

*Protecting the  
right to live in  
safety,  
free from abuse  
and neglect*

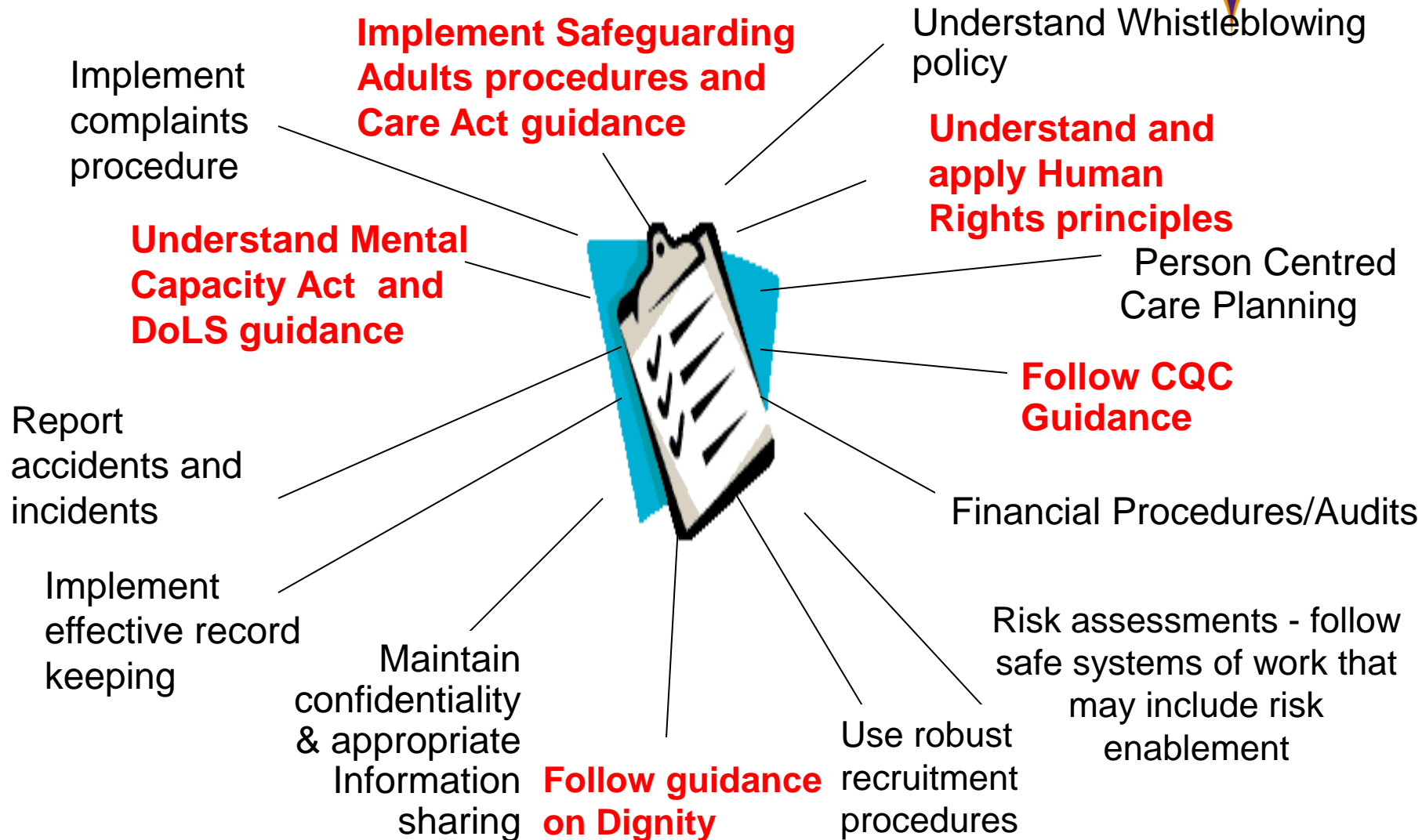


**No. 1**  
in England for  
**Overall Patient Care**

Patients have rated  
Liverpool Heart and Chest Hospital  
the **top** performing hospital  
in the country for  
**Overall Patient Care**

## By the end of this e course you will:

- Understand what safeguarding is and your role in safeguarding adults
- Understand dignity and respect when working with individuals
- Be able to recognise an adult potentially in need of safeguarding and take action
- Have knowledge of policy, procedures and legislation that supports safeguarding adults activity



## Human Rights

1. Right to life
2. Freedom from slavery and forced Labour
3. Freedom of thought, conscience and religion
4. Freedom from torture, inhuman and degrading treatment
5. Freedom of assembly and association
6. Freedom of expression
7. Right to Liberty and Security
8. Right to respect for private and family life, home and correspondence
9. Right to marry and found a family
10. Right to peaceful enjoyment of your possessions
11. Right to education
12. Right not to be discriminated against in your enjoyment of your other human rights

- Post WWII agreement on the need for the State to protect the rights of vulnerable groups and not to interfere in people's lives without reasonable justification
- HRA defines role of the state (police, NHS, Social Services and so on) and organisations carrying out 'functions of a public nature' in promoting and protecting our rights
- Some rights are absolute (even finance is not an excuse for violating the right) but others may be withdrawn or limited in order to protect the rights of others

- Zero tolerance of all forms of abuse
- Offer same respect you would want for you and your family
- Treat each person as an individual
- Enable people to maintain independence choice and control
- Listen to and support people to express their needs and wants

- Respect the right to privacy
- Ensure people feel able to complain without fear
- Engage with family members and carers
- Assist people to maintain confidence and a positive self esteem
- Act to alleviate loneliness and isolation  
(SCIE Dignity in Care Guide)

**Promoting wellbeing  
and preventing  
reducing and delaying  
need (Care Act 2014  
sect 1 & 2)**



Care Act 2014

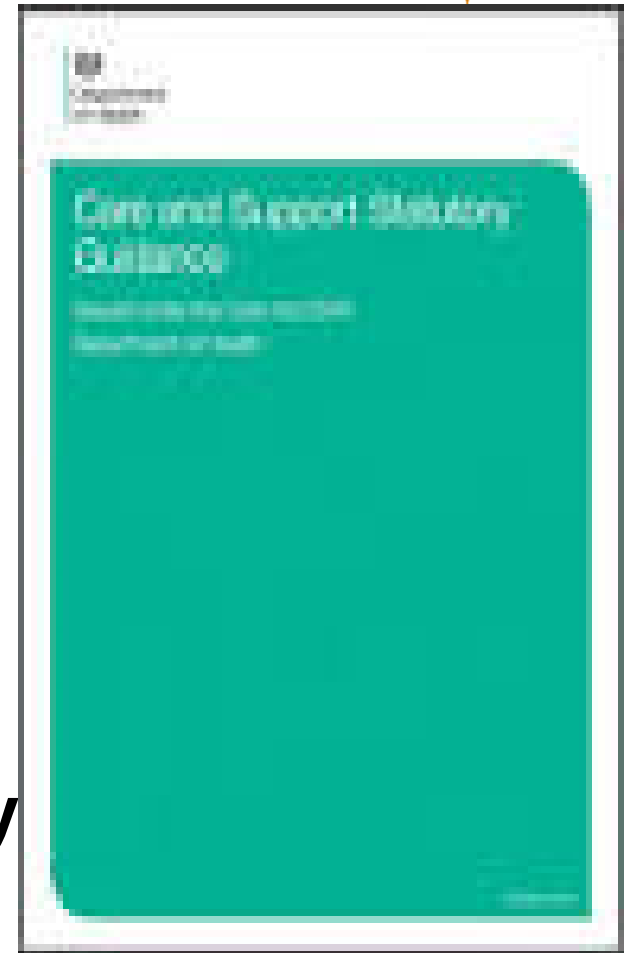
CHAPTER 23

Wellbeing includes:  
**personal dignity,  
physical and mental  
health, protection  
from abuse and  
neglect and control  
over day to day life.**

- Chapter 14 replaces **No Secrets (DoH 2000)**
- **Person Centred** approach to safeguarding adults, emphasising individual capacity and the need for advocacy
- Ensuring agencies work on both preventative and reactive strategies
- Greater reference to carers needs
- LA's legal duty to set up SA Boards

Care and Support  
Statutory Guidance  
**Issued under the Care  
Act 2014 (DoH)**

Underpinning principles are:  
**Empowerment, Prevention  
Proportionality, Protection  
Partnership and Accountability**



- **Physical Abuse**
- **Sexual Abuse**
- **Psychological Abuse**
- **Financial or Material Abuse**
- **Discriminator Abuse**
- **Organisational Abuse**
- **Neglect and Acts of Omission**
- **Domestic Violence**
- **Modern Slavery**
- **Self Neglect**
- (Care Act Guidance 14.17)

## Domestic Violence and Abuse

### Definition

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial

<http://www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/>

Incidents of abuse may be one off or multiple and affect one person or more. **(Care Act 14.18)**

Patterns of abuse vary and include:

Serial abusing

Long term abuse

Opportunistic abuse

(Care Act Guidance 14.19)

## Who:

- has needs for care and support (whether or not the local authority is meeting those needs and regardless of whether the person has mental capacity or not) 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.

## How to spot things

### Types of Abuse

- Physical
- Domestic Violence
- Sexual
- Psychological
- Financial or Material
- Modern Slavery
- Discriminatory
- Organisational
- Neglect and Acts of Omission
- Self Neglect

### Examples and Indicators

**Example:** slapping

**Indicator:** red mark, learnt behaviour, fear of others etc.

**Example:** theft of money

**Indicator:** lack of funds leading to unkempt appearance, weight loss etc.

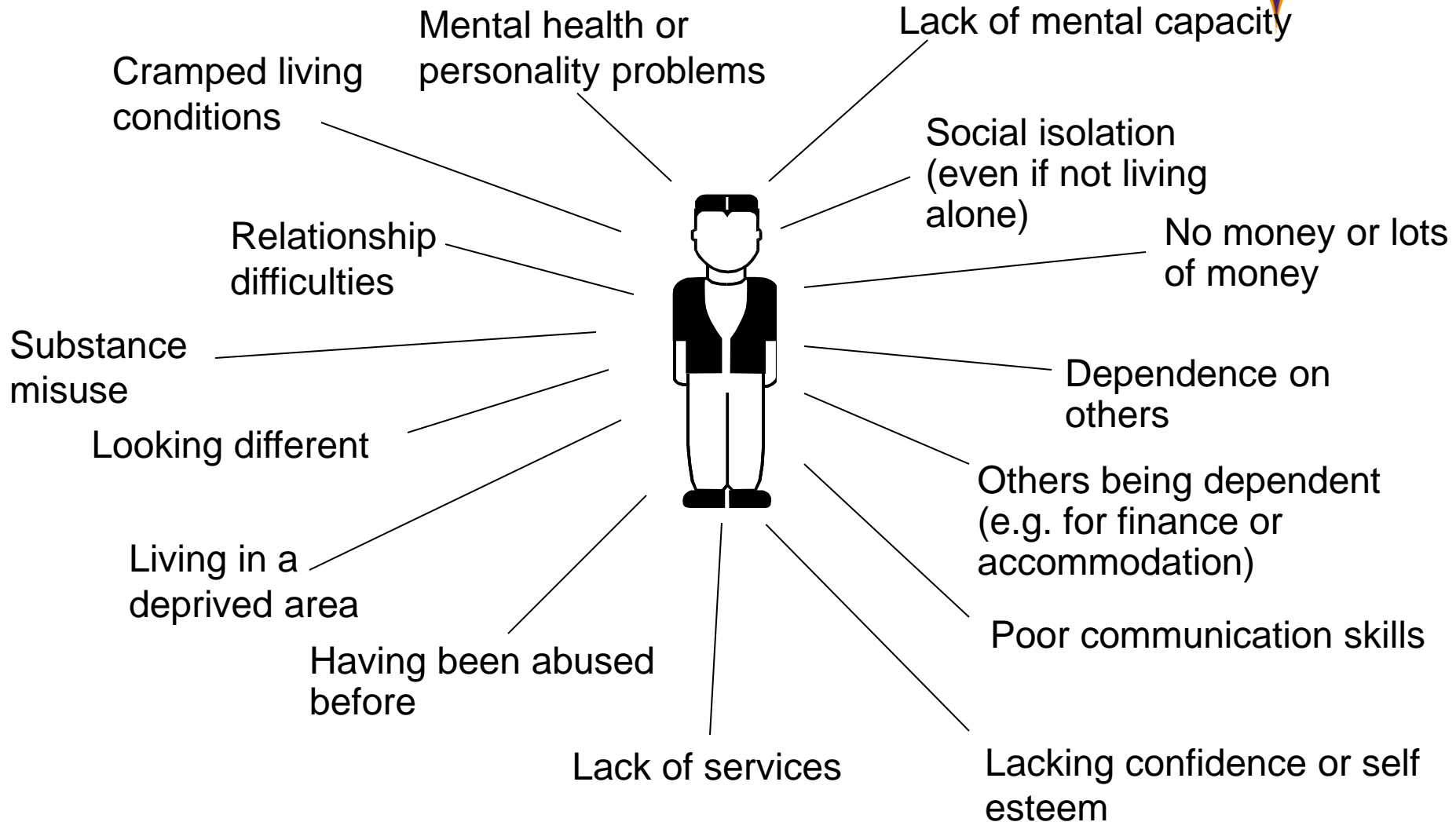
### **Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:**

- a carer may witness or speak up about abuse or neglect;
- carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or,
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others
  - (Care Act Guidance 2014 14.35)

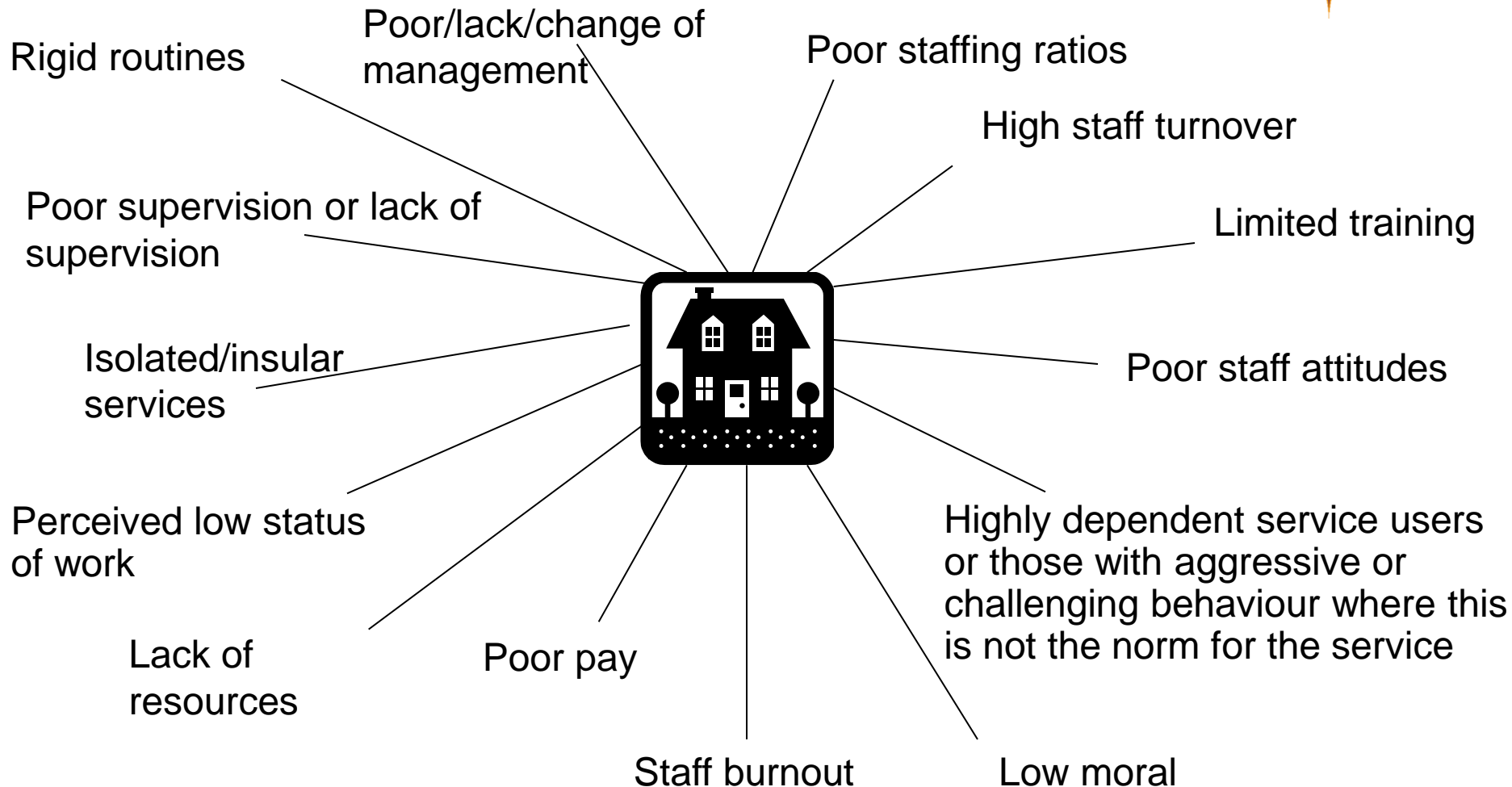
- The Care Act requires local authorities to involve people in assessments, care and support planning, and reviews.
- In order to facilitate the involvement and engagement of people who would otherwise have difficulty, it introduces a new requirement to arrange independent advocacy for people **who have substantial difficulty in being involved/engaged** in these processes and where there is **no one available to help facilitate** this involvement and engagement.

If we have a concern about a domestic violence situation please report to your line manager or the CCG Direct 01514955469 in the same way we would raise any safeguarding concern.

# The Risk Factors (Person)



## Risk factors (service)



We all have a responsibility – to do nothing  
is **NOT** an option

If you are worried about someone and have no evidence to suggest they are being abused, it is good practice to:

- Show concern for their welfare by asking how they are, how they got their bruise, etc
- Continue to **monitor the situation**, recording any concerns or changes in mood or behaviour
- **Discuss the situation** with your line manager, speak to Lead nurse for advice

### **If a person discloses abuse to you:**

- Listen carefully – don't ask questions
- Ensure you and the person are safe
- Remain calm and reassure person
- Keep clear records – use the person's own words where possible.

### **Tell your line manager**

**Recognise, Respond, Record, Report**

### Remember:

- You are not being asked to prove that the information is true
- Do not ask any further questions
- Tell the person you are taking it seriously, you cannot keep it secret and they will be offered support to keep themselves safe
- You must not contact the alleged perpetrator – however unlikely the account seems

**You must tell your manager or seek  
advice from the Lead Nurse/named  
Doctors**

If you identify a person is at risk of harm, you have a **duty to report this to your line manager**. You do not need the person's consent to do this.

Your manager will normally ask for the person's consent before sharing information outside your organisation.

### **We should seek consent unless the following is identified:**

- the person lacks the mental capacity, other people are, or may be, at risk, including children
- sharing the information could prevent a crime or a serious crime has been committed
- the alleged abuser has care and support needs and may be at risk

### **We should seek consent unless the following is identified:**

- staff are implicated
- the person has the mental capacity but they may be under duress or being coerced
- the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- a court order or other legal authority has requested the information

The **Public Interest Disclosure Act (1999)** provides legal protection from dismissal and harassment for whistle-blowers. Read LHCH organisation's whistle-blowing policy. The trust also now has Guardians who will also listen to your concerns.

## What happens next?

- Information from others involved with the person will be gathered, as appropriate
- A decision will be made about urgency & how to keep the person safe in the short term
- A decision will be made about who is best placed to make enquiries about the concern and/or support the person
- Advocacy options for the individual will be explored.
- The person will be supported to decide (in almost all cases) what they want to happen

## What happens next?

- Please ensure all referrals are alerted to Joanne Shaw  
01516001857
- If you would like to know more information about Safeguarding Adults please go to the Social Care Institute for Excellence website (SCIE):  
[http://www.scie.org.uk/publications/elearning/adult\\_safeguarding/resource/2\\_study\\_area\\_3\\_1.html](http://www.scie.org.uk/publications/elearning/adult_safeguarding/resource/2_study_area_3_1.html)