

Group B Safeguarding Adults at Risk

Safeguarding Group B

ADULTS AT RISK

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This course meets the

Wales National
Safeguarding
Training, Learning
and Development
Standards
for
Group B

The standards aim to provide:

- multi-agency, national standards for safeguarding training in place
- consistency in the design, content and provision of safeguarding training across organisations in Wales
- clarity around the appropriate levels of safeguarding training for the workforce

The standards will help make sure:

- all practitioners understand their responsibilities and how to follow the relevant policies and procedures
- organisations incorporate the standards into their safeguarding policies and procedures
- all practitioners have access to and comply with the Wales Safeguarding Procedures

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- I am a **key part** of the safeguarding process
- I know my **own role** in relation to safeguarding individuals from harm, abuse and neglect
- I know **how to recognise** different types of harm, abuse and neglect
- I understand **how** individuals are protected from harm, abuse and neglect
- I know **when, how** and **who** to report to
- I make sure the **individual's voice** is heard

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Outline - Part 1

- **How** to work in ways that safeguard people from abuse, harm and neglect
- **A closer look** at what could lead or contribute to the risk of abuse, harm or neglect
- Features and characteristics of **perpetrators** of abuse
- **How** to respond to safeguarding concerns

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Outline - Part 2

- **How** to respond, record and report safeguarding information or concerns
- **How** legislation, policies, codes of practice relate to your role in safeguarding
- **Your responsibilities** in safeguarding and promoting the welfare of adults at risk

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The Wales Safeguarding Procedures (2019)

Standardise safeguarding practice across Wales and between agencies and



- ensure you understand your essential safeguarding **role and responsibilities**
- ensure your practice **complies** with The Act and statutory guidance
- guide and inform practice of the **Regional Safeguarding Boards**
- outline the **framework** for determining how safeguarding **referrals, actions** and **plans** are made and carried out

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Adult Safeguarding: Vulnerable vs At Risk

'Wales Interim Policy & Procedures for the Protection of **Vulnerable Adults** from Abuse' focused on:

Vulnerable Adult

"a person over 18 years of age who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation."

- had learning disabilities
- had mental health problems, including dementia
- were older with support/care needs
- were physically frail or had a chronic illness
- had a physical or sensory disability
- misused drugs or alcohol
- had social or emotional problems
- had an autistic spectrum disorder

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Adult Safeguarding: Vulnerable vs At Risk

'Wales Safeguarding Procedures for the Protection of **Adults at Risk** of abuse and neglect' focusses on:

Vulnerable Adult

"a person over 18 years of age who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or serious exploitation."

Adults at Risk

"**anyone** over 18 years of age who **is experiencing or is at risk of abuse or neglect** and has needs for **care and support** (whether or not the authority is meeting any of those needs), and as a result of those needs is **unable to protect** themselves against the abuse or neglect or the risk of it."

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What does 'at risk' mean?

- actual abuse or neglect **does not** need to have occurred
- abuse, neglect, harm are **likely** to occur without intervention
- early interventions** should be considered to **prevent** actual abuse and neglect

Example:

A care worker has become aware that an adult she is working with has had a relative move in with them following being made homeless. Whilst there is no evidence of actual abuse having taken place, the care worker has noticed that the adult now presents as anxious and nervous, and eager not to offend the relative.

The care worker has a **duty to report** because she has a **reasonable cause to suspect** that this adult is at risk.

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What's the difference between an adult **in need** and an adult **at risk**?

An adult '**in need**' requires extra help or services to achieve a reasonable standard of health or wellbeing

- something is **missing** or **absent**
 - if addressed, will **reduce the likelihood of risk**
 - can be addressed with **information, advice, assistance** or a **care and support plan**
- | | |
|---|--|
| <ul style="list-style-type: none"> learning disability mental health need or personality disorder dementia or alzheimer's long or short term illness addiction to a substance or alcohol | <ul style="list-style-type: none"> homeless, living in unsafe environments returning home from hospital / residential care Asylum Seeking elderly and frail due to ill health, disability or ill mental health |
|---|--|

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What's the difference between an adult **in need** and an adult **at risk**?

An adult '**at risk**' requires **protection** to keep them safe from abuse, neglect or self-neglect

- abuse, neglect, harm are **likely** to occur without intervention
- abuse, neglect, harm are **already** occurring

Abuse:

Physical
Sexual
Psychological / Emotional
Domestic
Financial

Neglect:

Physical
Emotional
Medical

Self-Neglect

to extent that it threatens personal health and safety

Exploitation:

County Lines
Criminal Exploitation
Sexual Exploitation
Modern Slavery

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Your organisation **must** have...

a **written safeguarding policy** for children and adults that:

- is based on the **Wales Safeguarding Procedures**
- makes clear** what it will do to keep individuals safe
- gives **detailed procedures** to keep individuals safe and respond to protection concerns

a **Designated Safeguarding Person (DSP)** who:

- is responsible for **liaising** with protection agencies
- should be **consulted** as to whether to make a report
- will **manage** any immediate actions required to ensure the individual at risk is safe from abuse.

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Safeguarding is...

Actions taken to **promote** a person's welfare and **protect** them from harm.

- **promoting** their well-being
- preventing** harm, improving safety
- protecting** those identified as at risk from harm



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Adult Protection is...

- **protecting** individual adults identified as suffering, or likely to suffer, significant harm
- **following procedures** on how to respond to concerns about an adult at risk

If you think someone might be hurting an adult, or not looking after or caring for them properly, **this could be a safeguarding issue.**

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What is abuse?

5 main types of abuse:

- Physical Abuse
- Sexual Abuse
- Financial Abuse
- Psychological / Emotional Abuse
- Neglect

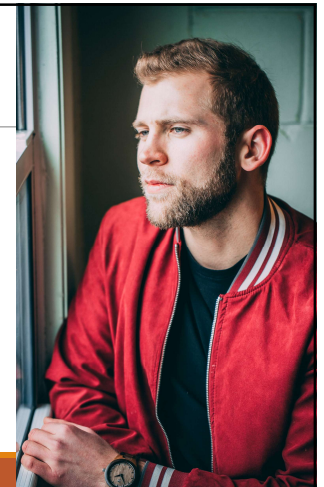
Pointers for Practice: Signs and Indicators of Possible Abuse and Neglect in an Adult at Risk
www.safeguarding.wales/en/adult/adult-ap/a1p-p2/



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Remember... Abuse can happen

- in any setting
in person or online
- at any time
over a period of time or a one-off
- by anyone
family or carers, relatives, friends, strangers

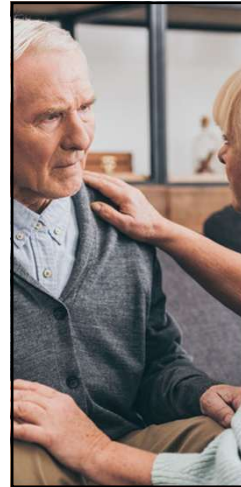


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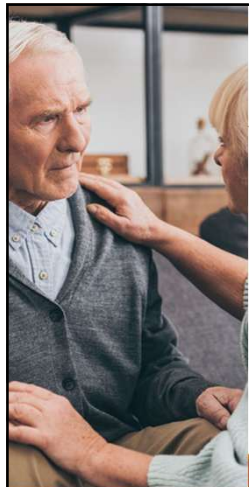
HOW TO WORK IN WAYS THAT SAFEGUARD PEOPLE FROM ABUSE, HARM AND NEGLECT

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Using a **person-centred approach** is a **key principle** underpinning safeguarding practice in Wales.

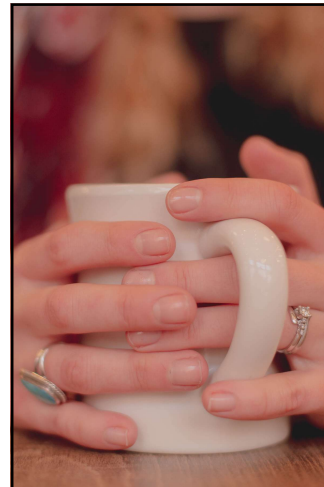
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We must maintain focus on the adult at risk, whatever other needs or issues come to light, by...

- seeking their **views, wishes and feelings** and ensuring their **voice** is heard
- prioritising their **rights** and **best interests**
- **working with** them, their family/carers and other practitioners to meet needs
- promoting and respecting their **dignity, characteristics, culture, beliefs**
- enabling them to be **as involved as possible** in decision making and empowering them to **express concerns**

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An important part of your person-centred safeguarding role is to develop **positive relationships** that support **trust, rapport** and **emotional safety**.

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Why is it important?

Co-productive relationships with the adult and their family/carers is a **fundamental foundation** for **strengths-based** working within a **person-centred approach** to safeguarding.

Building **rapport, trust** and **emotional safety** with them encourages this and helps you to establish **what matters to them** and ensure **they feel respected and informed**.

- Wales Safeguarding Procedures

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Discussion...

Why is it important to build trust, rapport and emotional safety

- with the adult at risk?
- with their family/carer?

How can you do this?

What are some of the **ways**?

Rapport

when two people have a relationship in which they are able to **understand each other's ideas or feelings** well

Emotional safety

is having the mental security and comfort to be able to **openly communicate** discomfort, ideas and personal insecurities *without* fear of being punished, ridiculed or humiliated

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How do you build trust, rapport and emotional safety with people?

- **empathy** and **understanding** their feelings/ideas
- attitude of **positive intent** and **change**
- being **genuine**, honest, transparent and open
- enabling the person to **understand** your concerns
- **managing** boundaries – personal, emotional and confidentiality
- **managing expectations** – what can and can't be done /achieved / provided
- **giving time** and opportunities to voice their opinions
- **risk-taking** –enabling them to make decisions and be innovative
- **affirming** accomplishments, encouraging self-confidence

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Strengths-based, person-centred safeguarding means...

Putting **their** needs at the centre of decision-making, ensuring it takes account of what **they** want to happen and the personal outcomes **they** wish to achieve.

Reassuring the person that help is available and that you will do your best to **help them explore** the different support options.

"Planning should take a more **strengths-based approach**.

This means recognising **abilities, motivations, wishes** and desired **outcomes**.

In other words, finding out **who they are** and **what they want**. "

- Wales Safeguarding Procedures

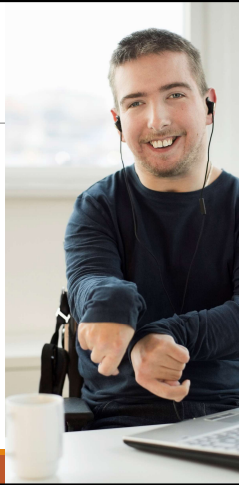
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Voice of the adult

The **adult at risk** is a **key source** of information about their lives and the impact any problems are having on them.

The WSP place **strong emphasis** on **giving adults at risk a voice** in decisions that will affect them.



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The role of Advocacy in giving people a voice

The local authority, **in partnership with** the individual, **must** consider and reach a conclusion on arrangements to appoint an IPA for:

- **an adult** who is the subject of a **Section 126** enquiry
- **an adult** who is subject to arrangements for an **adult protection and support order**

Social Services and Well-being (Wales) Act 2014
Part 10 Code of Practice (Advocacy)



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Advocacy should be considered whenever there are **barriers** to someone's ability to **engage and fully participate**, such as their:

- ability to **understand** relevant information
- ability to **retain information** long enough to be able to weigh-up options and make decisions
- ability to **weigh up information**, in order to participate fully and express preferences for or choose between options
- ability to **communicate** their views, wishes and feelings, whether by talking, writing, signing or any other means, to aid the decision-making process and to make priorities clear

Social Services and Well-being (Wales) Act 2014 Part 10 Code of Practice (Advocacy)

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Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process?	Yes ☐ No ☐
If YES , has an advocate been informed?	Yes ☐ No ☐
If NO advocate has been informed, why?	
Details of the formal/informal family or friend or advocate (if applicable)	

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Forms of advocacy

Self-advocacy

Informal advocacy
(family, friends, neighbours)

Collective advocacy

Peer advocacy

Citizen advocacy
(a trained or supported volunteer citizen advocate)

Independent volunteer advocacy
(an independent, unpaid advocate)

Formal advocacy
(advocacy role of staff in health, social care, etc.)

Independent professional advocacy (IPA)
(a professional, trained advocate; specific to supporting an individual in relation to their care and/or support needs)

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A closer look at the factors, situations and actions that could lead or contribute to abuse, harm or neglect

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Perpetrators of abuse and neglect

While we are often first alerted to concerns of abuse or neglect by **indicators** from a person's behaviour or appearance, we **must not ignore** concerns caused by the behaviour of **their partner, carer or other adults** in the person's life, even when we see no indicators from the person themselves.

People who carry out abuse are sometimes called perpetrators.

Perpetrator: A person who carries out a harmful, illegal or immoral act.

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Grooming

Perpetrators will often **groom the victim, their family/carers and others around them** to build a relationship, trust and emotional connection so they can gain greater access and manipulate, exploit and abuse them, often using **coercion and control**.

THEY WILL FIRST
IT'S HARD TO
GROOM THE
CONCENTRATE ON
PARENTS AND THEN
TWO THINGS
SEXUALLY ABUSE
AT THE SAME TIME.
YOUR CHILD.

SEXUAL ABUSE PREVENTION TRAINING FOR TEACHERS Prevent ed
PLEASE SUPPORT US BY SIGNING OUR PETITION AND DONATE TO OUR GOFUNDME PAGE

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Tactics used by groomers

being **very friendly**

pretending to be younger than they are, or someone they're not

buying **gifts**

taking someone on **trips**, outings or holidays

giving advice or **showing understanding**

giving **attention**, using charm and flattery

echoing back the individual's own story or experiences to claim a **special connection** with them

- **building a relationship** with the individual's family or friends to try and make them seem trustworthy
- **desensitising** the individual by gradually exposing them to behaviours they wouldn't normally accept
- **isolating** the individual from friends and family
- creating **dependency**
- creating a **secret**, private world
- using **emotional blackmail** to make the individual feel guilt and shame

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Tactics Used : Controlling Coercive Behaviour

Control

Acts designed to make a person **subordinate** and/or **dependent** by **undermining** the will/ability to resist:

isolating them from sources of support

- **exploiting** their resources and capacities for personal gain
- **depriving** them the means needed for independence, resistance and escape
- **regulating** their everyday behaviour

Coercion

An act or pattern of acts of **assaults, threats, humiliation, intimidation** or other abuse that is used **to harm, punish or frighten** their victim.

Coercive behaviour involves 'getting someone to do something they don't want to do by using or threatening negative consequences for non-compliance'.

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What you may see:

- **Project** a non-abusive image
- Present as **willing** to help / change
- Prepared to 'put the past behind' for the sake of XXX
- **Use** the abused person's anger or mistrust to **discredit** them
- Use defensive **accusations**
- **Manipulate** mediation or dispute resolution
- **Painting self** as 'the real victim'

Often described as:

'Articulate'
'Charming'
'Composed'
'Calm'
'In control'
'Caring'
'Concerned'

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Discussion...

How do you make the adults you work with aware of how to keep *themselves* safe?

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Enabling choice helps them to understand and believe that they *have* a choice.

Explaining boundaries, rules and limits helps them to understand *why* they help them to stay safe.

Allowing them to do the things they can do while helping them with the things they cannot quite manage encourages them to **ask for help**.

Giving them time to think about what they want and to **express their wishes** demonstrates that they have a **voice**.

Allowing them to explore freely and take some risks helps them to **practice** their personal safety skills while developing **self-confidence** and **strengths**.

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E-Safety

refers to the **safe and responsible use** of technology

How do we make people aware of the **risks** associated with using **social media, the internet** and **mobile phones**?

3 areas of risk:

- **Exposure / Content:** being exposed to illegal, inappropriate or harmful online material
- **Interaction / Contact:** being subjected to harmful online interaction with other users
- **Behaviour / Conduct:** personal online behaviour that increases the likelihood of, or causes, harm.

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Discussion:

Why are some adults **at more risk** from abuse, neglect or harm than others?

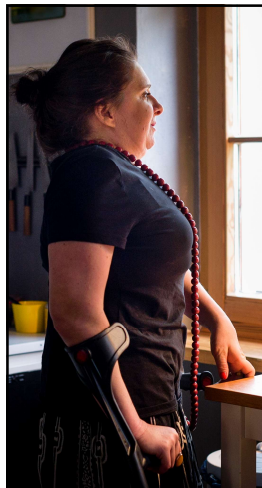
What **factors**, **actions**, **behaviours** or **situations** can increase risk?

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cognitive impairment/ Lack of mental capacity
poor physical health / poor mental health
increasing age
functional dependence/disability
low income
low self-esteem
asylum seeker / refugee / VISA
previous history of abuse / ACEs
negative experience of disclosing abuse
Social isolation
lack of access to health and social services or high-quality information

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In Wales, 28% of people reported a disability in 2020/21
(higher than the UK national average of 22%)

Disabled adults are **at higher risk of** abuse, neglect and exploitation.

Why are adults with disabilities **more vulnerable** to abuse?

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MORE likely to

- be **in contact with** different services and carers
 - depend** on others for personal / intimate care
 - spend **time away** from their families or be **isolated** from people & peers
 - face **double discrimination**
- have difficulty in differentiating between **appropriate and inappropriate** actions
- have **indicators** of physical abuse be associated with their disability

LESS likely to

- be consulted** about their experiences
- be believed** / considered 'credible'
- be offered** additional support to facilitate communication
- be enabled** to participate in decision-making
- have received **sex education**

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How to respond, record and report
safeguarding information or concerns

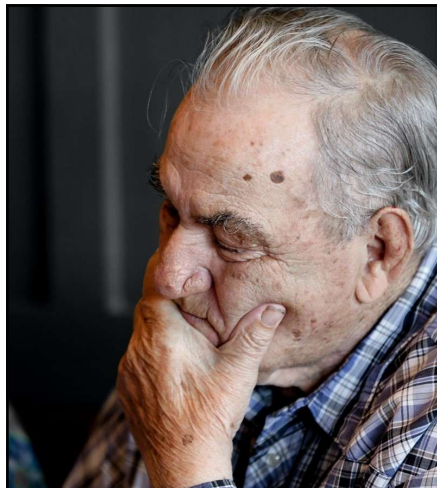
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Why might abuse, neglect or harm **not** be disclosed?

What might be keeping a person from telling you they are at risk?

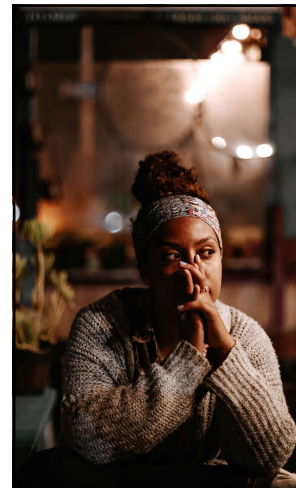
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- feel guilty or to blame
 - love the abuser
 - think the abuse is normal
 - afraid of the consequences on self or others
 - worry won't be believed
 - don't have the ability
 - don't know how/who
- hoping (or hopeless) that the abuse will stop

have never been asked

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Managing a Disclosure

People may tell you that they are 'at risk' through words, behaviour, body language, etc.

If an adult discloses to you that:

- **they** have been harmed, abused or neglected
- they are aware of **another adult or child** who is being abused, harmed or neglected

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- | | |
|--|--|
| <ul style="list-style-type: none"> × Don't react strongly × Don't interrupt them × Don't jump to conclusions × Don't ask leading questions, investigate or interrogate × Don't challenge them × Don't promise secrecy × Don't use your own words to describe events × Don't deal with it alone | <ul style="list-style-type: none"> ✓ Stay calm ✓ Actively listen ✓ Believe them, take it seriously ✓ Only use open questions ✓ Tell them they've done the right thing ✓ Tell them what happens next ✓ Immediately follow your setting's procedures ✓ Record accurate notes using <u>their own words</u> ✓ Consult immediately with your designated safeguarding person or your line manager |
|--|--|

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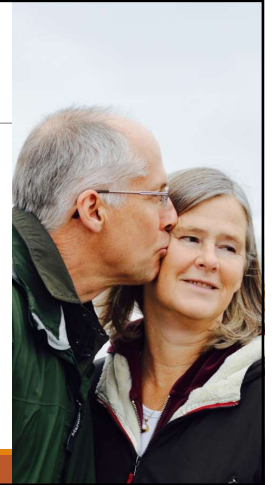
Mrs Carmichael

Mrs Carmichael was experiencing an episode of mental illness.

Although she had briefly been an in-patient in a local psychiatric ward, she was now being treated at home.

Largely because of her mental illness, there were times when she was verbally aggressive to her husband to an extent that at times amounted to psychological abuse.

On one or two occasions she had also struck him hard enough to leave a bruise.



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Mr Carmichael

Mr Carmichael, although physically not strong, had only experienced some minor decline in his cognitive abilities.

During a routine visit to his GP, the GP noticed and enquired about the bruising.

Mr Carmichael talked about the problems he was experiencing with his wife.

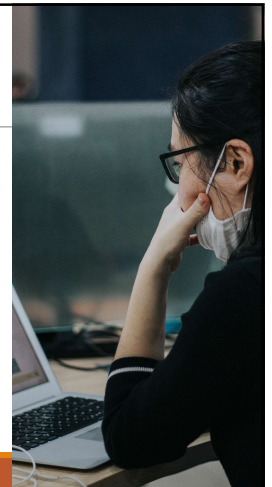
But although distressed, he was very clear that he wanted to continue living with and supporting his wife in their home on his own.



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Consider:

- Is this a **disclosure**?
- Could **Mr** Carmichael, although a carer, *also* be an adult at risk?
- Could **Mrs** Carmichael, although an adult at risk, *also* be a perpetrator of abuse?
- Is this a **protection** concern?



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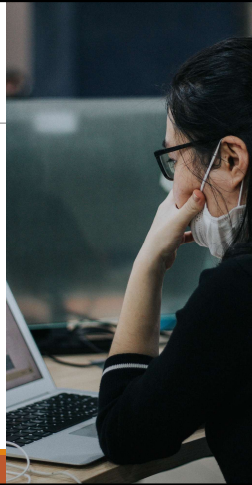
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What happened next...

The GP determined that at that time, Mr Carmichael **had the capacity** to make decisions about the kind of behaviour he could **manage** and the **risks** he was willing to accept.

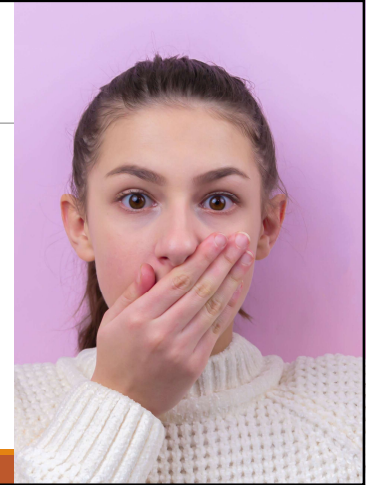
After some discussion, **Mr Carmichael agreed** that the GP would **contact social services** on his behalf to consider the possibility of providing him with some **support**, such as respite care.

In this way, Mr Carmichael's decision-making freedom was respected, but **help was offered to mitigate some of the potential harms**.



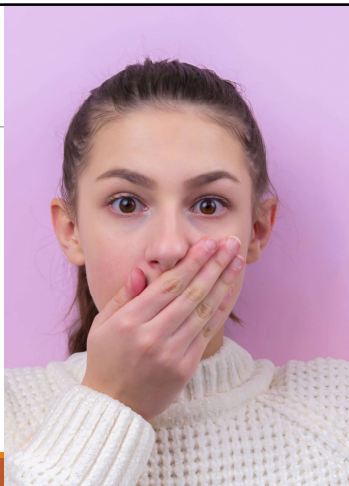
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What might **prevent** someone from reporting their concerns?



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- **Fear** of getting it wrong or making it worse
- Lack of **confidence**
- Not knowing the protection **procedures** to follow
- **Bad experience** when reporting another concern
- Not knowing **who to speak to**
- **Thinking someone else** would have noticed if there was a problem



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We must report *any* concerns or suspicions

- Many adult case reviews have shown a **failure to act**, which has led to serious injury or death
- Other people **may not have** the information that you have

You may be the only person who knows the adult well enough to notice indicators, or who sees them alone /away from an abuser

Your information could be vital to preventing further abuse



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Reporting: When to Make a Safeguarding Report

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When to report

Whether identifying concerns or establishing care, support and safety needs, all practitioners should follow a **similar process**:

1. Hypothesising
2. Gathering Information
3. Assessing and Analysing
4. Decision-Making and Planning
5. Actions and Interventions
6. Reviewing and Evaluating

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1. Hypothesising
2. Gathering Information
3. Assessing and Analysing
4. Decision-Making and Planning
5. Actions and Interventions
6. Reviewing and Evaluating

What is making you think the child/adult is at risk of harm?

Is it something you **heard**?

Is it something you **saw**?

Is it something you **were told**?



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1. Hypothesising
2. **Gathering Information**
3. Assessing and Analysing
4. Decision-Making and Planning
5. Actions and Interventions
6. Reviewing and Evaluating

‘She is inappropriately dressed’ is not enough to act on.

Be as **detailed** as possible:

‘She arrived in sandals with holes in the soles. She had a thin cardigan, a summer cotton dress, and no coat even though it was February.’

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1. Hypothesising 2. Gathering Information 3. Assessing and Analysing 4. Decision-Making and Planning 5. Actions and Interventions 6. Reviewing and Evaluating	What does the information tell you about the child/adult you consider to be at risk of harm?
	Does it confirm or refute your hypothesis?
	Do you have enough information to analyse and make a professional judgement ?

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Professional Judgement Reaching a decision about what should be done by applying your knowledge, skills and training in a way that is informed by the person's needs and voice, your experience, and professional standards.	Your knowledge, skills, training Child's/Adult's needs, wishes, opinions
	Professional Standards & Obligations Experience, Practical Wisdom, Reflective Practice

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1. Hypothesising 2. Gathering Information 3. Assessing and Analysing 4. Decision-Making and Planning 5. Actions and Interventions 6. Reviewing and Evaluating	What do you need to do ?
	What are the responsibilities of your role to protect, care and support the child/adult?
	What legislation, policies, guidance, code of practice do you need to consider ?

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1. Hypothesising 2. Gathering Information 3. Assessing and Analysing 4. Decision-Making and Planning 5. Actions and Interventions 6. Reviewing and Evaluating	What appropriate actions should be taken to ensure the child/adult is no longer at risk of harm and their care and support needs are being met? How will those actions keep the child/adult safe? Who needs/is best placed to do the actions? When do they need to happen?

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What are 'Appropriate' Safeguarding Actions?

Timely
delivered at the right time, right place

Diverse
provide a range of options

Flexible
recognise the unique individual

Co-productive
Include active contributions by all involved

Differential
distinguish lower level concerns from those more serious in nature

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PROTECTION (RISK)	Critical Interventions & Immediate action
	Formal Safeguarding Procedures
PREVENTION (NEEDS)	Referral for Assessment of Care and Support Needs
	Management at Agency / Local Level
	Information, Advice and Assistance

TABLE adapted from: Cwmpas regional adult safeguarding threshold guidance-approved July 2018

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Effective Decisions

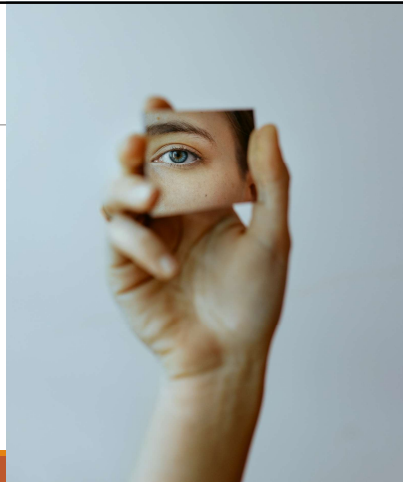
- **calculated and reasoned** assessment & analysis of risk
- sound **evidence** base
- **shared understanding** of the concerns
- an **ongoing process**
- **differentiate** between low and high level concerns



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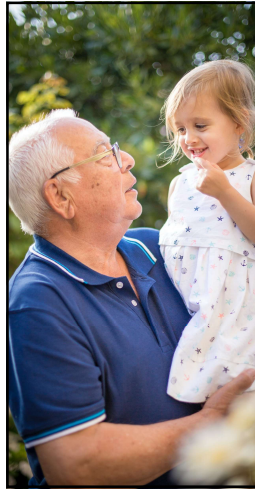
When identifying concerns, what **subjective factors** can influence your decisions?

Pointers for Practice: Subjective factors that can influence the response to a report
Pointers for Practice: Subjective Decision Making



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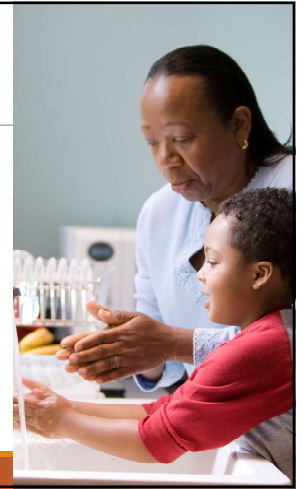


- Are my decisions being influenced by my **fear** of getting it wrong? am I risk averse?
- Am I looking for **strengths** to counter-balance any risks, or am I only focussing on specific **risks**?
- Is my decision-making being influenced by my **feelings** towards the carer / family?
- Am I placing more emphasis on the **carer's** needs than on **the adult at risk's**?
- Am I making **assumptions** based on culture, ethnicity, religion, disability?



69

- Is my decision-making being driven by **work pressures**?
- Am I only focussing on a **single**, recent incident without identifying **patterns** or considering **history**?
- Am I **only focusing** on the information that fits *my* particular view?
- Am I being **influenced by similarities** to recent cases?
- Is this something I see so often that I **no longer recognise it as a potential risks**?



70

Professional Curiosity

A strengths-based **approach** that **explores** what is happening instead of making assumptions or accepting things at face value.

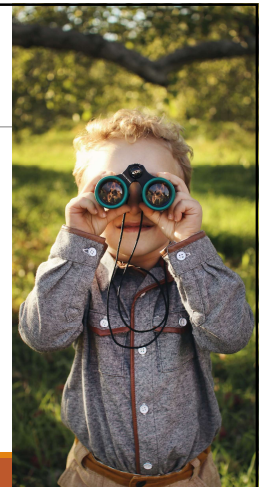
It helps to ensure a **person-centred approach** by examining **the big picture** and providing a full range of options.



71

What does it look like?

- maintaining an open stance of **enquiring deeper**
- **applying critical evaluation** to any information received
- maintaining an **open mind**
- **not accepting** things at face value
- **not making** assumptions
- **connecting** information from different sources
- **recognising vulnerabilities** to potential risks of harm



72

Group B Safeguarding Adults at Risk

Watch out for...

Contrast effect - making judgments by making comparisons to other people / situations

Confirmation Bias seeking or cherry-picking information that confirms your expectations

Inattentional blindness - failing to notice a fully-visible but unexpected object because attention was engaged on something else ('forest for the trees')

Normalisation/Minimisation - Seeing something so often it isn't recognised as a potential risk



73

Seek Advice

If you are unsure about whether an adult is at risk, **seek advice**.

- **do not** wait for further evidence to confirm or refute your concerns, no matter how insignificant you think they are

- **do** seek advice straight away from your agency's **designated safeguarding person (DSP)**

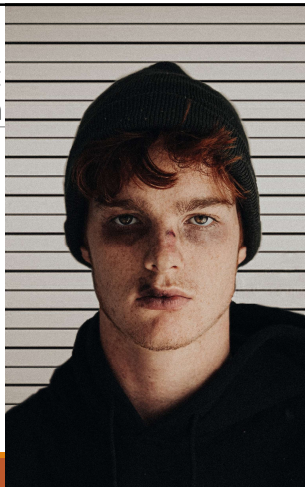


74

Mike worked in a small café, but it went out of business and you know he's been really worried about how he will cover his expenses.

You see him sitting outside and stop for a chat, and notice that he has a black eye.

He tells you that a few weeks ago he was approached by two men who offered him work.



75

Every day, he and a few other men from the area are picked up by a van at 7am, and then dropped into a neighbourhood.

They go around knocking on people's doors asking if they want any work doing, like digging patios or making drive-ways.

They are then picked-up and brought back at 9pm.



76

Group B Safeguarding Adults at Risk

When he goes quiet, you ask about how much he gets paid for these long hours.

He tells you that so far, he hasn't been paid much – they told him he has to pay for the van travel first, as well as the materials for the work he does.

You then ask about his black eye.

He only says that he got it at work.



77

What are you
curious
about?



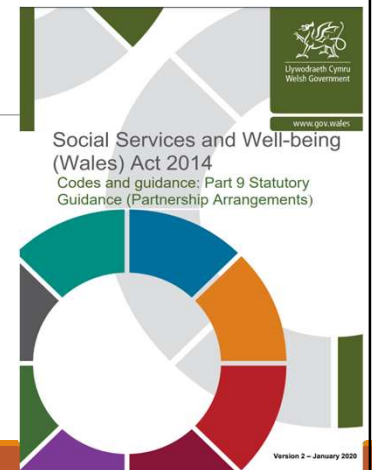
78

Confidentiality, Consent and Sharing
Information

79

Information Sharing

Working and communicating with other practitioners and services is an **essential element of effective safeguarding and multi-agency working.**



80

Group B Safeguarding Adults at Risk

Multi-Agency Working

In the context of your service:

Who are some of the agencies or people involved in safeguarding adults?

What roles do they play?

- health services / GPs
- mental health services
- drug & alcohol services
- disability services
- housing services
- third sector and community services
- organisations providing specialist services

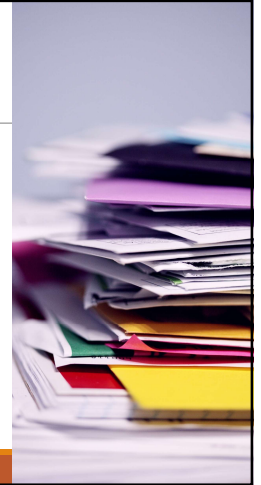
81

Confidentiality in Safeguarding

What is 'confidential information'?

'personal information of a **private** or **sensitive** nature'

- relates to an **identifiable** legal or natural person
- **is not** in the public domain or common knowledge
- **would cause** them damage, harm or distress if the information were made public



82

Confidentiality in Safeguarding

The safety and welfare of an adult at risk **always takes precedence** over the need to maintain professional confidentiality.

- Make sure the nature and purpose of the request is **clear**.
- **Record** any request and your response in writing.

As long as you can stand by what you've done and justify that it was in the person's best interests, then **that is the correct thing to do**.

"In exceptional circumstances, personal information can be **lawfully shared without consent** where there is a legal requirement or the professional deems it to be in the public interest.

One of the exceptional circumstances is in order to prevent abuse or serious harm to others."

Working Together to Safeguard People - Volume 1

83

Information Sharing

must always be in the **best interest** of the child/adult at risk, any other adult or child who may be at risk, or where there are wider public concerns

Should follow **protocol**

should follow **Data Protection Principles**



84

Group B Safeguarding Adults at Risk

Data Protection Principles <u>Necessary</u> Proportionate Relevant Timely Adequate Accurate Secure Recorded	
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85

Data Protection Principles		
Necessary Proportionate Relevant Timely Adequate Accurate Secure Recorded	Consider how much information you need to release. Don't share more than is necessary.	

86

<u>Necessary</u> Proportionate Relevant Timely Adequate Accurate Secure Recorded	Information must be proportionate to the need and the level of risk.	
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87

Necessary Proportionate Relevant Timely Adequate Accurate Secure Recorded	Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make informed decisions.	
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Group B Safeguarding Adults at Risk

Necessary	the urgency for sharing information to reduce the risk of missed opportunities to offer support and protection. restricted to what is required for a situation at the time
Proportionate	
Relevant	
Timely	
Adequate	
Accurate	
Secure	
Recorded	



89

Necessary	Information should be adequate for its purpose and of the right quality to ensure that it can be understood and relied upon.
Proportionate	
Relevant	
Timely	
Adequate	
Accurate	
Secure	
Recorded	



90

Necessary	Information should be accurate and up to date and clearly distinguish between fact and opinion.
Proportionate	
Relevant	
Timely	
Adequate	
Accurate	
Secure	
Recorded	



91

Necessary	- shared in an appropriate, secure way restricted to those with a legitimate need to know - follows policy and protocol for handling personal information
Proportionate	
Relevant	
Timely	
Adequate	
Accurate	
Secure	
Recorded	



92

Group B Safeguarding Adults at Risk

Necessary	If sharing: record rationale , including what information has been shared and with whom	
Proportionate		
Relevant	If not sharing: record rationale and discuss with the requester	
Timely		
Adequate		
Accurate		
Secure		
Recorded		

93



Mrs Jones

Mrs Jones is an elderly lady living in residential care. She is becoming increasingly confused.

Her son is concerned about the care home's ability to meet her needs and has asked to see his mother's medical records.

94



After a routine visit to Mrs Jones at the care home, the GP felt that Mrs Jones was unable to consent to disclosure because of her deteriorating mental ability.

Given that her son was so concerned about the support being offered to his mother, in the GP's view it was clearly in Mrs Jones's best interests for her son to have access.

95



What is an appropriate response?

96

Group B Safeguarding Adults at Risk



The GP decided that it would **not be appropriate** to disclose the **entire** medical record as some of it contained sensitive information **not relevant** to the current episode of care.

The GP therefore **gave the son access to current and relevant information**, but not the entire record.

97

Consent to report

It is not uncommon for people to **decline referral** to safeguarding teams or other authorities.

However, there are circumstances that **require** practitioners to take action **without consent** or **against someone's wishes**.

What do you do?

You need to share personal information about a service user who you believe is being abused.

You have asked for consent, but this has been denied. And you know that sharing the information without consent may compromise their 'Right to respect for private and family life' (article 8).

How do we support people's **rights**, while *also* making sure we uphold our professional **duties** – especially where these conflict?

98

Make the report.

- your professional **duty to report** remains in the absence of consent
- **be open**, informing the person of your duty, the actions that will be taken and why
- **ensure you record** the decision in detail and **justify** why you felt it necessary to act in the absence of informed consent or agreement of the person

The Human Rights Act 1998
Article 3 – 'a duty to Safeguard against inhumane treatment'
Article 2 – 'to protect the right to life'

Social Services and Wellbeing Act 2014
Section 128 - 'duty to report'

The Data Protection Act (DPA) allows personal information to be lawfully shared without consent in order to **prevent abuse or serious harm to others**

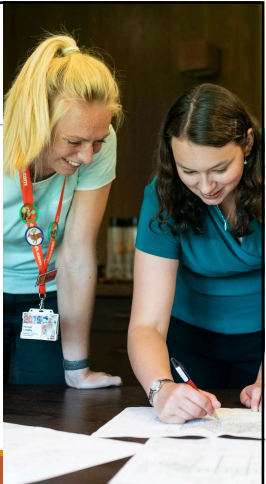
General Data Protection Regulation (GDPR) does not give individuals the right to prevent agencies sharing information **when there are safeguarding concerns**

99

Early Consent

Proactively seeking consent to share information **at the first contact** can help you to

- act in a **timely** way to share information where there is evidence to suggest a child/adult may be at risk of harm
- have the **confidence** to share information to engage **preventative support before** circumstances escalate



100

Group B Safeguarding Adults at Risk

Making a Safeguarding Report

(REFERRAL)

101

Making a Report

5

key elements for assessment

1. circumstances
2. strengths
3. barriers
4. risks
5. personal outcomes

102

Overall you need to

Clearly detail your concerns about the risk of harm to the child/adult

Provide as much **specific description** as possible

Include **all relevant information** that gives **insight** into the child/adult and the situation

Describe what's already being done to address the concern and keep the child/adult safe

Provide any other **relevant information** that you feel is pertinent to be aware of when considering the report information holistically

103

Can you include professional judgement or professional opinion?

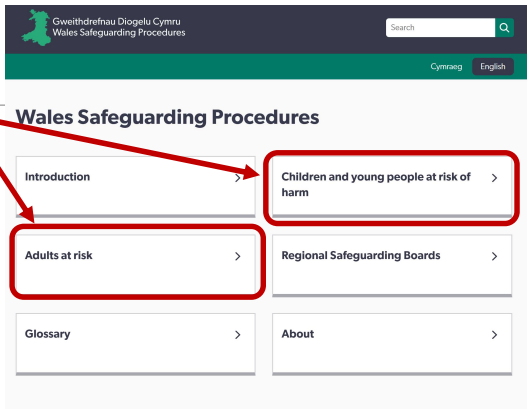
Yes - drawing on **professional judgement** is an important and essential element of deciding whether the adult is at risk of significant harm.

However, when including this in reports or records, you need to **clearly distinguish** what is fact, observation, opinion, or professional judgement, and **substantiate** these with facts and evidence.

104

Group B Safeguarding Adults at Risk

Guidance
on information to include in a safeguarding report (referral)

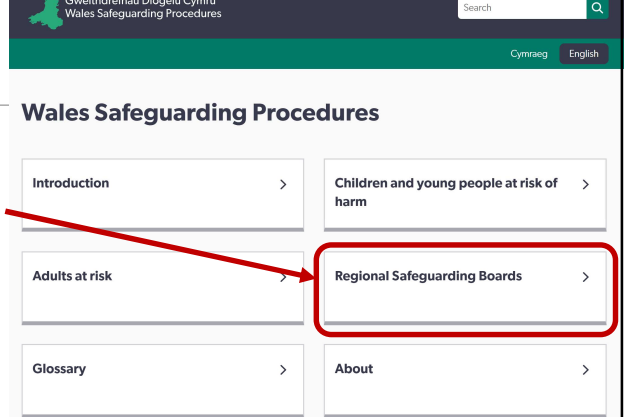


Wales Safeguarding Procedures

- Introduction
- Children and young people at risk of harm
- Adults at risk
- Regional Safeguarding Boards
- Glossary
- About

105

Forms



Wales Safeguarding Procedures

- Introduction
- Children and young people at risk of harm
- Adults at risk
- Regional Safeguarding Boards
- Glossary
- About

106

Outline the Circumstances
Detail the reasons why you are reporting

Details and examples are vital:

- **details** of when/where abuse is alleged to have occurred
- record **verbatim** what the adult said
- illustrate your concerns by providing a **detailed** account and as **descriptive information** as possible
- Describe the family's circumstances and context
- **DO NOT ASSUME** that all practitioners will have the same context or understanding as you of indicators, behaviours, terminology, etc

'They were inappropriately dressed' is **not enough** to act on.

You must be as **detailed** as possible: 'She arrived in sandals with holes in the soles. She had a thin cardigan, a summer cotton dress, and no coat even though it was February.'

107

You need to give the report taker enough information to:

- ensure names, aliases, addresses, DOB are **accurate**
- **be clear** what your concerns are about
- **understand why** you are concerned – what the **basis** is
- be able to consider whether **immediate action** is necessary to ensure that the person and any others are safe from harm
- assess whether a **possible criminal offence** may have taken place
- ascertain whether **consent** has been obtained for the report, and if not why not
- be aware of **specific needs** for example, for an interpreter, signer

108

Group B Safeguarding Adults at Risk

1. Hypothesising
2. Gathering Information
3. Assessing and Analysing
4. Decision-Making and Planning
5. Actions and Interventions
6. Reviewing and Evaluating

Then follow-up:

Have the actions **happened**?

What has the **result** been?

Is the child/adult **still at risk**?

Is there **anything else** you need to do?



109

After Submitting the Report

You (the person making the report) should receive an **acknowledgement in writing** within 7 working days.

If you do not receive this, you must contact social services.

What you should be clear about following a report:

- **who** took the report and their designation
- what will **happen next**
- the **proposed initial action** that will be taken by social services

Where social services decide **not to take further action** or **re-directs the case** to other sources of support that are more suitable, you should be provided with **feedback on the decision and the reasons for making it**.



110

What can you do if you have **ongoing safeguarding concerns** about an adult at risk?

What can you do if your concerns haven't been addressed **after reporting** them?

111

It's **your responsibility** to ensure your concerns about a child/adult at risk are **taken seriously** and **followed through**.

If you have **ongoing safeguarding concerns** about a child or adult at risk, you **must**:

- **Document your concerns**, whether further action is taken or not
- **Document any discussion** about a child/adult at risk, including:
 - date, time, names
 - information-shared and sources
 - rationale for decision, including to NFA
 - actions to be taken, by whom and when
- **Continue Safeguarding** and communicating with the child/adult and **make further reports** as necessary/appropriate



112

Group B Safeguarding Adults at Risk

If you disagree with the **decision made by social services** and remain concerned about the child/adult

- **Inform** your manager / designated safeguarding person (DSP)
- **Discuss** the reasons for the decision with the **report-taker**
- Bring the matter to the immediate attention of the **senior safeguarding manager** within social services or the manager responsible for the team who took the report
- Refer to your **Regional Safeguarding Board's** protocols to resolve professional differences and escalate higher.
- **Continue Safeguarding** and communicating with the child/adult and **make further reports** as necessary/appropriate



113

How do
legislation, national policies, codes of conduct,
professional practice
relate to your role
in safeguarding?

114

The Wales Safeguarding Procedures (2019)

Standardises safeguarding practice across Wales and between agencies and



- ensures you understand your essential safeguarding **role and responsibilities**
- ensures your practice **complies** with The Act and all statutory guidance
- outlines the **framework** for determining how safeguarding **referrals, actions** and **plans** are made and carried out

115

Social Services and Well-being (Wales) Act 2014

Part 7 of The Act provides the **legal framework** for **safeguarding and protecting** the well-being of individuals who need care and support.

States that **everyone** needs to be aware of safeguarding and why it's important, and places **strong emphasis** on:

- giving individuals a **stronger voice** and **more control** over the care and support they receive
- promoting **well-being** and focussing on **prevention** and **early intervention**
- **co-production** with individuals and **multi-agency** working



116

Group B Safeguarding Adults at Risk

Health and Social Care (Quality and Engagement) (Wales) Act 2020

Created **Llais**, an **all-Wales citizen body** for health and social care that functions at a national, regional and local level to:



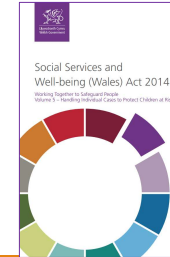
- **amplify citizens' voices** around health and social services, ensuring effective ways for their **views to be heard**
- ensure that **advice and assistance** supports people complaining about their care
- use service-user experience to **drive forward improvement**

<https://www.wales.nhs.uk/health-and-social-care-quality-and-engagement-wales-act-summery.html>

117

Statutory Guidance

Working Together to Safeguard People is the **statutory guidance** that sets out the requirements for all local authorities in Wales and includes:

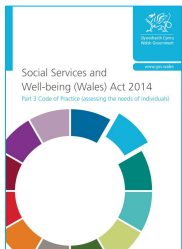


- Volume 1 Introduction and Overview
- Volume 4 Adult Protection and Support Orders
- Volume 6 Handling Individual Cases to Protect Adults at Risk

118

Codes of Practice

Codes of practice provide guidance to help you and your organisation **work within the framework** created by the Social Services and Well-being (Wales) Act 2014.



Part 3 Code of Practice (Assessing the Needs of Individuals)

Part 4 Code of Practice (Meeting Needs)

Part 10 Code of Practice (**Advocacy**)

Mental Capacity Act Code of Practice

Code of Professional Practice for Social Care

119

Regulations

are used where **more detail or prescription** is needed in implementing an Act.

Some of the regulations made under the Social Services and Well-being (Wales) Act 2014 include:

- The Social Services and Well-being (Wales) Act 2014 (Social Enterprise, Co-operative and Third Sector) (Wales) Regulations 2015
- The Care and Support (Care Planning) (Wales) Regulations 2015
- The Adult Protection and Support Orders (Authorised Officer) (Wales) Regulations 2015
- The Safeguarding Boards (General) (Wales) Regulations 2015
- The National Independent Safeguarding Board (Wales) Regulations 2015
- The Safeguarding Boards (General) (Wales) (Amendment) Regulations 2018

120

Group B Safeguarding Adults at Risk

Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

Improved arrangements for the **prevention, protection and support** of anyone affected by gender-based violence, domestic abuse and sexual violence.

- **Gender-based violence** refers to the need to have regard to the need to remove or minimise any factors that increase **the risk of violence** against **women and girls** or **exacerbate the impact** of such violence on victims.
- **Domestic abuse** and **Sexual violence** applies to all people (genders, ages)



121

The Serious Crimes Act 2015

Enhanced protection of vulnerable children and others and strengthened the law to **tackle domestic abuse** and **FGM**

- clarified the offence of child cruelty to include **psychological suffering or injury** as well as physical harm
- criminalised patterns of **coercive or controlling behaviour** against an intimate partner or family member
- created offences of sexual communication with a child and possession of paedophile manuals
- introduced **duty to notify** the police of known cases of FGM carried out on a girl under 18



122

Wellbeing of Future Generations (Wales) Act 2015

Requires **public bodies** in Wales to think about the **long-term impact** of their decisions and ways of working.

Five ways of working

Think long-term

Prevention

Integration

Collaboration

Involvement

For example, by:

- Weaving **relationship building** into all activities
- “Look for what is **strong**, not what is wrong.”
- Starting with **involvement** by asking people **what matters** to them.
- “Work with. Don’t do to.”
- Thinking of how to work together **with others**, not over them? (ie social model)
- **Knowing** whether people are ok and that they will **ask for help** if they need it.



123

Human Rights Act 1998

13 articles outline people’s basic rights

Article 2 - the right to **life**

Article 3 - freedom from **degrading and inhumane treatment**

Article 5 - the right to **liberty and freedom**
(involved in decisions around **DOLS** and **Mental Capacity**)

Article 6 - the right to a **fair trial and no punishment without law**

Article 8 - the right to a **private life, family life, and a home life**



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Group B Safeguarding Adults at Risk

Mental Capacity Act 2005

Covers decisions about day-to-day things or serious life-changing decisions for people **age 16+**

Sets out a **two-stage test of capacity**:

1. Does the person have a mind or brain **impairment** as a result of an **illness** or **external factors** (such as alcohol or drug use)?
2. Does the impairment mean the person is unable to make a **specific decision** when they need to?

Notes that:

- People can lack capacity to make some decisions but have capacity to make others.
- Mental capacity can **fluctuate** with time – someone may lack capacity at one point in time but may be able to make the same decision at a later point in time.

125

Mental Capacity Act 2005

5 Main Principles

Always assume the person **is able** to make the decision until you have proof they are not.

Don't assume the person *doesn't* have capacity to make a decision just because they make a decision that you think is unwise or wrong.

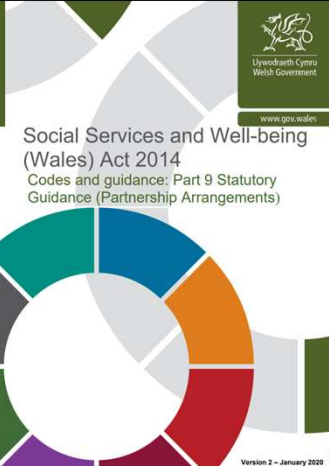
Try everything possible to support the person to make the decision, including:

- Provide relevant information
- Communicate appropriately
- Make the person feel at ease
- Support the person

If you make a decision for someone who cannot make it themselves, it must always be in their **best interests**.

Any decisions, treatment or care for someone who lacks capacity must always follow the **path that is the least restrictive** of their basic rights and freedoms.

126



strong emphasis on Multi-agency working

- Being part of the **wider safeguarding system** for adults
- Operating in a **multi-agency, co-operative and collaborative** way to help make sure the principles of **voice** and control are achieved through the **design and operation of services**

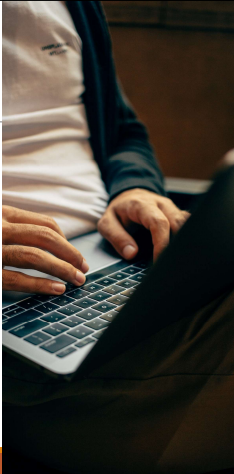
127

Duty to Report

You **must** make a report if:

- You have **reasonable cause to suspect** an adult is an **adult at risk**
Section 128 of the 2014 Act
- You have **reasonable cause to suspect** that a child is a **child at risk**
Section 130 of the 2014 Act

and that includes protection from abuse by a **professional, paid carer or volunteer**.



128

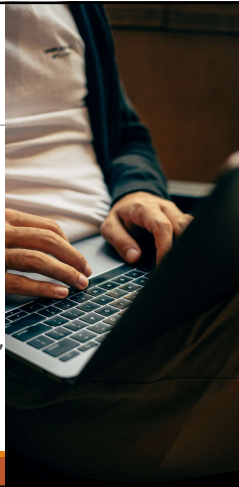
Group B Safeguarding Adults at Risk

Duty to report concerns (including abuse and neglect) about a practitioner

You must not ignore or dismiss concerns or suspicions about another **practitioner** or **colleague** who may be abusing, neglecting or causing harm to a child or adult at risk.

The duty to report extends **beyond** the working context - if you become aware of concerning behaviour of a friend, family member or neighbour who is also a practitioner, **you must report your concerns.**

SECTION 5 of WSP



129

Because **child/adult protection and keeping people safe** are part of your role, you are **protected by law.**

If you 'blow the whistle' to protect and keep children/adults safe, **you are protected** from bullying, dismissal or disciplinary action as a result of that reporting.



130

All organisations/settings **must** have a **whistleblowing** policy that protects any staff who **report misconduct***.

'Whistleblowing' refers to:

- drawing attention to **unlawful actions** taking place within a setting
- reporting the **misconduct** of a worker/manager

***Misconduct** can take the form of poor management, child abuse, abuse of staff, corruption, deception, any criminal offence and any other act that proves to be unlawful.



131

Duty of Care

Safeguarding those you provide services or care to and **promoting** their wellbeing by:

- **Always** acting in their best interests
- **Not** acting or failing to act in a way that results in harm
- Acting **within your competence** and escalating if unsure.
- **Ensuring** anyone working or volunteering with them are suitable and able
- **Ensuring they are safe and well cared for**



132

Group B Safeguarding Adults at Risk

Duty of candour

We need to be **accountable** for our own work.

When something **goes wrong** that has had or *could* have had an adverse effect on someone's well-being, you need to **be open and honest** and:

- **tell** them
- **explain** the (potential) consequences of what has happened
- **remind** them of their right to make a complaint
- **involve** them in deciding an appropriate remedy to put things right, where possible.

candour

the **volunteering of all relevant information** to persons who have, or may have, been harmed by the provision of services, whether or not the information has been requested, and whether or not a complaint or a report about that provision has been made.

133

You must *also* :

- **be open and honest** with your manager, employer and relevant organisations
- **discuss and agree actions** with your manager or employer to put things right
- be open and honest with your **regulatory bodies**, raising concerns when appropriate
- **support and encourage** other professionals to be open and honest and to raise their concerns.

candour

the **volunteering of all relevant information** to persons who have, or may have, been harmed by the provision of services, whether or not the information has been requested, and whether or not a complaint or a report about that provision has been made.

134



What do all of these mean in practice?

How do legislation and policies...

- **Support** adults' right to be protected from harm, abuse and neglect?
- **Help you** to work in ways that uphold the rights of individuals?
- **Impact on your** day-to-day work / how you do your role?

135



What are your responsibilities in safeguarding and promoting the welfare of adults?

(A review of the day)

136

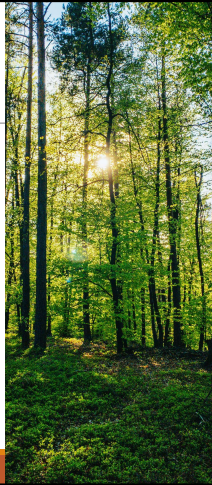
Group B Safeguarding Adults at Risk

Your responsibilities include:

Making safeguarding and protection your first priority
– taking **all possible steps** to ensure they're safeguarded from harm, abuse and neglect

Putting the adult's **wishes, needs and well-being** first to:

- **avoid situations arising** that are likely to lead to the adult experiencing abuse or neglect
- ensure they **receive *early* care and support** *before* a problem escalates
- ensure the ***right* solution** can be found for them



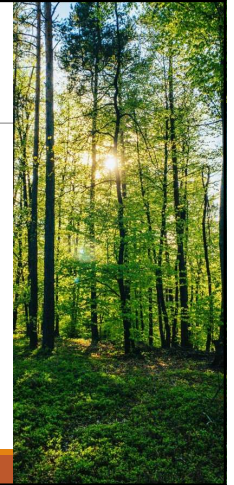
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Being alert to, identifying and addressing any **emerging concerns**, or **potential risk** of abuse or suspected abuse and understanding **what action to take**

Sharing appropriate information and having **direct access to advice** to discuss any concerns about an adult

Seeking and accessing support to achieve desired outcomes for the person

Following and putting your setting's written safeguarding policies and procedures **into practice**



138

Using professional judgement when making a decision about what should be done to best serve the adult at risk

Assessing each case on the individual adult's circumstances

Differentiating between **lower level concerns** and those that are **more serious** in nature

Recording and/or reporting any safeguarding concerns or incidents without delay



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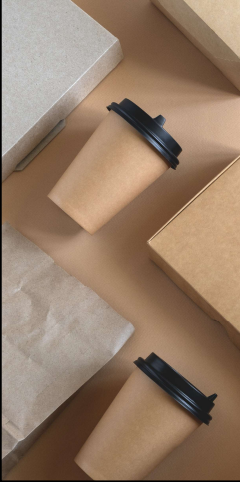
Your responsibilities

- **stay up to date** with and follow safeguarding legislation, codes of practice, and your own safeguarding policies and procedures
- **continually improve** your safeguarding knowledge, skills and practice through training, CPD and independent learning
- **seek direct advice** about any questions or concerns
- **look after yourself** - compassion stress and vicarious trauma can take more of a toll on us than many other forms of stress. The most useful approach to maintaining our own well-being is to be pragmatic and stay aware of our risks and the **protective resources** available to us.



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Group B Safeguarding Adults at Risk



Key Takeaways?

- **You** are a key part of the safeguarding process
- Know **your role** in safeguarding
- Understand **how** to protect adults from harm, abuse and neglect
- Know **when and how** to report
- **Ensure** the adult's voice is heard

141

If anything discussed during today's session has raised any concerns for you, or been upsetting in any way, please let your trainer know or speak to your manager for support.

142

Case Study...



143

Case Study...



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Group B Safeguarding Adults at Risk

Case Study

A woman with dementia is receiving support from her husband.

Her husband has previously refused external support for his wife, but over the past few months her condition has become more severe, and it has been acknowledged that he is now suffering extreme stress in caring for her.

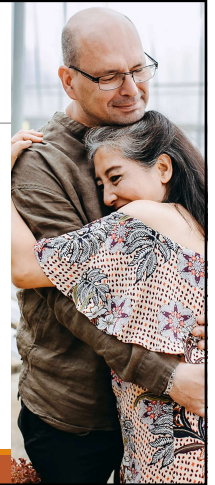


145

Today, neighbours have heard him shouting at his wife and making statements that he will have to “end things” for both of them.

They know that he has tried to commit suicide previously, in his 60s when he suffered from depression after retiring.

He has refused to allow the neighbours access to the house and merely shouts out that everything is ok when they call at the door.



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What is an appropriate response?

Bearing in mind his history and the extreme stress he is currently under, **immediate action** is required to protect the adult/s at risk and secure their immediate safety.



147



Mr Hart was recovering from a stroke in a nursing home. As he began slowly to recover, he _____ remained quite confused.

When he regained the ability to walk he started to wander beyond the confines of the building.

The home was fronted by a busy road and carers became concerned about his wellbeing - they were concerned that he might come to harm and that they would be found negligent.



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Group B Safeguarding Adults at Risk



In a staff meeting, care staff expressed their worry that Mr Hart might get lost or hurt, and asked about removing his walking stick or locking the doors to keep him safe.

The manager spoke with Mr Hart, who said that he had always worked outdoors and been active, and felt constrained and uncomfortable in his room.

Although Mr Hart could be confused, when the manager talked with him about the potential risks that he was exposing himself to, he seemed to understand what he was doing.



149



Following further discussion with Mr Hart it became clear that he understood the risks involved and that his ability to walk and to get fresh air was very important to his wellbeing.

What is an appropriate response?



150



In the care home manager's view, Mr Hart retained capacity and was aware of the risks.

The manager also felt that it would be inappropriate, as well as unlawful, to introduce restrictions beyond the ordinary security measures required to keep all the residents safe.



151



After careful discussion with Mr Hart and the care staff...

Mr Hart acknowledged the concerns of staff and agreed that

he would try to avoid the road in front of the building and confine himself to the gardens

if he wanted to leave the building he would tell the staff and wait until somebody could go with him

A written record of the discussions, decisions and the assessment of Mr Hart's capacity to manage the risks was made.



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Group B Safeguarding Adults at Risk



Mrs Jones

Mrs Jones is an elderly lady living in residential care. She is becoming increasingly confused.

Her son is concerned about the care home's ability to meet her needs and has asked to see his mother's medical records.

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After a routine visit to Mrs Jones at the care home, the GP felt that Mrs Jones was unable to consent to disclosure because of her deteriorating mental ability.

Given that her son was so concerned about the support being offered to his mother, in the GP's view it was clearly in Mrs Jones's best interests for her son to have access.

154



What is an appropriate response?

155



The GP decided that it would **not be appropriate** to disclose the **entire** medical record as some of it contained sensitive information **not relevant** to the current episode of care.

The GP therefore **gave the son access to current and relevant information**, but not the entire record.

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Group B Safeguarding Adults at Risk

Mike worked in a small café, but it went out of business and you know he's been really worried about how he will cover his expenses.

You see him sitting outside and stop for a chat, and notice that he has a black eye.

He tells you that a few weeks ago he was approached by two men who offered him work.



157

Every day, he and a few other men from the area are picked up by a van at 7am, and then dropped into a neighbourhood.

They go around knocking on people's doors asking if they want any work doing, like digging patios or making drive-ways.

They are then picked-up and brought back at 9pm.



158

When he goes quiet, you ask about how much he gets paid for these long ours.

He tells you that so far, he hasn't been paid much – they told him he has to pay for the van travel first, as well as the materials for the work he does.

You then ask about his black eye.

He only says that he got it at work.



159

What do you think is the appropriate action?



160

Group B Safeguarding Adults at Risk

You are carrying out a routine visit with 19yo Beth who has lived with her baby son in a 1-bedroom flat for 6 months now.

While speaking with her, she appears anxious and distracted – she seems to be having difficulty concentrating on the information and advice you are giving her, repeatedly straying off the subject and looking out the window.

You ask general questions about how things are going, which prompt her to disclose that she has been feeling mentally unwell.

When you ask her to tell you a bit more about this, she tells you that she used to have a mental health worker helping her, but she's no longer under their care.

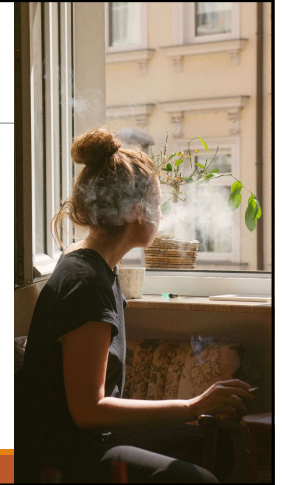


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You notice loads of cigarette butts and ask how much she smokes each day.

She quickly tells you that they aren't all hers – her boyfriend also smokes and often stays there, sometimes for days at a time. When you ask her to tell you a bit more about her boyfriend, she appears to become tearful and distressed.

You gently encourage her to tell you what is upsetting her and she says that her boyfriend doesn't like it if she goes out, so she stays in all the time. When alone, it's boring so he smokes to pass the time.



162

She also says that's why she doesn't have her mental health worker anymore – because she missed too many appointments.

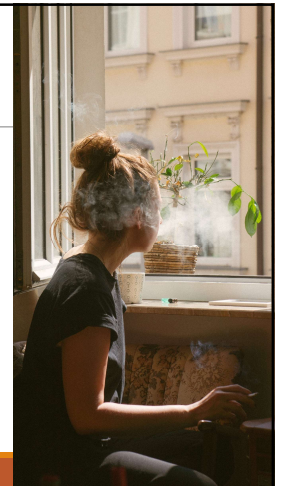
She absently pushes up her sleeves and you can clearly see a small, round, recent burn on one arm. When you ask about it, she reveals that after a recent fight over the baby's crying, her boyfriend put a cigarette out on her arm 'to teach me a lesson'.

She looks out the window again and, visibly anxious, asks you to leave before her boyfriend gets back.



163

What are your thoughts?
What is an appropriate action to take?



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Group B Safeguarding Adults at Risk

Bendall's history of serious and violent offences dating back to 2004 and of allegations of domestic abuse against a former partner and inappropriate contact with a young girl in care **were missed due to a 'failure to demonstrate sufficient professional curiosity'** Mr Nieto said.

...

Further safeguarding checks were not completed, with no effort made to speak to Ms Harris and her children to assess whether a curfew at her property was suitable, something the Probation Service admitted was 'unacceptable'.

<https://www.fox.com.au/news/australia/crime/51-failures-contributed-to-monster-killing-mum-and-three-children-aa10b1b>

'Monster' given whole life order for killing partner and three children

Comment

Liam Coleman
Wednesday 21 Dec 2022 2:46 pm

Share



Damien Bendall has been jailed for life for the murders of Terri Harris, and her two children, John Paul Bennett, 13, and Lacey Bennett, 11, as well as Lacey's friend Connie Gent, 11. (Picture: SWNS/PA)

A man who killed his pregnant partner and three children in a 'brutal, vicious and cruel attack' at a sleepover, will die behind bars.

Damien Bendall admitted murdering Terri Harris, 35, and her two children, John Paul Bennett, 13, and Lacey Bennett, 11, as well as Lacey's friend Connie Gent, 11.

The 32-year-old also admitted the rape of little Lacey at Derby Crown Court this morning.



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