Care Certificate Workbook

Safeguarding Adults
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How to use this workbook

Do you need this workbook?

You need to do all 15 Care Certificate Standards. This workbook is designed to support you to learn about Standard 10. Your manager is responsible for checking your knowledge, understanding and competence in your specific workplace(s).

If you already have a good level of knowledge and experience, you could take an assessment instead and only do sections of the workbook (or sections of our eLearning) that you need to. Your knowledge would be recorded and you can build an evidence portfolio. This will save you and your manager a lot of time. Your organisation may have free or funded access to our assessment system. Check with your manager before you start this workbook. More information can be found at www.CareCertificate.co.uk.

The following symbols refer to actions you should take to achieve the outcomes. There is also an action checklist at the end of this workbook.

Reference “Manager”

We refer to “manager” through the workbook. This may mean something different in your role, for example: supervisor, line manager, coach, buddy, mentor, employer or assessor. This is the person responsible for checking you are competent and confident to work.
10.1 Understand the principles of Safeguarding Adults
Explain the term ‘Safeguarding Adults’

Safeguarding Adults involves working with adults at risk to protect their right to live in safety, free from abuse and neglect, and to support them to retain independence, wellbeing and choice.

- Aged 18 or over...
- An adult at risk is a person...
- Who is unable to protect themselves from abuse or neglect...
- Who needs care and support...
- Who is experiencing or is at risk of abuse or neglect...
The Care Act 2014 sets out a clear legal framework for protecting adults at risk of abuse or neglect and requires each local authority to...

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect
- Set up a Safeguarding Adults Board (SAB)
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR)
- Co-operate with each of its relevant partners
- Lead a multi-agency Adult Safeguarding System
10.1b Explain your own role and responsibilities in safeguarding individuals

In your role you should always promote the individual’s wellbeing. It is important that everybody (e.g. professionals, family members and carers, key individuals) works in partnership to stop abuse and neglect wherever possible. This includes; preventing harm and reducing the risk of abuse or neglect to adults with care and support needs.

Your role is to work with individuals in a way that safeguards them from abuse and neglect but still supports their right to make choices and have control about how they want to live. Providing them with the knowledge and understanding of how to stay safe can give people the confidence to raise any concerns they may have.
Six principles apply to all sectors and settings, including the following:

- Care and Support Serviced
- Further Education Colleges
- Commissioning
- Regulation and Provision of Health and Care Services
- Social Work
- Healthcare
- Welfare Benefits
- Housing
- Wider Local Authority Functions
- The Criminal Justice System
- Underpins all Adults Safeguarding work
The six principles are:

- **Empowerment**: People being supported and encouraged to make their own decisions and informed consent.
- **Prevention**: It is better to take action before harm occurs.
- **Proportionality**: The least intrusive response appropriate to the risk presented.
- **Protection**: Support and representation for those in greatest need.
- **Partnership**: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability**: Accountability and transparency in delivering safeguarding.

*Reference: Care and Support Statutory Guidance
Issued under the Care Act 2014: Department of Health*
It is your responsibility to safeguard the individuals who you provide a service to. You must never assume that somebody else will recognise and report what you have seen or heard.

If you do have any concerns you need to raise these through the correct procedure. **Raising concerns is called ‘whistleblowing’ and is covered in more detail in Outcome 10.3c.** Failing to act to prevent harm being caused to a person you have responsibility for, or acting in a way that results in harm to a person who legitimately relies on you, both constitutes abuse.

For the individuals you support and care for, your role is to…

Abuse can result in serious physical and mental problems, and in some cases it can result in death.
Abuse is about the misuse of the power and control that one person has over another. The definition of abuse is based NOT on whether the perpetrator intended to cause harm, but rather on whether harm was caused and the impact of the harm (or risk of harm) on the individual.

Abuse is...

- ...treating someone with disrespect in a way which significantly affects the individual's quality of life and wellbeing
- ...the control of an individual using fear, violence, or intimidation
- ...mistreatment by any person that violates an individual's human and civil rights
- ...a single or repeated act or lack of appropriate action occurring in any relationship where there is an expectation of trust which causes harm or distress to an adult at risk
The main types of abuse are:

**Physical...**

...includes hitting, slapping, pushing or kicking, misuse of medication, assault and inappropriate physical sanctions.

**Sexual...**

...includes unwanted advances, indecent exposure or harassment, rough washing or touching of the genital area, rape, being forced to watch or participate in sexual acts, sexual photography, sexual teasing or innuendo and sexual assault or sexual acts to which the adult did not consent to or was pressured into consenting.

**Psychological / Emotional...**

...includes emotional abuse, intimidation, not being included, being ignored, threats of harm or abandonment, bullying, humiliating and blaming, coercion, harassment, verbal abuse, cyber bullying and unjustified withdrawal of services or supportive networks.
Neglect and Acts of Omission…

...includes the inadequate care or denial of an individual’s basic rights such as medication, adequate nutrition and heating; ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life.

Self-neglect...

...involves individuals’ not eating, washing or dressing properly. Generally not looking after themselves, their health or surroundings; includes behaviour such as hoarding.

Discriminatory...

...includes forms of harassment, slurs or similar poor treatment that relates to age, race, gender, sexuality, culture, religion, language, ethnic origin or class.
Institutional / Organisational abuse…

...involves poor care practice and neglect to people in group environments, (e.g. a residential care home, day centre or hospital) or in relation to care provided in an individual’s own home.

Food choices not provided for individuals with different dietary needs or requirements. Rooms and clothing not being kept clean. It may be a one off incident or it could be on-going ill-treatment. Neglect or poor professional practice can be a result of the inadequate structure, policies, processes and practices within an organisation.

Financial or Material…

...includes theft, fraud, internet scamming, using an individual’s money, property, possessions or benefits without their permission, not giving correct change, taking store card points, taking the free item of “buy one get one free”. Not giving individuals enough money for food and essential items.

It also includes 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.
It is your duty of care to safeguard individuals from harm and abuse. Repeated instances of poor care within an organisation may be an indication of more serious problems. In order to see any patterns in poor care, it is important that information is recorded and appropriately shared.

You are in a position of trust and the individuals you are supporting may see you as more powerful than they are. All of the individuals you support are adults at risk and any betrayal of trust and power, would make you an abuser.
Describe what constitutes harm

**Definition**

**Harm**

Definition of harm

**Noun**

1. physical or mental injury or damage
2. moral evil or wrongdoing

**Verb**

3. to injure physically, morally, or mentally

There is no absolute criteria for deciding what constitutes significant harm, however the **degree, extent, duration** and **frequency** of harm are all significant.

**Significant harm** can be a result of a series of events, both short-term and long-standing, which interrupt, change or damage an individual’s health, wellbeing and development. However, a single traumatic event may also constitute significant harm, (e.g. a violent assault or sexual assault).
Explain why an individual may be vulnerable to harm or abuse

Some individuals are more at risk to harm or abuse than others. These are some of the reasons why:

- Individuals with a sensory impairment, for example, poor or no hearing or sight that might lead to communication difficulties.
- Individuals may lack the capacity to understand what is happening or that it is wrong. Lack of capacity could be for a number of different reasons and could be long term or short term.
- Individuals may be severely disabled.
Individuals may be physically or emotionally weak and rely on others for care.

Individuals may have suffered brain injury and may not be able to communicate.

Individuals may be unconscious.
An individual refers to anyone accessing care or support. It will usually mean the person or people being supported by the worker.

Individuals who do not have good support networks around them.

Individuals being cared for at home who are reliant on another person for care and support.
Describe what constitutes restrictive practices

Restrictive practice can be physical restraint or use of devices, medication or seclusion and must be legally and ethically justified. This means it must be absolutely necessary to prevent serious harm and it must be the least restrictive option.

In some settings or situations you may need to provide care and support that involves some form of restrictive practice.

Restrictive intervention should be carried out in a way that minimises the risk of harm to the person being supported and to the person implementing the intervention. It also needs to meet the individual’s needs with dignity and respect.

List the possible indicators of abuse

With all types of abuse, it is essential to look for possible indicators of abnormal and different behaviour. If a person is worried or has been abused, they are likely to behave differently to how they would normally behave.

This is why it is useful to know or have information about how individuals normally behave so you can identify when something might not be right.

As you build relationships and knowledge in your role, the possible indicators associated with abuse will become more noticeable. In order to recognise and respond to abuse and neglect, you have to know these and take notice of them.
Physical Abuse...
Unexplained bruises, scratches, cuts, fractures, broken bones, broken teeth, not being given medication or being forced to take medication.

Sexual Abuse...
Bruises and soreness around genital area; individual becomes particular about washing genital area or wanting to hide themselves; torn, stained or bloody underwear.

Loss of sleep; unexpected or unexplained change in behaviour; sexually transmitted diseases; unexplained pregnancy; a preoccupation with anything sexual.
Psychological / Emotional Abuse...

Unexpected or unexplained change in behaviour or moods; talking a lot and very fast or being unusually quiet; appearing afraid or worried; being concerned that care and support may not continue; fear; depression; confusion, loss of sleep.

Neglect and Acts of Omission...

Malnutrition, untreated medical problems, bed sores, confusion, over-sedation, lack of food/meals. Any of the above indicators could be neglect or lead to neglect by others if left and not resolved.

If you do not take action to report or resolve a situation where you believe abuse is taking or has taken place, you could be accused of neglect.
Self-Neglect...
Is where an individual is gaining or losing weight, looking dirty or disheveled, not washing, smelling unpleasant and generally not caring about themselves. This may include medical issues not being taken care of leading to or being due to a lack of confidence and self-esteem.

Discriminatory Abuse...
Is where care and support does not take account of the individual’s needs in terms of race, age, sex, disability, marital status, sexual orientation, religion or belief, gender reassignment or pregnancy/maternity status. It could be that the person is being ignored because of these elements.
Institutional/ Organisational…

Individuals not eating properly / lack of consideration of dietary requirements, individuals not dressing appropriately, or not participating and staying in their rooms. Individuals not getting required attention and support, complaints from residents or family members.

Dirty rooms and communal areas, health and safety being ignored, inflexible and non-negotiable systems and routines, name calling (inappropriate ways of addressing people), lack of adequate physical care resulting in individual’s unkempt appearance.

Financial Abuse…

Shortage of money, reluctance to pay for things, complaining about price increases, unusual interest or lack of interest in their personal finances, unexplained withdrawals from the bank, unusual activity in the bank accounts, unpaid bills.
Domestic Violence...

The most telling indicator that a person may be experiencing domestic violence is fear. The person is scared of their partner or a family member. They are constantly watching what they say and do in order to avoid confrontation.

Their partner may belittle them, trying to control them which results in feelings of self-loathing, helplessness, and desperation. Abusers use fear, guilt, shame, and intimidation to wear their partner down and keep them under their control.

Although physical abuse is more likely to be seen, emotional or psychological abuse is not. Within domestic abuse both can be present but not exhibited.

Modern Slavery...

Physical appearance; a person may show signs of physical or psychological abuse, look malnourished or unkempt, or appear withdrawn; they may keep themselves to themselves, rarely interact or appear unfamiliar with their neighbourhood or where they
work; poor living conditions; few or no personal possessions and always wear the same clothes day in day out; they may be dropped off / collected for work on a regular basis either very early or late at night; reluctant to seek help; may avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons. [https://modernslavery.co.uk/spot-the-signs.html](https://modernslavery.co.uk/spot-the-signs.html)

Abuse can happen anywhere by anyone at any time...

More information can be found on the Social Care Institute for Excellence (SCIE) website using the link below:


When abuse leads to serious harm or even death, a serious case review is carried out by the Local Safeguarding Adults Board to look at what happened and to find out why.
Describe the nature and scope of harm and abuse of adults at risk

Anyone can be an abuser and it is often someone who is known and trusted. The nature, scope and seriousness of harm and abuse is associated with numerous factors. The outcome of abuse will vary depending upon the type of abuse that has been perpetrated. However, it will always be a negative result and can have more than one type of characteristic. i.e., mood swings, loss of appetite, fear, becoming withdrawn etc.
The nature and scope of harm and abuse is associated with numerous factors including:

Is the abuse planned, unintentional, opportunistic, a reaction to a situation?

What impact is the abuse having on the person’s wellbeing?

Are others at risk or being harmed, intimidated, threatened?

Is the abuse a result of poor management and organisational procedures?

How vulnerable is the adult at risk? (Frail, distressed, isolated)

Has a crime been committed? Do you need to involve the police?

Is the abuse a result of staff stress, poor training/knowledge, overworked?

Is the abuse likely to happen again?
These are some examples of abuse you may come across in your role:

- An individual neglecting themselves resulting in their living environment becoming unsafe and inadequate.

- A friend or relative denying an individual their medication.

- Forcing an individual to eat quicker than they can physically manage.

- A family member seems to intimidate the individual into making decisions.

- An individual is confused about missing funds in their bank account.
List a range of factors which have featured in adult abuse and neglect

Why might abuse and neglect happen? Here are some of the factors which can lead to abuse and neglect:

- Staff shortages
- Lack of knowledge
- Incompetence
- Poor training
- Time constraints
- Not providing Person centred care
- Communication breakdown
- Financial constraints
- Carer substance misuse
- Child / teenage carers
- Personality traits
- Misunderstanding/ not understanding what abuse is
We have already discussed what adult abuse and neglect is, the different types and what makes an individual more vulnerable. Here are some of the key features:

- **Abuse can happen to anyone**
- **Anyone can be an abuser**
- **People are particularly vulnerable if they are dependent on others for their basic living and care needs**
- **If an adult sometimes or always lacks the capacity to understand or make decisions, this can increase their risk of abuse**
- **Signs and symptoms of abuse and neglect can be physical, emotional and material**
- **Be aware of the signs and symptoms of abuse and neglect**
- **Know what to do if you suspect abuse and neglect**
- **Know your role and responsibilities with preventing and protecting individuals from harm and abuse**
Demonstrate the importance of ensuring individuals are treated with dignity and respect when providing health and care services

Supporting dignity and respect is not an additional task for anyone working in health and social care because it should be a natural part of your role. It is important to ensure that individuals feel valued and that their wellbeing is at the centre of the care and support you provide.

This can be achieved by…

- Making a person feel in control of their care and support
- Providing them with information to make informed choices
- Working in partnership, supporting their rights
- Including them in communications and discussions about their care and support
- Helping them to deal with fears and anxieties
- Being positive and compassionate to their needs and wishes
- Respecting their privacy and confidentiality
Describe where to get information and advice about your role and responsibilities in preventing and protecting individuals from harm and abuse

It is very hard to measure or demonstrate that abuse has been prevented as most harm and abuse takes place in secret. Having the knowledge and being able to identify the signs and symptoms of abuse helps prevention, and providing care and support in a person-centred way helps protect individuals at risk.

Your role is to prevent and protect individuals from harm and abuse. If you need further information and advice, speak to your manager or a more senior member of staff. Your organisation should also have a procedure on what to do and this can be found within their policies and procedures manual.

“Prevention needs to take place in the context of person-centred support and personalisation, with individuals empowered to make choices and supported to manage risks”
There are also numerous websites with information and advice:

- [http://www.scie.org.uk/adults/safeguarding](http://www.scie.org.uk/adults/safeguarding)
10.2 Reduce the likelihood of abuse
10.2a Describe how care environments can promote or undermine people’s dignity and rights

Here are some of the ways a health and social care environment can affect people’s dignity and rights in a negative way:

- Lack of private space, for example, for confidential discussions or personal care
- Poor culture of care and attitudes
- Lack of holistic, person centred support
- Poor prioritisation of individuals’ care and support needs
- Language differences and barriers
- Overcrowded wards and mixed-sex accommodation
- Understaffing, inadequate staff/individual ratios resulting in mixed skill levels and lack of time to provide individualised care and support
- Inadequate and unsuitable facilities
And these ways have a positive affect:

<table>
<thead>
<tr>
<th>Competence of staff</th>
<th>Provision of a clean, well maintained living environment</th>
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<tbody>
<tr>
<td>Encourage independence through well planned activities and support plans</td>
<td>Positive staff ethos on respect, privacy and confidentiality</td>
</tr>
<tr>
<td>Empowerment of individuals rights to make decisions/choices, take risk etc.</td>
<td>Provision of adequate food and drink to support the individual’s nutritional and hydration</td>
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<tr>
<td>Ensure privacy and dignity when providing personal care</td>
<td>Staff knowledge and desire to share knowledge on harm and abuse with individuals</td>
</tr>
<tr>
<td>Ability to demonstrate compassion and empathy</td>
<td>Acknowledge individuals’ views and feelings</td>
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<tr>
<td>Treat all individuals equally, providing individualised care and avoiding discrimination</td>
<td>Guidelines for checking and maintaining equipment</td>
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<tr>
<td>Well-designed accommodation supporting individuals’ need for privacy (e.g. personal care, private conversation) and communal time (e.g. mealtimes or social activities)</td>
<td></td>
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</tbody>
</table>
Explain the importance of individualised, person centred care

An individual in a safeguarding situation should be involved in conversations about how best to respond to their position. This will help promote their wellbeing and provide them with choice and control about how to improve the quality of their life and enhance their safety.

In the Care Act 2014 guidance it talks about making safeguarding personal. This means it should be person-led and outcome-focused.
Keeping an individual at the centre of their care means that it is tailored to meet their needs and wishes. Each individual is different, with a different set of beliefs and desires. If you use a ‘one stop’ approach, it would be impossible to make everybody happy and in some cases, provide the wrong type of care. This is abuse and discriminatory.

Individualised, person centre care will acknowledge and take into account each person’s unique:

**Values**  
**Abilities**  
**Desires**  

**Needs**  
**Qualities**  
**Interests**  
**Preferences**

And make a person feel:

**Cared for**  
**An individual**  
**Respected**  
**Important / worthy**  
**Supported**
Explain how to apply the basic principles of helping people to keep themselves safe

Quite often a person will be scared to speak up or admit that they are being abused. Some adults are less able to protect themselves than others and some have difficulty making their wishes and feelings known.

Building trust and good relationships with the people you support may help them feel that they can speak to you.

Be observant to changes in an individual’s behaviour, moods and body language. If you notice a change, ask them if they are OK. They may just say that they are fine, do not probe them with more questions as this can make a person feel under pressure to answer or may aggravate or upset them.
Record information and observations in their support plan.

Work in a person centred way, keeping each individual the focus of their own care and support.

Talk about abuse and what it is. A person may not recognise that they are being abused, especially if the abuse has been going on for a long time. Provide the individual with information which they will understand.

Raise any concerns you may have with your manager or a more senior member of staff. Record any information which may be relevant or will help monitor a situation. This includes the individual’s feelings, mood, if you notice a new bruise or the individual has an injury that they cannot explain.
Explain the local arrangements for implementation of multi-agency Safeguarding Adult’s policies and procedures

It is best practice to ask your manager about your organisational and local arrangements for implementing multi-agency Safeguarding Adult’s policies and procedures.

Multi-agency policies and procedures are aimed at different agencies and people involved in safeguarding adults, including managers, professionals, volunteers and staff working in public, voluntary and private sector organisations.

Despite regional variations, safeguarding policies and procedures should incorporate the same principles and values, and provide guidance on how organisations can work together to protect individuals at risk.
Objectives of multi-agency policies and procedures:

- Support adults at risk who are experiencing abuse, neglect, and exploitation and provide a service to adults which promotes their wellbeing
- Investigate actual or suspected abuse and neglect within acceptable timescales
- Work together to prevent and protect adults at risk from abuse
- Empower and support individuals to make their own choices
**Aims** of the procedures are to make sure that...

- Individuals' human rights are respected and upheld
- The needs and interests of adults at risk are always respected and supported
- An appropriate and timely response is made to any suspicions or reports of an adult at risk experiencing abuse
- All actions are made in line with the Mental Capacity Act 2005
List ways in which the likelihood of abuse can be reduced by managing risk and focusing on prevention

Having the knowledge about what abuse is will encourage more people to speak up if they feel abuse is taking or has taken place. This will reduce the likelihood of abuse actually taking place or repeating.

Good management and knowledgeable workers, together with working with person centred values, promoting empowerment, managing risk and prevention, will all help reduce the likelihood of abuse.

Person-centred values are detailed in Standard 5 and include:

- Individuality
- Independence
- Rights
- Privacy
- Respect
- Partnership
- Dignity
- Choice
Managing Risk

Managing Risk is about identifying the risks and putting things in place to reduce the risks and make the situation safer, for example, making sure an individual with fluctuating capacity is chaperoned if they wish to go on a date with another person to ensure the individual is not taken advantage of.

Managing risk is a way of working that supports individuals to exercise choices and rights whilst recognising the balance between managing and enabling independence, choice and control.

Promote Empowerment

Promoting empowerment is about enabling an individual to think and do things for themselves, for example, making choices and decisions about how they want to live.
Prevention

Prevention is about doing everything you can in your role to reduce the likelihood of abuse and to put things in place that will prevent it from happening. Working in partnership will strengthen support and help manage risk. For example, knowing about abuse and neglect, will enable you to recognise signs and indicators, report concerns and prevent the likelihood of abuse happening in the future.

Locate, reflect and learn from past abuse cases and how to spot early signs of abuse and neglect.
Explain how a clear complaints procedure can reduce the likelihood of abuse

Every employer should have a procedure in place for raising any concerns or a complaint about abuse. A simple process can encourage people to raise their concerns, however small they might appear to be. Complaints are very important as they often lead to an improvement in the service(s) provided.

Locate and read the complaints procedure which can usually be found in the Safeguarding Adults policy and procedures. You will also need to be aware of the contact details for your Local Authority’s Safeguarding team.

Make sure you know how to raise a complaint and how to share this information with individuals and family members as and when it is appropriate. If you are unsure, check with your manager.
Respond to suspected or disclosed abuse
10.3a Explain what to do if abuse of an adult is suspected, including how to raise concerns within the local whistleblowing policy procedures

If you suspect abuse you may...

Have concerns about an individual’s wellbeing

See or hear something which could be abuse

Support an individual who confides in you
What to do?

- Call the police if it is a criminal matter, for example, an alleged assault, rape or indecent exposure, property damage, theft or threatening behaviour.
- If the individual needs medical attention, call the emergency services or call a doctor as appropriate.
- Preserve evidence e.g. the scene of the crime or a weapon which has been used in an assault should not be touched or moved.
- Preserve evidence of a sexual assault e.g. not allowing a person to shower or wash.
- Provide support, comfort and empathy to the individual both in the short and long term.
- Act in accordance with your local reporting procedures.
- Report immediately to your manager.
- Record your observations and actions.
- You may need to inform your local Adult Safeguarding Team.
The Local Authority’s multi agency policy and procedures for the protection of adults at risk from abuse should contain a flowchart showing what you should do if you suspect someone is being or has been abused. If you do not work for a Local Authority, you should consult your own employer’s procedures or ask your manager for support and guidance.
The key things you MUST do if an individual discloses abuse to you:

- Assume the individual is telling the truth
- Speak to them in a calm and sensitive way
- Listen carefully and make sure you record what was said including dates, times and places
- Reassure the individual and tell them that you have to pass on this information
Key things you must NOT do if an individual discloses abuse:

- Never think or assume the individual is lying
- Never ask the individual leading questions such as “are you sure this really happened?”
- Do not wait until you next see your manager, you must act immediately
- Do not discuss the matter in a public place
- Do not confront the alleged abuser. This will be done as part of the investigation by an independent and fully trained person
- Never include your opinions on any aspect, stick to the facts
- Do not judge the individual by what they have told you or what you know about them
- Never question the individual further than the basic information they give you. You could jeopardise evidence needed for use in Court. This will be done as part of the investigation by an independent and fully trained person
If an individual tells you something and asks you to keep it a secret and not tell anyone, you MUST inform them you have to tell your manager as it is a condition of your employment.

The term used when reporting suspected or actual abuse to your manager or a relevant authority is known as ‘whistle-blowing’. You are protected by law against any form of discrimination for doing this.

Locate a copy of your employer’s policy and procedures for the safeguarding adults at risk from abuse or the local authority’s policy and procedures.
Protect people from harm and abuse – locally and nationally
List relevant legislation, local and national policies and procedures which relate to safeguarding adults

**The Care Act 2014** (introduced in April 2015) aims to simplify and improve on existing legislation for Adult Social Care in England. It sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

**The Public Disclosure Information Act 1998** (PIDA) is the key piece of whistleblowing legislation.

**The Mental Capacity Act 2005 and DOLS (Deprivation of Liberty Safeguards)** empowers and protects vulnerable adults aged 16 and over who are unable to make decisions for themselves. The Mental Capacity Act 2005 allows restrictions and restraints to be used but only if they are in the person’s best interests (DOLS).
The Mental Health Act 1983 (amended 2007) allows people with a ‘mental disorder’ to be admitted to hospital, detained and treated without their consent, either for their own health and safety, or for the protection of other people.

The Human Rights Act 1998 clarifies the rights and freedoms of individuals.

The Equality Act 2010 ensures inclusion of all regardless of disability, race, religion, culture etc.
Everybody working with adults at risk and children has to complete a criminal record check by the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

The DBS are responsible for:

- processing requests for criminal records checks
- deciding whether it is appropriate for a person to be placed on or removed from a barred list
- placing or removing people from the DBS children’s barred list and adults’ barred list for England, Wales and Northern Ireland
The DBS search police records and, in relevant cases, barred list information. When completed and acceptable, they then issue a DBS certificate to the applicant and employer to help them make an informed recruitment decision. Information released on DBS certificates can be extremely sensitive and personal. Therefore a code of practice for recipients of DBS certificates has been developed to ensure that any information they contain is handled fairly and used properly.

The Update Service is a new subscription service that lets you keep your DBS Certificates up-to-date so you can take it with you if you move jobs or roles. Your employer can carry out free, online, instant checks to see if any new information has come to light since the Certificate’s issue – this is called a Status check. This could mean no more application forms to complete and no waiting for the checks to come back. This should save you time and money.
Explain the importance of sharing information with the relevant agencies

Before you are able to adopt good practice in sharing information you need to understand what information is and is not confidential, and when this information needs to be shared in the public interest, without consent.

Sharing information at an early stage with relevant agencies can help protect people from harm and abuse. Effective partnership and integrated working with appropriate information sharing can prevent problems escalating and increase the chances of achieving positive outcomes.

Information sharing is key to delivering better and more effective services that are focused on the individual’s needs. It is essential for safeguarding and promoting wellbeing. Therefore information sharing is a vital element in early intervention and preventative work and as a result, improving outcomes for all.
Describe the actions to take if you experience barriers in alerting or referring to relevant agencies

The Care Quality Commission (CQC) play a role in safeguarding. If you have followed your organisation’s policies and procedures and reported a situation of abuse and you are not getting reasonable feedback about what action is being taken and you do not believe your complaint has been acted upon, or you suspect that your manager is involved, and there is no-one else internally in your organisation you can talk to, you should contact CQC.

More information can be found here: www.cqc.org.uk
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Symbol</th>
<th>Description</th>
<th>Tick</th>
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<tbody>
<tr>
<td>10.2e</td>
<td></td>
<td>Locate, reflect and learn from past abuse cases and how to spot early signs of abuse and neglect</td>
<td></td>
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<tr>
<td>10.2f</td>
<td></td>
<td>Locate and read the complaints procedure can usually be found in the Safeguarding Adults policy and procedures. You will also need to be aware of the contact details for your Local Authority’s Safeguarding team. Make sure you know how to raise a complaint and how to share this information with individuals and family members as and when it is appropriate. If you are unsure, check with your supervisor / manager</td>
<td></td>
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<tr>
<td>10.3a</td>
<td></td>
<td>Locate a copy of your employer’s policy and procedures for the safeguarding adults at risk from abuse or the local authority’s policy and procedures</td>
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Well done! You have completed this workbook. What’s next.....

An essential part of the Care Certificate is to assess, evidence and record what you have learnt. You may be entitled to use our assessment and evidence recording system. Your manager is responsible for supporting you with this, observing your practice and ensuring you are competent in your workplace, with the people you support.

Checking your knowledge, competence and practice will be a regular part of your ongoing Continuous Professional Development.

By taking an assessment first, you may find you already have some, most, or all of the knowledge required and you can save time by avoiding repeating subjects and courses unnecessarily.

More information about our resources can be found at www.CareCertificate.co.uk.

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