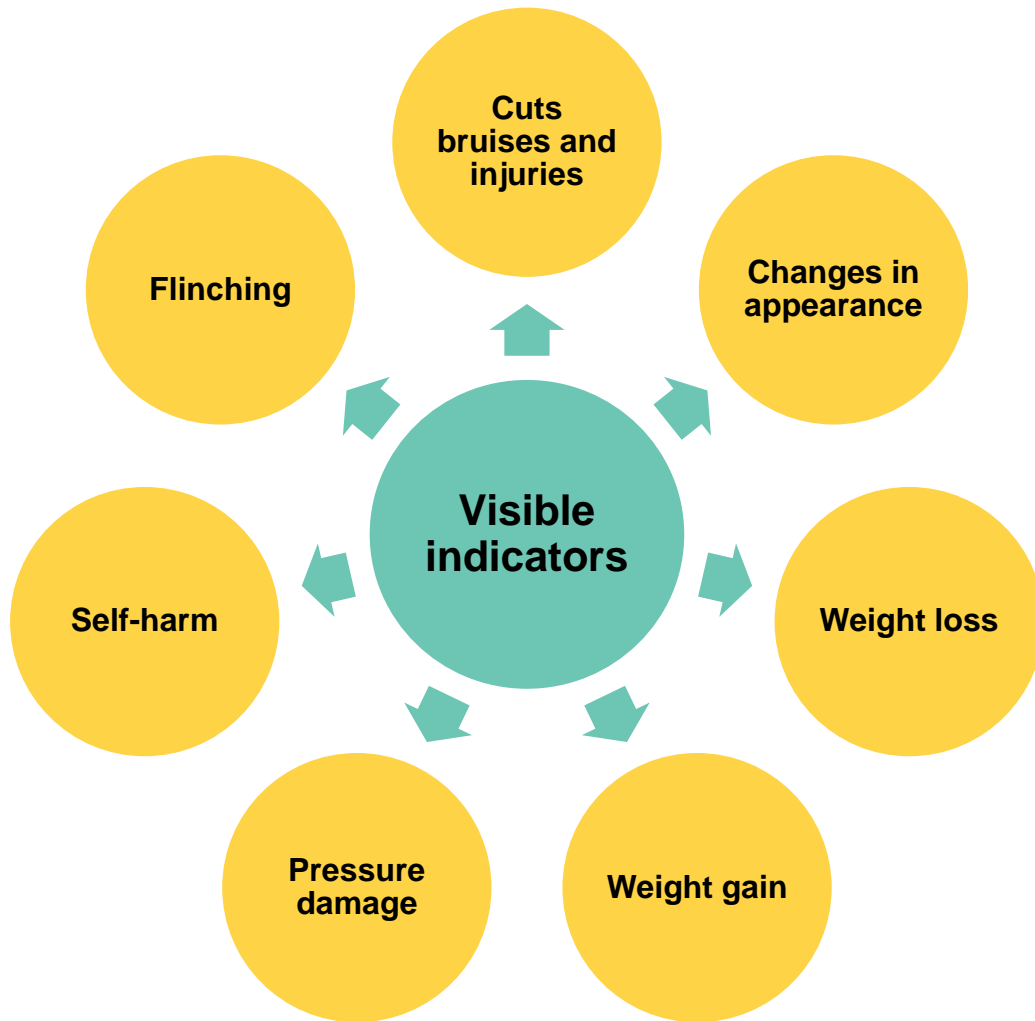
Behavioural indicators

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



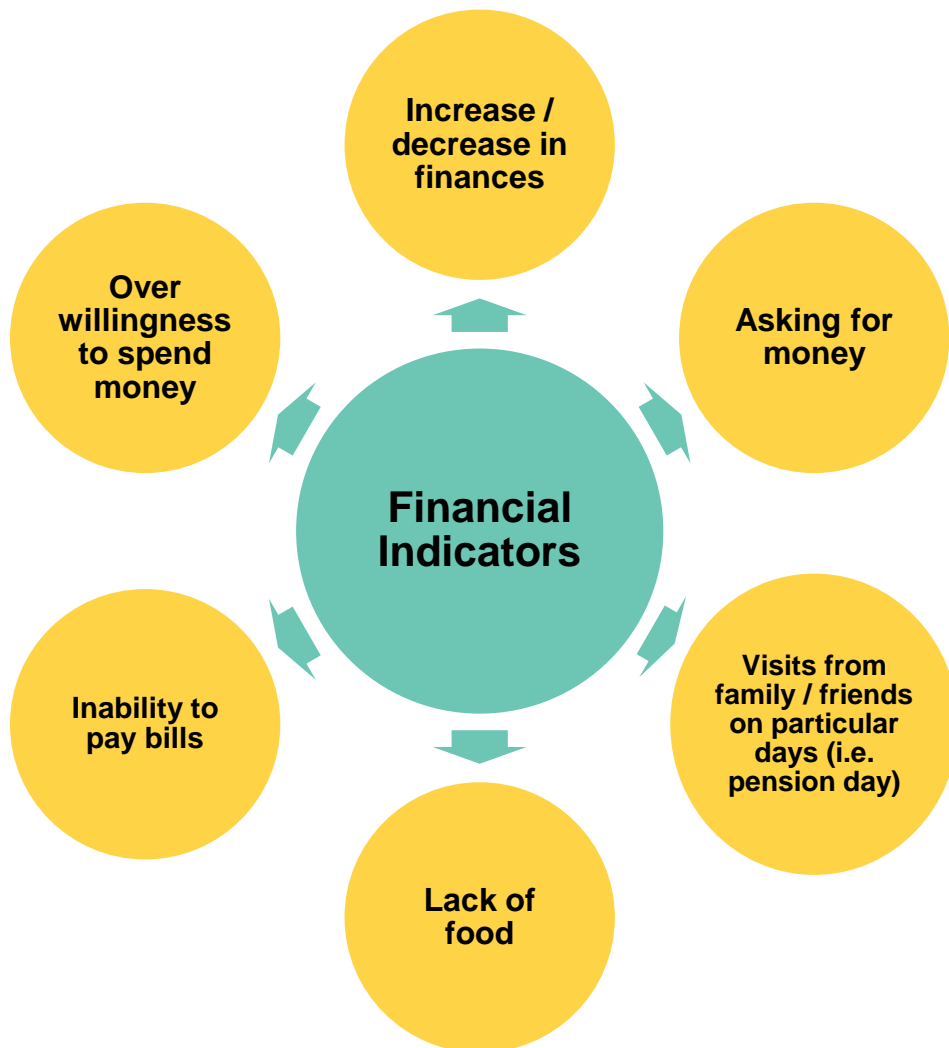
Visible Indicators

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



Financial Indicators

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



Exercise Three

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

Case Study One: Anne

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



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

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

Case Study Two: Pete

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



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

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

Case Study Three: Maureen

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



Maureen says that she was not able to get assistance over night because one of the nurses took her buzzer away from her, telling her that they were not her personal slaves and that she was pressing it too much.

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

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

The Mental Capacity Act 2005

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

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

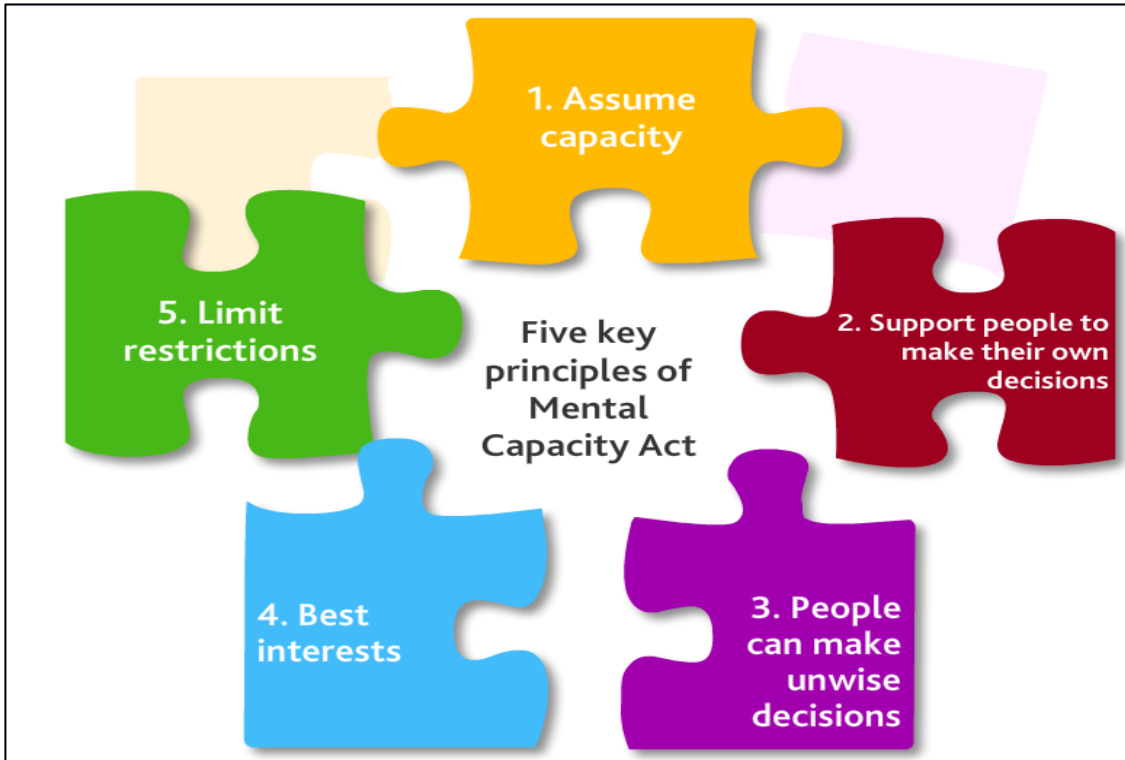
However, just because a person has one of these conditions does not necessarily mean they lack the capacity to make a specific decision.

What does lacking capacity mean?

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

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

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



What is deprivation of liberty?

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

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

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

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

Exercise Four

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

Case Study Four: Mary

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

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

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



1) What should the care staff do now?

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

How to raise a Safeguarding Concern

Taking immediate action

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



Responding to a disclosure

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

- Assure the individual that you are listening and taking what the person is saying seriously
 - Avoid asking too many or leading questions
 - Use the TED technique (tell, explain and describe); these are questions you can ask to make sure you are getting the best possible information from the person rather than putting words in the person's mouth. For example, you might ask "Can you explain to me what happened when you went to your friend's house?"
 - Stay calm
 - Do not guarantee confidentiality as some information that they tell you might result in you having to act upon it if someone's safety is at risk
 - Explain that you may have to pass the information on (be open and honest)
 - Reassure them that they will be involved in any decisions about their safety
 - Don't be judgemental or jump to conclusions.
 - There may be instances (such as domestic abuse) where it may not be safe to speak to the adult concerned, as the perpetrator may be close by and overhear the conversation. If you are unable to speak to the adult about their views and wishes, consult your manager and/or speak to the adult safeguarding team for advice.
-
- For further information, please refer to the [Decision Support Guidance, Inter-Agency Procedures \(Stage 1\)](#)
 - An exemplar Concern Form can be found here: <https://www.tsab.org.uk/key-information/policies-strategies/>

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

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

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

You did the right thing by telling me.

Can you tell me more about that?

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

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

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

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



It's not your fault.

Good Practice Written Record

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



Do's and Don'ts:

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

Raising a Concern

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

1

Take immediate action

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

2

Don't lose the moment

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

3

Tell your line manager

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

As a professional you may need to complete a Teeswide Safeguarding Adults Concern Form (signposted on page 46). When completing the Form, you must:

- Complete all sections with as much detail as possible
- Send any mental capacity test with the Concern Form
- If the concern relates to a pressure ulcer remember to refer to local policies and procedures.
Be clear if an Independent Mental Capacity Advocate (IMCA) is involved
- Be clear about any discussions with the individual and their wishes
- Be clear about any discussions with appropriate family/partner/carer and include their contact details
- Where possible, complete the Concern Form electronically; if this is not possible and the form is being hand written, then ensure it is legible
- If you do not know the answer to any questions, please write 'not known' and do not leave the box blank.
- Email your concern to the local authority via the **secure email address provided on the form** (also see page 40)
- Ensure your organisations safeguarding lead or Single Point of Contact (SPOC) is copied into this email
- Contact the relevant Local Authority by phone to check that they have received the Concern Form.

The Inter-Agency Safeguarding Adults Concern Form and Safeguarding Adults Procedures can be found on the TSAB website.

What happens next?

The Local Authority (Adult Social Care) has a legal duty to co-ordinate a **safeguarding adult's enquiry** when there is a concern about abuse or neglect.


This is called a Section 42 Enquiry.

Upon receipt of your Safeguarding Concern the Local Authority will check that the criteria for a Section 42 Enquiry has been met and if so, will gather further information.


Each safeguarding adult's enquiry will be different. It will depend on how serious the concern is and what the adult (or their representative) wants to happen. Every safeguarding adult's enquiry must involve the adult who is at risk or someone who can represent them. This is known as 'Making Safeguarding Personal' (see guidance signposted on page 45). If the person does not have an appropriate person to represent them **and** they would have substantial difficulty in being involved, then Adult Social Care must arrange an independent advocate. They will help to support and represent the adult through the safeguarding adult's enquiry.

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


When a concern is received Adult Social Care will try to find about how serious the abuse is and what risks there are. This will usually involve speaking to the adult who is at risk, their family or representative and other professionals or services who are involved.



If the concern is about “significant harm” (or risks are unclear or unmanaged) more information will be gathered by Adult Social Care. A decision will be made about whether a formal investigation or assessment is needed.



If an investigation or assessment is required a discussion or meeting will be held to plan this. A professional or agency will be asked to complete the investigation or assessment and provide a report with their findings. The investigation or assessment will be carried out by the best placed person or agency e.g. the police, health, social care, housing, regulator or service provider.



If people continue to be concerned about the risks, a meeting will be held to review the findings from the investigation or assessment. Everyone will agree how risks will be monitored and managed.

When I raise a concern will I get feedback?

Yes you should do. It's really important that when you raise a concern you are provided with some feedback to explain what has happened. You might not be given lots of information relating to the case as some of it might be confidential but you should be told about what has happened. If you don't get any feedback or if you disagree with anything that has happened and you want to challenge a decision then call the relevant Local Authority Safeguarding Adults Team. Contact numbers can be found at the end of this workbook. Alternatively you can use the **TSAB Professional Challenge Procedure** signposted on page 45.

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

Case Study – Mary and Fred

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



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

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

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

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

Key contacts

Person/Agency	For	Contact
Your Manager / Safeguarding Lead	Your first point of contact when you have a concern.	
Your Manager's Manager	In case you have a concern about your manager, or your manager is unavailable as a first point of contact.	
Hartlepool Borough Council	To raise a Safeguarding Concern	01429 523390 ispa@hartlepool.gov.uk
Middlesbrough Borough Council	To raise a Safeguarding Concern.	01642 065070 adultaccessteam@middlesbrough.gov.uk
Redcar & Cleveland Borough Council	To raise a Safeguarding Concern	01642 771500 AcessAdultsTeam@redcar-cleveland.gov.uk
Stockton-On-Tees Borough Council	To raise a Safeguarding Concern	01642 527764 firstcontactadults@stockton.gov.uk
Out of Hours Social Care Duty Team	To raise a Safeguarding Concern or children's alert out of office hours.	01642 524 552
Cleveland Police	For any concern where a crime has taken place.	101
Teeswide Safeguarding Adults Board	For general advice and information around safeguarding adult's.	01642 527263 https://www.tsab.org.uk

Appendix 1

**Teeswide Safeguarding Adults Board
Safeguarding Adults Awareness Workbook Assessment**

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

1	Which piece of legislation placed safeguarding adults' procedures on a statutory footing?
	<ul style="list-style-type: none"> <input type="checkbox"/> No Secrets (2000) <input type="checkbox"/> Care Act (2014) <input type="checkbox"/> Mental Capacity Act (2005) <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
2	An adult at risk is defined as someone who:
	<ul style="list-style-type: none"> <input type="checkbox"/> Is aged 18 or over <input type="checkbox"/> Has needs for care and support (whether or not the local authority is meeting any of these needs) <input type="checkbox"/> Lacks the mental capacity to make decisions about their own safety <input type="checkbox"/> Is experiencing, or at risk of, abuse or neglect <input type="checkbox"/> As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. <p style="text-align: right;"><i>(please tick 4 of the answers)</i></p>
3	What is the first priority around any concern of abuse?
	<ul style="list-style-type: none"> <input type="checkbox"/> Immediate safety <input type="checkbox"/> Raising a Safeguarding Concern <input type="checkbox"/> Telling all of your colleagues <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
4	There are 10 categories of abuse; these include physical, sexual, financial, emotional, self-neglect, discrimination and domestic abuse.
	What are the remaining 3 categories of abuse?
	<p>1.</p> <p>2.</p> <p>3</p>
5	From which legislation does the following statement come from?

	<p>“The right to life, freedom from torture and degrading treatment, the right to respect for private and family life, and the right to live a life that is free from abuse and neglect.”</p>
	<p><input type="checkbox"/> Sexual Offences Act (2003)</p> <p><input type="checkbox"/> Public Interest Disclosure Act (1998)</p> <p><input type="checkbox"/> Human Rights Act (1998)</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
6	<p>Hitting, punching, kicking and burning are a type of which abuse?</p>
	<p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Domestic Abuse</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
7	<p>Only children can be victims of sexual exploitation, not adults.</p>
	<p>True / False</p> <p style="text-align: right;"><i>(please circle the appropriate answer)</i></p>
8	<p>Who can be a perpetrator of abuse</p>
	<p><input type="checkbox"/> GP</p> <p><input type="checkbox"/> Care Worker</p> <p><input type="checkbox"/> Family member</p> <p><input type="checkbox"/> Anyone</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
9	<p>When raising a Concern do you inform your manager...?</p>
	<p><input type="checkbox"/> In private, as soon as possible but not more than 24 hours after having the concern</p> <p><input type="checkbox"/> In the staff room, the next time you see them</p> <p><input type="checkbox"/> With family present, as soon as possible but not more than 2 hours after having the concern</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
10	<p>Whose responsibility is it to protect adults from abuse?</p>
	<p><input type="checkbox"/> Police</p> <p><input type="checkbox"/> Adult Social Care</p> <p><input type="checkbox"/> The Care Provider</p> <p><input type="checkbox"/> Everyone</p> <p style="text-align: right;"><i>(please tick the appropriate box)</i></p>
11	<p>Only concerns about deliberate harm can be raised as a safeguarding concern? If the abuse is unintentional then there is no need to raise a concern.</p>
	<p>True / False</p> <p style="text-align: right;"><i>(please circle the appropriate answer)</i></p>
12	<p>If staff do not give a resident the medication they have been prescribed what type of abuse might this be?</p>
	<p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Discrimination</p> <p><input type="checkbox"/> Neglect</p> <p style="text-align: right;"><i>(please tick 3 of the answers)</i></p>

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

Name	
Job Role	

Once completed please forward the workbook evaluation and declaration (*i.e. Appendix 2*) to the Teeswide Safeguarding Adults Board, Business Unit, using the contact details below, who will make a record of completion and issue a certificate. Completion records may be shared with the training leads of your commissioning organisation to ensure that your staff development record remains up to date.

Email: tsab.businessunit@stockton.gov.uk

Safeguarding Adults Awareness Workbook

Appendix 2

Evaluation - To be Completed by the Learner

- Overall, how satisfied were you that the workbook gave you the information that you needed to know?
 Very satisfied Satisfied Partly satisfied Dissatisfied
- Please provide an example of how you will use the information from this workbook in your day to day work?

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

Name of Learner (please print):

Signature of Learner:

Date:

Declaration – To be completed by Manager / Assessor

I have marked the workbook completed by the user named above in accordance with the Managers Guidance and I can confirm that I am satisfied that they are sufficiently competent.

Name of Manager / Assessor (please print):

Signature:

Date:

Job Title:

Organisation:

E-mail Address:

Telephone Number:

Useful Websites and Resources

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/care-and-support-statutory-guidance) (Revised Oct 18)

[Making Safeguarding Personal Guidance \(tsab.org.uk\)](https://www.tsab.org.uk/making-safeguarding-personal-guidance)

[Mental Capacity Act Code of Practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/mental-capacity-act-code-of-practice)

Teeswide Safeguarding Adults Board's Policies, Procedures and Guidance webpage including:

- Decision Support Guidance
- MCA and Deprivation of Liberty Safeguards Policy
- Self-Neglect and Hoarding Policy
- Self-Neglect and Hoarding Guidance
- Safeguarding and Promoting the Welfare of Adults and Children at Risk Guidance
- Think Family Guidance
- TSAB Professional Challenge Procedure

<https://www.tsab.org.uk/key-information/policies-strategies/>

Teeswide Safeguarding Adults Concern Form

<https://www.tsab.org.uk/report-abuse/>