

Darlington Safeguarding Partnership

Protecting Children and Adults

Safeguarding Adults Alerter Workbook



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Introduction

This workbook has been developed to provide knowledge of Safeguarding Adults.

The **Care Act 2014** encourages caregivers to take a person-centred approach when safeguarding adults. When you follow the principles, you too place the vulnerable person's wellbeing and needs at the forefront of safeguarding processes. They help you directly involve the adult at risk – and any nominated people who can help reach decisions in the adult's best interest, when managing safeguarding concerns and care plans.

The six principles of The Care Act 2014 are;

1. Empowerment
2. Protection
3. Prevention
4. Proportionality
5. Partnership
6. Accountability

Abused or neglected adults are often silent victims during safeguarding concerns, which often means caregivers make all the decisions, while the service user has little to no involvement.

The above principles form the foundation of effective safeguarding

Who can complete this workbook?

This workbook can be used within a range of settings. It can be completed in any type of work or community-based setting (see below examples);

Residential Care
Day Care
Supported Living
Nursing Care
Hospitals
Community Setting

This workbook can be completed by 'anyone' who has contact with adults who may be at risk (see below examples);

- Administrative Staff (e.g. GP Receptionists, Practice Managers, Clerical Officers, HR Staff)
- Care Managers
- Charity Trustees and Staff

- Day Centre/Service Staff
- Domestic and Ancillary Staff
- Elected Members
- Health & Social Staff (e.g. Consultants, GP's, Nurses, Social Workers, Care Managers, Porters)
- Health and Safety Officers
- Housing Staff
- Operational Managers
- Personal Assistants (Direct Payments)
- Practice Officers
- Probation Staff
- Regional Managers
- Senior Managers
- Social Workers
- Support Workers
- Therapists
- Transport Staff
- Volunteers (including Befriending Services Staff)

Families and Carers can also use this workbook to find out more about Safeguarding Adults.

This workbook is supportive of the previously known National Vocational Qualifications (NVQ's) now replaced with Health & Social Care Diplomas and Learning Disability Certificates and Awards. It is supportive of Common Induction Standards and the Care Quality Commission Standards:

Standard 1 Role of the health and social care worker

Standard 2 Personal development

Standard 3 Communicate effectively

Standard 4 Equality and Inclusion

Standard 5 Principles for implementing duty of care

Standard 6 Principles of safeguarding in health and social care

Standard 7 Person-centred support

Standard 8 Health and safety in an adult social care setting

This workbook can also assist providers of services to develop an evidence base for effective safeguarding within their own organisation.

What will you gain from completing this workbook?

By the end of this workbook you should have established foundation knowledge of adult safeguarding and be confident to;

- Recognise relevant national guidance and legislation
- Identify who is an adult at risk
- Identify different forms of abuse
- Describe different forms of abuse
- Recognise potential indicators of abuse
- Recognise who may cause harm or abuse
- Demonstrate your understanding of the **3R's**;
 - **Recognising** abuse
 - **Responding** to abuse
 - **Reporting** abuse

The above are the intended learning outcomes.

Additional information about this workbook

- You should seek advice if you need help to complete this workbook.
- You should refer to your own policy and procedures and the multi-agency policy and procedures for Darlington.
- You should set aside dedicated time to complete this workbook.
- You should complete the assessment section and ensure it is sent to us to be verified.
- You will receive a certificate of this achievement following completion and verification (see back page for further detail).

Darlington Safeguarding Partnership (DSP) is committed to raising awareness of adult safeguarding and can deliver to a range of audiences. If you have any safeguarding training needs or would like us to attend any forums or groups, please contact DSP Business Unit on 01325 406452.

Employers/Managers should consider the role of safeguarding adults and ensure that all paid and unpaid staff, as well as volunteers, are offered the opportunity to attend any relevant Safeguarding Adults training. Please refer to <https://darlington-safeguarding-partnership.co.uk/> for further information.

National Guidance and Legislation

It is “Everyone’s Responsibility’ to safeguard those who are at risk of abuse.

The **Care Act 2014** is the statutory guidance document that sets out what local arrangements should be in place to address safeguarding concerns.

Find out more: [The Care Act 2014](#)

Everyone has the right to live their life free from abuse. The **Human Rights Act (1998)** sets out the duties upon public agencies to intervene proportionately to protect the rights of citizens;

- Right to life
- Freedom from torture and inhuman or degrading treatment
- Right to liberty and security
- Freedom from slavery and forced labour
- Right to a fair trial
- No punishment without law
- Respect for your private and family life, home and correspondence
- Freedom of thought, belief and religion
- Freedom of expression
- Freedom of assembly and association
- Right to marry and start a family
- Protection from discrimination in respect of these rights and freedoms
- Right to peaceful enjoyment of your property
- Right to education
- Right to participate in free elections

Find out more: [Human Rights Act \(1998\)](#)

The **Mental Capacity Act (2005)** is used within safeguarding practice when people may lack capacity to make decisions some or all of the time. The act makes clear for 5 key principles;

- A person is assumed to have capacity unless proven otherwise;
- The right for individuals to be supported to make their own decision;
- The right for individuals to make unwise decisions;
- Decisions made on behalf of people who lack capacity must be in their best interests;
- Best interest decisions should be least restrictive of their rights and freedoms;

Find out more: [Mental Capacity Act \(2005\)](#)

Deprivation of Liberty Safeguards are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005 and apply to people in care homes or hospitals where they may be deprived of their liberty to keep them safe.

Find out more: [Deprivation of Liberty Safeguards Guidance](#)

The **Care Quality Commission** is significant in monitoring the local arrangements in place for safeguarding practice. It uses inspection and assessment activities to highlight improvements for practice and with a focus upon 'Dignity and Respect'. The promotion of independence, dignity, respect and choice are highlighted within '**Safeguarding Adults: a national framework of standards**' (ADSS, 2005) as core values that should be evidenced in the work we undertake to safeguard individuals.

Find out more: [Care Quality Commission](#)

Dignity and Respect are key themes of **personalisation**. Those working with or supporting those who are vulnerable are crucial in improving standards of care. The **Dignity in Care** campaign offers a range of resources and guidance to assist all settings and both paid and unpaid staff as well as families and carers to learn more. It's main aim to ensure people in receipt of health and social care services are treated with dignity and respect and are supported to **make decisions** and **manage risks** ensuring they maintain **choice and control**.

Find out more: [Dignity in Care](#)

Local authorities, Police and Health all have a 'duty of care' to ensure policies and procedures are in place to protect and prevent abuse. Raising awareness of how to recognise and report abuse is key for Darlington Safeguarding Partnership. For any information to be shared that is personal, guidelines must be followed. Wherever possible the views and wishes of the adult at risk will be respected. However sometimes the overriding duty to protect individuals from danger to life or limb and/or the risk to others means this is not always possible.

Find out more: Social Care Institute for Excellence (SCIE) Safeguarding Adults – Sharing information; <https://www.scie.org.uk/>

Whistleblowing or 'confidential reporting' procedures provide assurance that both paid and voluntary staff are able to raise concerns about behaviour of others or about practice. Your own organisation should have 'Whistleblowing' procedures in place. If you are aware that an 'adult at risk' is being abused or suspect abuse is happening, you should report concerns. By not doing so, it could be viewed as colluding with the abuse and can result in investigations such as disciplinary processes. Darlington Safeguarding Partnership (DSP) is committed to raising standards and accountability and encourage all employees and volunteers to report concerns.

Find out more: [Care Quality Commission](#)

Definition of a Vulnerable Adult(s) at Risk

An 'adult at risk' is defined by the **Care Act 2014** as a person aged 18 years: ***Who has care and support needs, who is at risk of or experiencing abuse or neglect and who is unable to protect themselves from abuse or neglect because of their care and support needs.***

The person may have;

- Physical disability;
- Sensory impairment;
- Learning disability;
- Mental health problems;
- Age associated frailty, illness or disability.

Community care includes all care services provided in any setting or context. The term describes care in its widest sense. People accessing services can employ personal assistants or other staff to provide support or care in their own home. The term means the people you come into contact with on a day-to-day basis through your work practice (for example as a nurse, care assistant, support worker or personal assistant).

Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

Definition of Abuse

'Abuse is a violation of an individual's human and civil rights by any other person or Persons'.

- It may be intentional or unintentional
- It may consist of single or repeated acts
- It may cause harm temporarily or over a period of time

Abuse is about the misuse of power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that Individual. A number of abusive acts are crimes and informing the police must be a key consideration.

Recognising Abuse

There are 10 categories of abuse;

- Physical abuse
- Sexual Abuse
- Financial Abuse
- Neglect and Acts of Omission
- Psychological Abuse
- Discriminatory Abuse
- Institutional Abuse
- Domestic Abuse
- Modern Slavery
- Self-neglect

Physical Abuse

This may be defined as ‘the use of force which results in pain or injury or a change in a person’s natural physical state’ or ‘the non-accidental infliction of physical force that results in bodily injury, pain or impairment’.

Examples of physical assault are; hitting, pushing, pinching, shaking, misusing medication, scalding, the misuse or illegal use of restraint, inappropriate sanctions, exposure to heat or cold and not giving adequate food or drink.

Furthermore, unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty is physical abuse. There is a distinction to be drawn between restraint, restriction and deprivation of liberty. Someone is using restraint if they use force, or threaten to use force, to make someone do something they are resisting, or where a person’s freedom of movement is restricted, whether they are resisting or not. Providers of health and social care must have in place internal operational procedures covering the use of physical interventions and restraint incorporating best practice guidance and the Mental Capacity Act, Mental Capacity Act Code and the Deprivation of Liberty Safeguards (DoLS).

Sexual Abuse

Rape and other sexual assaults are among the most serious offences investigated by Durham Constabulary.

Some examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in sexual activity or relationships which;

- they do not want or have not consented to;
- they cannot understand and lack mental capacity to be able to give consent;
- they have been coerced into because the other person is in a position of trust;
- power or authority, for example, a care worker;

- they may have been forced into sexual activity with someone else or may have been required to watch sexual activity.

Staff should also make reference to any additional policies held by their organisation and the Darlington Safeguarding Partnership's website provides further guidance.

Find out more: [Darlington Safeguarding Partnership's website](#)

Financial Abuse

Financial abuse is a crime. It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes;

- theft
- fraud
- exploitation
- undue pressure in connection with wills, property, inheritance or financial transactions
- the misuse or misappropriation of property, possessions or benefits
- the misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

Neglect and Acts of Omission

Neglect is the failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care that a reasonable person would be expected to provide.

Behaviour that can lead to neglect includes including;

- ignoring medical or physical needs;
- failing to allow access to appropriate health, social care and educational services;
- withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Psychological Abuse

This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty which results in:

- mental distress;
- the denial of basic human and civil rights such as self-expression, privacy and dignity;
- negating the right of the adult at risk to make choices and undermining their self esteem;
- isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.

Discriminatory Abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can be a feature of any form of abuse of an adult at risk, but can also be motivated because of age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

It can result from situations that exploit a person's vulnerability, by treating the person in a way that excludes them from opportunities they should have as equal citizens, for example; education, health, justice and access to services and protection.

Institutional Abuse

Institutional abuse is the mistreatment or abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights.

Institutional abuse occurs when;

- the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice;
- the whole setting denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk.

Institutional abuse can occur in any setting providing health and social care. A number of inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff;

- receive little support from management;
- are inadequately trained;
- are poorly supervised and poorly supported in their work;
- receive inadequate guidance.

Self-Neglect

Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and include behaviours such as hoarding.

Where a person lacks mental capacity in relation to their care and support needs, decisions should be made in the person's best interests as required under the Mental Capacity Act 2005. However, if a person has mental capacity in relation to their care and support needs, or where issues of capacity are or have been difficult to assess, a response within the safeguarding adults' procedure may sometimes be appropriate.

This should be considered where a person is declining assistance in relation to their care and support needs and the impact of their decision, has or is likely to have, a substantial impact on their overall individual wellbeing.

This will be those situations where usual attempts to engage the person with necessary support have been unsuccessful and a significant risk of harm remains. It will also often, but not always, be those cases where a multi-agency response is required to respond to the concerns.

There may also be occasions where a person lacks mental capacity, but there are complex circumstances that prevent actions being taken in the person's 'best interests', and a response within the safeguarding adults' procedure is appropriate and proportionate to the concerns.

Find out more: <https://www.scie.org.uk/self-neglect/at-a-glance>

Domestic Violence

Domestic violence is 'any incident of threatening behaviour, violence or abuse (*psychological, physical, sexual, financial or emotional*) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality.

Whatever form it takes, domestic abuse is rarely a one-off incident and should instead be seen as a pattern of abusive and controlling behaviour, through which the abuser seeks power over the victim.

Domestic abuse occurs across society, regardless of age, gender, race, sexuality, wealth and geography. Children are also affected both directly and indirectly and there is also a strong correlation between domestic violence and child abuse.

Modern Slavery

Modern slavery includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment. If an identified victim of human trafficking is also an adult with needs for care and support, the response will be coordinated under the Safeguarding Adults' process. This will include organisations that have a role to play in dealing with victims of human trafficking, including the police, health trusts, immigrations officials and other relevant support services, including those in the voluntary sector.

The adult with needs for care and support should receive the support and advice they need and be safely repatriated if this is the future plan. If the victim is a child, the situation will be dealt with under the Darlington Safeguarding Partnership's procedures. The early identification of victims of human trafficking is key to ending the abuse they suffer and to providing the assistance necessary. Frontline staff

need to be able to identify the signs that someone has been or is being trafficked. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services; this is called the [National Referral Mechanism](#).

The UK Human Trafficking Centre (UKHTC) takes referrals of adults and children identified as being the victims of trafficking. Local Authorities can provide a range of assistance on a discretionary basis. The Centre now comes under the Serious and Organised Crime Agency (SOCA).

Find out more: <https://nationalcrimeagency.gov.uk/>

Hate Crime

Hate crime is defined by the police as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability and is based on the perception of the victim or anyone else and is not reliant on evidence.

In addition, it includes incidents which do not constitute a criminal offence.

Anyone can be a victim of abuse regardless of sexuality or gender. However lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) individuals could face additional concerns around homophobia and gender discrimination.

Honour-based Violence

Honour-based violence is a crime. It has or may have been committed when families feel that dishonour has been brought to the family. Women are more often, but not always the victims, and the violence is sometimes committed with some level of involvement from family members and/or the community. Many of the victims are so isolated and controlled, they are unable to contact the police which can increase their vulnerability. Contact with police in these instances should always take place.

Indicators of Abuse

Below are some examples, whilst not exhaustive, of potential signs or indicators of abuse. If one or more of these indicators are present it neither proves or disproves that abuse is or has occurred, workers should ensure that they follow the reporting procedures for their setting, for example; alerting their manager;

- Isolation of the adult;
- Regular transferring of the adult's case from one agency to another, or 'agency hopping';
- Low self-esteem, depression or tearfulness;
- Lack of confidence or anxiety;
- A feeling of worthlessness and perhaps self-abuse or self-neglect;
- Agitation;
- Injuries in unusual place, e.g. cheeks, ears, neck, inside of mouth or buttocks;
- Injuries that are the shape of objects, e.g. hand, teeth marks, cigarette burns, rope burns;
- Injuries to head or scalp, e.g. black eyes;
- Marks of physical restraint;
- Sleep disturbance;
- The adult showing signs of behaviour that is out of character, e.g. overtly promiscuous, sexually overt, anger or verbal outbursts;
- Sudden loss of assets or unexplained withdrawals from a person's bank/savings account;
- Malnutrition and/or dehydration;
- Disparaging remarks may be made, or the person may be made to dress differently;
- In care homes, strict, regimented or inflexible routines for rising, retiring, mealtimes, going to the toilet and bathing, etc.;
- Over-medication of people; in care settings an unsafe and unhygienic living environment.

Risk Factors

Some aspects that may increase vulnerability for an adult at risk of abuse are:

- Difficulty experienced by practitioners in gaining access to the adult on their own, or the adult gaining opportunities to contact them;
- The adult not getting access to medical care or appointments within other agencies;
- Lack of inclusion in protective social networks, including education and employment;

- Dependency on others (who may misuse their position) for vital needs including mobility, access to information and control of finances;
- Lack of access to remedies for abuse and neglect, knowledge of rights or complaints;
- Social acceptability of low standards for care and treatment;
- Social acceptability of domestic abuse;
- Dynamics of power within institutional care settings.

Who Abuses?

When abuse occurs, it can be perpetrated by a wide range of people who sometimes form part of the network of people supporting an adult at risk;

- Befrienders / Neighbours / Strangers
- Care Managers / Day Care Staff
- Partners / Ex-partners
- Family members / Relatives
- Informal carers / Volunteers
- Nurses / Nursing Staff
- Personal Assistants
- Residential Staff / Support Staff
- Social Care Workers

Not all abuse is intentional and sometimes the person alleged to have caused harm is not aware of any wrongdoing, or it has taken place due to other factors such as stress or frustration, but any abuse is harmful. It is important that person(s) alleged to have caused harm also receive support and guidance, and that they are made aware of what constitutes abuse and how to report it.

Responding to Abuse

When the person you are supporting tells you something abusive has taken place, this is known as a 'disclosure'. It is very important you follow the guidelines provided when a disclosure has been made. It is your priority when a disclosure has been made or you witness abuse, to first and foremost safeguard the individual.



Do you need Emergency Services?

Has a criminal offence occurred?

Contact 999 or 101

Is medical assistance required?

Contact 999 or 111

You should:

- Record the date and time of any disclosure.
- Record the date and time you witnessed the abuse or neglect.

- Record the exact words of the adult at risk.
- Separate fact from opinion e.g. **fact** = it was 9.00am; **opinion** = I feel they were worried.
- Record the location.
- Record any other parties that were present e.g. staff, patients and times.
- **ASK the person what they would want to happen next.**
- Sign your notes and date them and keep them secure.
- Share your concerns with your line manager or above.

You should not:

- **Make promises you cannot keep.**
- Investigate the abuse yourself. You should submit a Safeguarding Adult's Concern Form to Darlington Borough Council or contact the police if it is a criminal offence.
- **Inform the family of the person, unless this is their wish (seek guidance if there are issues relating to mental capacity).**
- Lead the adult at risk into any detailed questioning (you should allow them to relay their own version of events only).
- Interview any witnesses other than to obtain facts, e.g. the time, date, their location. This will assist in establishing a list of people, which may need to be given to the police or lead agency.
- Interview, alert or discuss with the person(s) alleged to have caused harm or abuse (Managers should refer to their organisation internal HR procedures or seek advice).

Sharing and storing of personal information must be in line with **Data Protection, GDPR** and **Caldicott** principles, all staff should have awareness of their own setting/organisation policy and procedures.

Preserving Evidence

Consider the three P's of Preserving Evidence:

- Person(s),
- Place(s)
- Property



If sexual assault or rape is suspected or disclosed, the adult at risk should not change their clothes or wash. If the person wears incontinence aids, they must be left in situ and not be destroyed. You should wear plastic gloves if possible, to prevent contamination of evidence.

Is there CCTV footage? **Remember, Secure It!**



In criminal cases, you should consider securing the room and other rooms where abuse may have occurred. You should always try to prevent anyone entering the scene(s) to prevent contamination of evidence. You should do this without causing alarm or alerting person(s) alleged to have caused harm. This will assist the police should they need to gather evidence. Is there CCTV footage?

Remember, Secure It!



If you suspect financial abuse, you should leave belongings such as bank statements and cheque books in situ wherever possible should the police need to gather evidence. If it is likely people will be able to access these types of property, you should consider securing that property. Wear plastic gloves, handle with limited contact e.g. by an edge and place in plastic bags to preserve any evidence e.g. fingerprints. Is there CCTV footage? **Remember, Secure It!**

Reporting Abuse

All staff should familiarise themselves with how to report concerns within their own setting.

Concerns can be raised to the First Point of Contact Team when an adult at risk is; at risk of being abused, is being abused, or it is suspected abuse has taken place.

Useful Contact Details

<https://darlington-safeguarding-partnership.co.uk/>

First Point of Contact Team	01325 406111
Emergencies	999
Police Non-Emergencies	101
Health Non-Emergencies	101

You can complete a Safeguarding Adult's Concern Form through the following:

<https://darlington-safeguarding-partnership.co.uk/about-us/worried-about-an-adult/>

Website sources and further reading for this workbook;

Darlington Safeguarding Partnership

Example information:

- Policy & Procedures
- Alert Forms and Guidance
- Easy Read Documentation
- Deprivation of Liberty

<https://darlington-safeguarding-partnership.co.uk/safeguarding-advice-and-guidance/>

Complaints Sections

Darlington Borough Council

www.darlington.gov.uk/complaints

County Durham & Darlington NHS Foundation Trust

<http://www.nhs.uk/Services/Trusts/>

Tees, Esk & Wear Valleys NHS Foundation Trust

<http://www.nhs.uk/Services/Trusts/>

Durham Constabulary

<https://www.durham-pcc.gov.uk/>

Darlington Clinical Commissioning Group (part of Tees Valley CCG)

<http://teesvalleyccg.nhs.uk/>

National Guidance & Legislation

The Care Act 2014

<http://www.legislation.gov.uk/>

Human Rights Act (1998)

<http://www.legislation.gov.uk/>

Mental Capacity Act (2005)

<http://www.legislation.gov.uk/>

Data Protection Act (1998)

<http://www.legislation.gov.uk/>

<http://www.darlington.gov.uk/your-council/data-protection-and-freedom-of-information/>

Care Quality Commission

- Information for Providers
- Information for the Public
- Inspection Reports
- Regulatory Standards
- Whistleblowing Guidance

www.cqc.org.uk

Social Care Institute for Excellence:

Examples of available information (not exhaustive);

- Autism
- Dementia
- Dignity in Care
- Eating & Nutritional Care
- Learning Disabilities
- Mental Capacity
- Mental Health
- Personalisation

www.scie.org.uk

Sexual Violence & Exploitation

www.darlington.gov.uk/Living/domesticabuse/exploitation

Information for Managers

Darlington Safeguarding Partnership (DSP) encourages all organisations to ensure to embed competencies for safeguarding work into their workforce development plans.

Darlington Safeguarding Partnership (DSP) is committed to supporting organisations with their training needs and advice and support in evidencing effective safeguarding practice.

These questions are based upon competencies from Bournemouth University who undertook consultation nationally in developing a Competency Framework, its final version being endorsed by The Association of Directors of Social Services (ADASS) Learn to Care, Skills for Care and the Social Care Institute for Excellence (SCIE). This workbook is based upon the National Safeguarding Adults Capability Framework, developed by Learn to Care and the National Centre for Post Qualifying Social Work at Bournemouth University and is copyright to them.

The DSP and its partners recommend this workbook be used across a range of sectors and agencies. It can assist managers in gaining a view of the competencies of their workforce and in turn highlight any further training needs. It can be used in conjunction with supervision and formal appraisal processes, as well as aiding Continuous Professional Development. Managers may use this information to form part of an ongoing evidence base of working within **'Safeguarding Adults: a national framework of standards'** and to support any Care Quality Commission or contractual related activities.

It is further recommended that the workbook be used to assess competence of newly appointed staff, whether paid or unpaid.

Staff should complete the candidate questionnaire (overleaf) to assess their underpinning knowledge. Candidates and Managers should sign and date the completed assessments and forward to:

Darlington Safeguarding Partnership
Room 208
Town Hall
Darlington, DL1 5QT
Or email; DSP.Training@darlington.gov.uk

Questionnaires will be checked upon receipt and certificates issued.

Should staff require the questionnaire in an alternative format, please contact the DSP Business Unit on 01325 406452.

This is the end of the Safeguarding Adults Alerter Workbook

Safeguarding Adults Alerter Workbook

Assessment of Underpinning Knowledge

Candidate Questionnaire

Staff Name:		Email:	
Job Title:		Manager Name:	
Department:		Setting Name:	
Date:			

Please complete the following questions. All questions related to the contents of this workbook.

Question 1:

What is the name of the Statutory Guidance for Safeguarding Adults?

Question 2:

Record below 2 further pieces of legislation that relate to Safeguarding of Adults

Question 3:

What is the definition of an Adult at risk in respect of Safeguarding of Adults?

Question 4:

If an 'adult at risk' makes a disclosure, or you witness or suspect abuse has occurred, who should you inform?

Question 5:

What is your understanding of why you should report abuse?

Question 6:

Identify the 10 categories of abuse included in the Care Act 2014

Question 7:

Record 'one' example indicator for each of the abuse categories you have identified

Question 8:

Identify 'one' factor that may increase a person's vulnerability to risk

Question 9:

Describe your understanding of Dignity in Care

Question 10:

Describe your understanding of 'Whistleblowing'

Question 11:

Identify 2 things you should do when a 'disclosure' has been made by an adult at risk

Question 12:

Identify 2 things you should **not** do when a 'disclosure' has been made by an adult at risk

Question 13:

Identify 3 things you should consider when preserving evidence?

Question 14:

The views and wishes of an alleged adult at risk are important, why?

Staff Signature:

Date:

Manager Signature:

Date:

Office Use Only:

Assessor Signature:

Date:

Case Examples

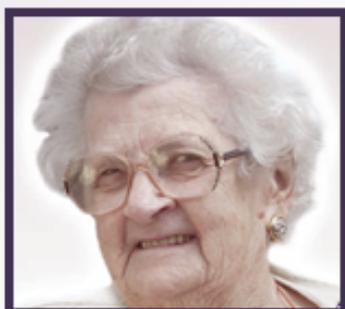


"I am Wendy. I am a 50 year old woman with learning disabilities. One of the men at the Day Centre keeps touching me and I don't like it. No one does anything about it. I told my Dad who rang the local Safeguarding Adults Team. This man has gone now. I look forward to going to the Day Centre now".

"My name is Peter and I have a mental health problem. My problem means that I need people to help me. Someone I thought was a friend has been taking my money so I called the local Safeguarding Adults Team. They were able to arrange for the Police and a Social Worker to stop this so no one takes my money now".



"I am Mary and I am a 91 year old woman who now lives in a care home. Some of the staff at the care home do not like me and make me wait when I ask for help. When my daughter came to visit, I told her how the staff would ignore me. She rang the local Safeguarding Adults Team who arranged an investigation of the care home staff. The staff who mistreated me have



"I am Ellie. I am disabled and need help daily. One of my care workers slapped and pushed me. It was very frightening. Someone told me to ring the local Safeguarding Adults Team. I have new care workers now who are very kind to me". I look forward to going to the Day Centre now".

