

# Safeguarding Adults

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# What is safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from **abuse** and **neglect**. Safeguarding involves people and organisations working together to stop abuse and neglect occurring, and intervening effectively in situations if we do see abuse taking place.

## When do Safeguarding Responsibilities Apply?

Safeguarding does not mean protecting every adult from every kind of harm or risk to their own personal safety. Professionals do of course have a general duty of care to the people they work with, particularly people who may be marginalised, vulnerable or at risk in some way, however the Care Act tells us that **statutory safeguarding responsibilities** only apply in specific circumstances. These are where an adult:

- ***Has needs for care and support (whether or not these needs are being met); 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.***

## What does 'Care and Support Needs' mean?

'Care and Support Needs' means the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. For example, people with care and support needs might be: elderly and frail due to ill health, disability or cognitive impairment; have a learning disability; have mental health needs, including dementia or personality disorder; have a long term illness/condition; misuse substances or alcohol.

## Who is responsible for safeguarding?

We all are. Safeguarding is 'Everybody's Business'. The Care Act 2014 places adult safeguarding on a statutory footing and the law now tells us very clearly that we have a statutory duty to co-operate, to work together and to share information in order to deliver our safeguarding responsibilities. Every practitioner has a part to play in this.

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# Abuse and neglect

## What is Abuse?

Abuse is a violation of one person's human or civil rights by another. There are lots of different ways that human beings can abuse or harm one another. The guidance to the Care Act gives us some examples:

### Physical abuse

Such as rough handling, unreasonable restraint, hitting, burning, pushing or kicking someone, locking someone in a room.

### Sexual abuse

Such as inappropriate touching or forcing someone to take part in or witness any sexual act against their will.

### Psychological / Emotional abuse

Such as intimidation, bullying, shouting, swearing, taunting, threatening or humiliating someone.

### Financial abuse

Such as theft, fraud, coercion over wills, misusing someone's money, property or other belongings without their agreement.

### Discriminatory abuse

Such as ill-treatment or harassment based on a person's age, sex, sexuality, disability, religious beliefs or ethnic group.

### Institutional abuse

Through rigid regimes, systemic poor care, poor organisational culture, lack of resources, denial of choice, lack of dignity and respect for service users.

### Modern slavery

Such as slavery, human trafficking, forced labour and domestic servitude

### Domestic violence

Including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence

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# Abuse and neglect

## Neglect

Such as failing to provide necessary food, heating, equipment, care or medicine.

## Self-neglect

This can cover a wide range of behaviour, including hoarding, failing to attend to personal care needs, failing to maintain property in a safe condition.

## Why does abuse occur?

There are lots of factors and reasons behind why abuse occurs. Abuse is not always an intentional or a deliberate attempt to cause harm. It can arise out of stress, insufficient resources or lack of knowledge and skills. But abuse is often perpetrated in circumstances where one person (or persons) has power or control over another individual.

## Who can be responsible for abuse occurring?

It can be anyone. However the person responsible for the abuse is very often well known to the person being abused. It could be a spouse; partner; son; daughter; relative; friend; carer or neighbour; a paid carer or volunteer; a health worker; a social care worker; another resident or service user; a visitor or someone who is providing a service to the person.

## Where does abuse take place?

Abuse can take place anywhere: in a person's own home, in day or residential centres, in supported housing, educational establishments, nursing homes, clinics and hospitals. It can occur on public transport, on the street or in other public spaces.

## When does 'poor care' become 'neglect'?

There is no simple answer to this. But the Care Act Guidance makes clear that, in regulated settings at least, there are usually options other than safeguarding for dealing with quality of care issues.

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# Making Safeguarding Personal

Helping people to make their own decisions about the way they live and the care they receive is fundamental good practice. People want control over their own lives and what happens to them. Our approach to safeguarding should be no different; **safeguarding should not be a process we apply to people, but instead has to be something we do with them, on their own terms.** This means any adult with care and support needs should be in a position to confidently say:

I am asked my opinion if there are concerns that I am at risk

I get help and support to report abuse or neglect

I feel listened to and what I say is taken seriously

**“No decision about me without me”**

I know that decisions are made in my best interest when I lack capacity to make them, and that this is explained to me

I am asked my views and this directly informs what happens next

I am given the information I need, in the way that I need it

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# Using Your Judgement

If you are worried that abuse or neglect may be occurring, you can raise the matter with the local authority as a safeguarding concern. But always stop, think and make a judgement about whether this is the best and most appropriate way to deal with the situation - there may be other options. Wherever possible, talk to the person about what they want to happen. Their opinion should always inform your actions, although you may still have a duty of care to act in some way, even against their wishes.

***Birmingham Safeguarding Adults Board wants to empower practitioners in the city to use their professional judgement to make defensible decisions about how they practice. Reporting things to the local authority as 'Safeguarding' is not the answer to every concern, and other options and pathways may be open both to you and to the person with care and support needs.***

## Things to consider:

- *What does the person themselves want? Have you asked them?*
- *Do they have the mental capacity to make their own choice about it?*
- *Are they being coerced, pressured or influenced by others?*
- *Is there anyone else involved in the care package? Do you need to have a discussion with them, tell them what is happening?*
- *What other options are available to you? Can you support the person to make a complaint? Raise it as a quality issue? Organise a care review? Get another agency involved?*
- *How serious is the level of risk? Is anyone else at risk? Do you have a duty to act, even if the person themselves does not want you to?*
- *Is this situation one you feel comfortable addressing yourself, or within your own team or service? Or is it beyond your level of skills, knowledge and training?*
- *Who can you go to for advice and support? Have you got someone within your own organisation you can talk to about it?*

**There are case scenarios available at <http://www.bsab.org/> which may help you when considering your options.**

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# Using Your Judgement

## SEE IT

Recognise what you are seeing or hearing may be potentially abusive or neglectful.

## TALK TO THE PERSON

Make safeguarding personal: share your concerns with the person. Ask them what they want to happen.

## MAKE A JUDGEMENT

Consider what the person wants. Consider their mental capacity. Consider level of risk. Consider who else may need to be informed. What options are open to you?  
Do you need to take advice?

*either*

*or*

### REPORT YOUR CONCERN TO THE LOCAL AUTHORITY

Go to <http://www.bsab.org/>  
For details on how to do this

### TAKE ALTERNATIVE ACTIONS

Record what you have done, and why. BSAB fully supports defensible decision making by partner agencies

***There are case scenarios available at <http://www.bsab.org/> which may help you when considering your options.***


***In an emergency ring 999. If you think a crime has been committed, call the police on 101.***




# What Good Looks Like

The Department of Health has given us six safeguarding principles to work to as practitioners: **Empowerment, Prevention, Protection, Proportionality, Partnership, and Accountability.**

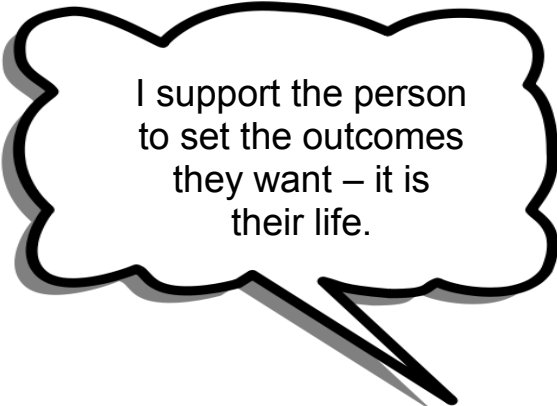
If you work in line with these six principles, and if you 'Make Safeguarding Personal', as a practitioner you should then be able to say:




If I am concerned about something, I talk to the person I am worried about first.



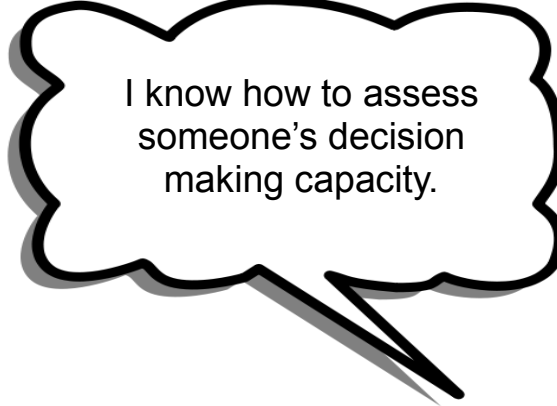
I talk with the person in ways they understand, and I avoid jargon.



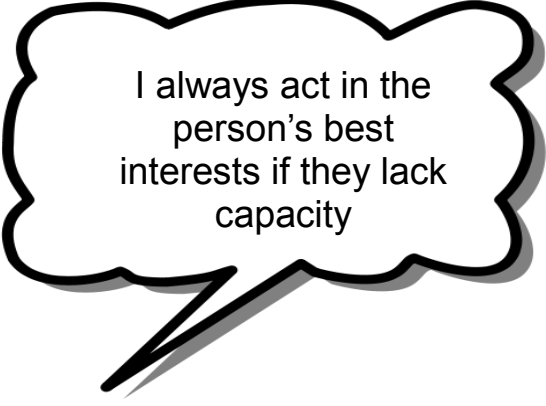
I support the person to set the outcomes they want – it is their life.



I keep checking that the person is happy with the way things are going.



I know how to assess someone's decision making capacity.



I always act in the person's best interests if they lack capacity

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# What Good Looks Like

I consider the risks in any situation carefully.

My actions are proportionate - I don't use a sledgehammer to crack a nut

I know where to go to for advice if I am unsure about something

I work collaboratively with partner agencies

I share information when I need to

I keep people up to date with what is happening

I think about the needs of carers

I know how to raise a concern with the local authority if I need to

# Reporting a Concern

## Initial screening

When concerns are passed on to the local authority, it must first decide whether or not the criteria for making a formal section 42 safeguarding enquiry under the Care Act have been met. To make this judgment the local authority will normally gather information from the referrer, liaise with partner agencies who may know something about the situation, and talk to the person at the centre of the concern to find out their views. The local authority will then decide what is the best way to respond to the situation.

## Section 42 Enquiries

Where the local authority has reasonable cause to suspect that the criteria is met and the person is at risk of abuse, a section 42 enquiry will be undertaken. The purpose of the enquiry is to find out whether any action should be taken, and if so what, and by whom. Remember, the focus is firmly on meeting the outcome the person wants, on their own terms: 'No decision about me without me'. The local authority may either undertake the enquiry itself, or it may cause another agency or individual to undertake it if they are best placed to do so. Partner agencies have a legal duty to co-operate with statutory safeguarding enquiries.

## What do enquiries look like?

Enquiries are a statutory but flexible process. An enquiry could therefore range from a conversation with the individual to a much more formal multi-agency arrangement. The six safeguarding principles apply to any safeguarding enquiry, and proportionality is a key factor in deciding on the most appropriate approach. However normally the cycle consists of:

- Planning the enquiry (ie, establishing terms of reference and who is doing what)
- Undertaking the enquiry
- Evaluating and protecting (ie. considering what, if anything, needs to be done, by who, and who needs to know)

## Advocacy

Where the person at the centre of the concerns has substantial difficulty in participating in the enquiry, the local authority will identify a suitable advocate to assist them. Where necessary, this will be via a paid independent advocacy service.

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# Mental Capacity

## What is Mental Capacity?

'Mental Capacity' means a person's ability to make a particular decision or choice for themselves. The starting point is always that adults have capacity to make their own decisions and choices in life. However sometimes a disorder in mental functioning can mean that a person's decision making capacity becomes impaired - for example when someone develops dementia, or when they are under the influence of alcohol or substances.

## What does this mean for safeguarding?

Making Safeguarding Personal means 'No decision about me without me'. This means working with the person on their own terms, rather than simply deciding what you think is best for them. However, if the person does not have the capacity to make a decision for themselves, then you as a practitioner may have to make that decision for them. You then have to act in their 'best interests'. This includes deciding how to respond if you have a concern about abuse or neglect.

## What does 'best interests' mean?

Best interests is a holistic concept. It means considering the past and present beliefs, wishes and values of the person, the opinions of others, and balancing risk against quality of life. It is important to note that best interests is NOT the same thing as always taking the safest and most risk averse option. A Court of Protection judge once said '***What use is keeping a person safe, if it merely serves to make them miserable?***'

## The Mental Capacity Act

The Mental Capacity Act is the statutory framework we use for assessing capacity and for acting in the best interests of people who may lack capacity. This area is a key responsibility every practitioner working with people who have care and support needs. Your organisation should provide guidance support and training to you in how to apply the Act. An example of a simple NHS produced resource is given on the next page. Links to online guidance are also included in this booklet. If you are unsure about your practice in this area: **ASK!**

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## The Principles

**Presumption of capacity:** most people can make some decisions

**Less restrictive:** less restrictive ways of promoting freedom

**Unwise decisions:** unwise is not the same as unable

**Maximise capacity:** consider time, pictures, language

**Best interests:** action or decision must be in best interests

## ASSESSING MENTAL CAPACITY



### Prompts

- 1 Is there an impairment of the brain affecting decision making?
- 2 The capacity assessment must be time and decision specific.

### Considerations

Can the person understand the decision?

Can the person weigh up the pros and cons?

Can the person recall what has been discussed?

Can the person communicate the decision?

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# Information Sharing

Sharing information is essential to safeguard adults with who may be at risk of abuse or neglect. In serious cases across the country, failure to share information has often been identified as a significant contributory factor when things have gone wrong. Remember that the duty to share information can be as important as the duty to protect confidentiality. Health and social care professionals should therefore have the confidence to share information in the best interests of the people they support, within their own organisational policy guidelines and local protocols.

## Consent

Information should always be shared with consent wherever possible, but a person's right to confidentiality is not absolute - it may be overridden where there is evidence that sharing information is necessary in the public interest, is required by law, is necessary to protect personal safety, or where there are other legal reasons to do so. In some instances the individual will not have the capacity to consent to disclosure of personal information relating to them. Where this is the case any disclosure of information needs to be considered against the conditions set out in the Data Protection Act and must be in their Best Interests as per the Mental Capacity Act.

## Information sharing protocols

Decisions about what information is shared and with whom should be taken on a case-by-case basis. But whether or not information is shared, with or without the adult's consent, the information should be:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- accurate and up to date
- shared in a timely fashion
- shared accurately
- shared securely.

***The local information sharing protocol for Safeguarding Adults can be found at the Birmingham Safeguarding Adults Board website.***

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# Birmingham Safeguarding Adults Board

## What is the Safeguarding Board?

Adult safeguarding boards are a requirement of the Care Act, and each area must have one. Boards are formed by representatives from the local authority, local CCGs, and the police. The role of each safeguarding board is to oversee and co-ordinate the way safeguarding responsibilities are delivered locally. To this end, each board must produce a strategic plan, publish an annual report, and arrange for Safeguarding Adult Reviews (SARs) to be undertaken when required. Birmingham Safeguarding Adults Board (BSAB) carries out this statutory function for the city. You can find further details on the board website, along with a range of downloadable safeguarding resources and publications.

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

## Partner Agencies

BSAB is supported in its work by a wide range of partner agencies, all of whom have committed to working together in order to minimise the risk of abuse occurring in the city, and to take effective steps to intervene if it does. You can find a list of partner agencies who have signed a 'memorandum of understanding' with the board on the board website.

## Birmingham's vision:

The vision of Birmingham Safeguarding Adults Board (BSAB) is as follows:

**“People with care and support needs in Birmingham are able to live their lives free from harm because we have a city that does not tolerate abuse; the community works together to prevent abuse and people know what to do when abuse happens”**

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# Prevent

## What is Prevent?

Prevent is part of the government's counter-terrorism strategy. It aims to reduce the risk of vulnerable people being exploited by radicalisers and subsequently drawn into terrorist related activity. Prevent is not about criminalising people – it is about reducing the risk of that happening by intervening early.

## Statutory duties

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities to have due regard to the need to prevent people from being drawn into terrorism. You can find out more here:

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Health and social care workers have a key role in delivering the Prevent agenda. On a daily basis they meet and treat individuals who may be open to exploitation by radicalisers. The key challenge is to ensure that staff can identify signs that someone is potentially being drawn into terrorism, are aware of the support that is available, and are then confident in referring the person for on for further support.

## How does Prevent work?

Prevent works in the same broad way as safeguarding does: by recognising vulnerability, flagging up concerns, and then supporting the person through effective multi-agency working. If you have concerns that an individual is at risk of radicalisation, you should raise these concerns with your organisational Prevent lead or safeguarding lead. Referrals may then go to a multi-agency panel called Channel for consideration and response.

## WRAP (Working to Raise Awareness of Prevent)

In conjunction with the Home Office, the Department of Health has developed a training package aimed at raising awareness of this challenge. You should contact your organisation's Prevent lead for further information.

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# Guidance and resources

There are numerous local and national online resources available to support both individual safeguarding practice and the development of effective safeguarding arrangements within organisations:

Birmingham Safeguarding Adults Board:

<https://www.bsab.org/>

The Care Act 2014:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Care Act 2014 Statutory Guidance:

<https://www.gov.uk/guidance/care-and-support-statutory-guidance>

NHS safeguarding accountability and assurance framework:

<http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

SCIE Adult Safeguarding practice questions:

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-safeguarding-practice-questions/>

SCIE Mental Capacity Act resource:

<http://www.scie.org.uk/publications/ataglace/ataglace05.asp>

Adult Safeguarding and Domestic Abuse:

[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180)

Birmingham Community Safety Partnership

<http://birminghamcsp.org.uk/>

Birmingham Safeguarding Children's Board:

<http://www.lscbbirmingham.org.uk/>

Persons in a Position of Trust (PIPOT)

<http://www.bsab.org/publications/policy-procedures-and-guidance/>

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*For further information on adult safeguarding  
and full policy guidance go to:*

*<http://www.bsab.org/>*

**My organisational  
safeguarding lead is:**



**@BrumSAB**



**Produced by the CCGs in Birmingham**