Safeguarding Adults Level 1

This leaflet provides basic (level 1) information about safeguarding adults;

• What do we mean by ‘Safeguarding Adults’?
• Who is an ‘adult at risk’?
• 6 principles that underpin best practice in Safeguarding Adults
• What is abuse?
• Your role in Safeguarding Adults
• Other roles in Safeguarding Adults
• Safeguarding adult policy and procedures
• Sharing information, consent and capacity
• Additional actions & resources
• Safeguarding adult contact details.
What do we mean by ‘Safeguarding Adults’?

‘Safeguarding 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 risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.’ p230, DH, 2014a.

Making Safeguarding Personal (ADASS, 2014) practice guidance has influenced the Care Act and indicates a shift in the culture of safeguarding adults. We must involve the adult ‘experiencing, or at risk of, abuse or neglect’ in decisions about their safeguarding.

‘Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being, as defined in Section 1 of the Care Act.’ p230, DH, 2014a.
Who is an ‘adult at risk’?

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those 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 themselves from either the risk of, or the experience of abuse or neglect.

‘The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case (…) and, if so, what and by whom.’ Care Act (DH, 2014b) Section 42 Enquiry
6 principles that underpin best practice in safeguarding adults (p232, DH, 2014a.);

• **Empowerment;** People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”

• **Prevention;** It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

• **Proportionality;** The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

• **Protection;** Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

• **Partnership;** Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

• **Accountability;** Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”
NOTE: The criteria previously outlined (Who is an ‘adult at risk’?, Care Act Section 42) must be met before the abuse can be considered as a safeguarding adult concern.

‘Abuse is about the misuse of the power and control that one person has over another. In determining whether or not abuse has taken place, it is important to remember that intent is not the issue. The definition of abuse is based not on whether the perpetrator intended harm to be caused but rather on whether harm was caused, and on the impact of the harm (or risk of harm) on the individual’ (SCIE website, 2015)

Types of abuse (DH, 2014a)

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, 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 supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, 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.
• **Modern slavery** – 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.

• **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

• **Organisational abuse** – 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 one’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.

• **Neglect and acts of omission** – including 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, such as medication, adequate nutrition and heating.

• **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Patterns of abuse may include (DH, 2014a)**

• serial abusing in which the alleged source of harm seeks out and ‘grooms’ individuals

• long-term abuse in the context of an on-going relationship, such as domestic abuse

• opportunistic abuse.

**Abuse and harm can vary, for example;**

• Number of incidents: single incident or pervasive / repetitive

• Intentions: unintentional, recklessness or intentional

• Degree of harm

• Legislation: some forms of abuse may also be a crime

• People involved: anyone can be an abuser

• Settings: abuse can happen anywhere, including hospitals, care homes
Your role in safeguarding adults

‘Every person has the right to live a life free from abuse and neglect….It is everyone’s business to ensure that we work together to safeguard the most vulnerable people’ (RDaSH, 2013).

• ALL RDaSH staff & volunteers have a responsibility to inform (‘alert’) the appropriate person of any concerns that an ‘Adult at Risk’ is being, has been, or is at risk of being abused or neglected
• ALL RDaSH staff & volunteers have responsibility to safeguard ‘adults at risk’
• You must be alert to the possibility of abuse of adults
• You may have concerns regarding something you have seen, been told, or suspect may have happened
• Disclosures may be vague/minimal but you must take them seriously.

If you have a safeguarding concern;

• Ensure the adult at risk’s immediate safety. If the person is in immediate danger contact emergency services
• If you think a crime may have been committed contact the police
• Do NOT confront the alleged/suspected abuser
• Report concerns to your line manager immediately and agree next steps
• Make notes in the most appropriate place ASAP
• Complete an IR1 form with support from your manager.
Other roles in Safeguarding Adults
(after appropriate training beyond ‘level 1’ and with appropriate competencies)

- **Safeguarding Adults Referrer**: refers safeguarding adults concerns to Safeguarding Manager

- **Safeguarding Adults Safeguarding Manager**: This is the named person in your team who is trained as a safeguarding manager and responsible for overseeing the safeguarding process. The safeguarding manager is guided by the adult at risk (or their advocate). The safeguarding manager decides whether the concern meets the criteria for a Section 42 Enquiry (see earlier)

- **Safeguarding Adults Enquirer**: This is the named person in your team who is trained as a safeguarding enquirer. This person is guided by the adult at risk (or their advocate) and the Safeguarding Manager. The safeguarding enquirer co-ordinates the collection of information to inform a safeguarding enquiry (Section 42 Enquiry). The enquirer and the information they gather inform the decisions about whether an ‘adult at risk’ needs support / help to protect themself from abuse.

- **RDaSH Lead Professionals (Safeguarding Adults)**:
  - work at a strategic level across local health and social care, facilitating multi-professional interagency working and developing Safeguarding Adult guidance, training and competencies.
  - act as a resource, available for RDaSH staff to consult regarding Safeguarding Adults matters
  - provide a leadership and guidance role for RDaSH Safeguarding Adults Managers, Enquirers and Outcome Meetings Chairs.

For more information refer to RDaSH Safeguarding Adults intranet site or contact RDaSH Safeguarding Adults office.
Safeguarding Adult Policy and Procedures

**RDaSH Safeguarding Adults Policy** provides more details regarding responsibilities, duties, procedures and training. This policy applies to all RDaSH staff and volunteers.

Agreed **multi-agency Safeguarding Adults Procedures** are in place in each of the RDaSH localities. These provide legal, policy and best practice guidance to all local agencies and staff. They also include details of agreed local procedures to be followed where safeguarding concerns arise. For more information regarding multi-agency Safeguarding Adults Procedures in your practice locality, refer to [RDaSH Safeguarding Adults intranet site](#).
Sharing information, consent and mental capacity

‘The duty to share information can be as important as the duty to protect patient confidentiality’ p5 (DoH, 2013)

For guidance on confidentiality and information sharing, you can consult your manager or RDaSH Information Governance Team

For further guidance on Safeguarding Adults, confidentiality and information sharing, refer to:

- DH (2013) Revised Caldicott principles

If the adult experiencing, or at risk of, abuse or neglect is assessed as lacking capacity for certain decisions that affect them/their life choices, the 5 principles of the Mental Capacity Act (2005) must be applied. If you have concerns regarding consent and capacity report these to your line manager. For specific guidance regarding mental capacity within the Safeguarding Adult process, consult the RDaSH Mental Capacity Act lead professional.
Additional actions & resources
(depending on your role within RDaSH)

- Consult your line manager
- Consult the Safeguarding Adult Manager for your team
- Training needs:
  Discuss your training needs with your line manager.

  Access RDaSH Safeguarding Adults intranet for training matrix and
  for information regarding multi-agency training; Safeguarding Adult
  training information

  Contact RDaSH Learning and Development for details of
  Safeguarding Adult training (including mandatory and e-learning)

- The RDaSH Safeguarding Adult Team:
  RDaSH Safeguarding Adults intranet site
  RDaSH Safeguarding Adults Policy

- Safeguarding Adults South Yorkshire Procedures
- Skills for Care (2015) Care Act; Implications for Safeguarding Adults
Safeguarding Adult Contact details

The RDaSH Safeguarding Adults’ Team;

- See contact details [RDaSH Safeguarding Adults intranet site](#)
- Phone Safeguarding Adults office 01302 796769 & 01302 796891
- Address: Chestnut View, Tickhill Road Site, Doncaster, DN4 8QN.
- Email: safeguardingadults@rdash.nhs.uk

For contact details regarding Safeguarding Adults services within your local Council, Police & Clinical Commissioning Groups (CCG) access that organisations’ internet site or see contact details within [RDaSH Safeguarding Adults intranet site](#).
References


Department of Health (DH) (2013) Revised Caldicott principles


Department of Health (DH) (2014b) Care Act London Stationary Office

RDaSH (2013) RDaSH Safeguarding Adults Policy

SCIE (2015) Adult Safeguarding: Sharing Information

South Yorkshire Safeguarding Adults Board (2014) Safeguarding Adults South Yorkshire Procedures Manual