

Safeguarding Adults at Risk in the Three Boroughs: A guide for staff and managers as to your responsibilities

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1. Introduction

This booklet is for frontline practitioners and managers who work with adults who have care and support needs and who may be at risk of abuse or neglect. It is relevant to staff in health, housing, the police, as well as in social care – both statutory social workers, and staff in the regulated and non-regulated provider sectors.

This booklet provides guidance should you have a safeguarding concern, and should be used alongside the Safeguarding Adults at Risk policy.

2. What is Safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The aim of adult safeguarding is to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;

3. When does safeguarding apply?

People's wellbeing is at the heart of the care and support system under the Care Act 2014, and the prevention of abuse and neglect is one of the elements identified as going to make up a person's wellbeing.

In the context of the legislation, specific adult safeguarding duties apply to *any* adult who:

- has care and support needs and
- is experiencing, or is at risk of, abuse or neglect and
- is unable to protect themselves because of their care and support needs.

Safeguarding duties apply regardless of whether a person's care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services.

An adult with care and support needs may be:

- an older person
- a person with a physical disability, or a sensory impairment
- a person with a learning difficulty
- someone with mental health needs, including dementia or a personality disorder a person with a long-term health condition
- someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

This is not an exhaustive list.

Whether you are a manager or a frontline member of staff including staff in support services, all staff have safeguarding responsibilities and should complete safeguarding training to the required level and to report any safeguarding issues.

All staff working with adults at risk have a responsibility to ensure the adults' safety and wellbeing. Living a life that is free from harm and abuse is a fundamental human right. Safeguarding is a key part of a person's health and wellbeing. Safeguarding is also integral to complying with legislation, regulation and delivering safe and effective care. Staff therefore have a duty of care to adults at risk. Everyone has a duty of care- it is not something that you can opt out of.

If you suspect a safeguarding issue you have a duty to report it. You should raise a safeguarding concern to your immediate line manager/supervisor/person in charge. If the safeguarding incident involves your manager you should report this to another manager.

4. Categories of Abuse

Incidents of abuse may be one-off or multiple, and affect one person or more.

- **Physical:** including assault, hitting, pushing, rough handling, unreasonable physical restraint, misuse of medication.
- **Domestic violence:** including psychological, physical, sexual, financial, emotional abuse; so called "honour" based violence and Forced Marriage.
- **Psychological:** including emotional abuse, bullying, intimidation, verbal attack, threats of harm or abandonment, deprivation of contact, humiliation, controlling, blaming, coercion, harassment, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Sexual:** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault or sexual acts to which the adult had not consented or was pressured into consenting.
- **Financial or material:** including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery:** encompassing slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discrimination:** including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational:** including neglect and poor care practice within an institution or specific care setting such as hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission:** including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect:** covering a wide range of behaviour related to neglecting to care for one's personal hygiene, health or surroundings and including behaviour such as hoarding.

5. What to do when a safeguarding concern comes to your attention

Frontline workers and volunteers should always share safeguarding concerns in line with their organisation's policy, usually with their line manager or safeguarding lead in the first instance except in emergency situations e.g. if the person is at immediate risk of harm and informing a manager would delay getting the required emergency services.

A safeguarding concern can be something you have witnessed, a direct disclosure, something somebody else has told you or a suspicion that abuse or neglect has occurred. You don't need hard evidence to tell your manager.

The following list outlines what your responsibilities are:-

- Believe what the person tells you if they are disclosing to you.
- Listen carefully, remain calm and try not to show shock or disbelief and acknowledge what is being said.
- Do not disturb anything that may be evidence.
- Make sure the person is not in immediate danger & take any necessary emergency action.
- Do not start an investigation including attempting to question the person who has allegedly caused the harm if known.
- Do not ask probing or leading questions that may affect credibility of evidence.
- Do clarify the basic facts with the person as best you can to ascertain what happened and when, who was involved and where it happened.
- Ask what they want to happen now and what outcomes they want.
- Be open and honest if they ask you to keep this secret and explain that you have to tell your manager.
- Be clear and concise and use jargon-free language.
- Tell your line manager or another manager immediately.
- Make a clear factual record and add the date and time as soon as you can keeping the notes you have made and ensure they are kept in a secure and safe place.

Remember the importance of Making Safeguarding Personal, which is person led and outcome focused. This promotes choice and control for the adult at risk and highlights how they wish for the situation to be addressed. It is important to understand the Mental Capacity Act 2005 when supporting the adult at risk to take a decision during any part of the safeguarding process (please refer to section 10).

6. Front-line staff: reporting to a manager

You have a duty to report a safeguarding concern to your line manager/supervisor/person in charge (or another manager if your line manager is the person you have the concern about). The only exception is if that would increase the risk to the individual.

The individual might not want you to tell anyone about the safeguarding concern. There are a number of possible reasons for this. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. With reassurance, they may feel less worried about the fact that you have to tell your manager.

When reporting the concern, please highlight the adult at risk's wishes and any cognitive or mental health problems which affect them.

7. Front-line staff: talking to the person about sharing information with the Local Authority (Social Services)

Someone in your organisation will need to discuss with the person the fact that a safeguarding concern will usually be shared with the Local Authority, who will decide how the enquiry is carried out. This would normally be someone who is trained and experienced to do this. Your organisation will have a duty to share the information about the safeguarding concern if any of the following applies:

- the person is particularly vulnerable to others' influence because they have difficulty with some of their decision-making – this must be properly explored and recorded
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- a serious crime has been committed
- the person alleged to cause the harm has care and support needs and may also be at risk
- staff are implicated
- the risk is unreasonably high and meets the criteria for a referral to the domestic violence panel (Multi Agency Risk Assessment Conference)
- a court order or other legal authority has requested the information.

Discuss with your manager if you are in doubt whether there is a duty to share information.

8. Manager: making a decision on whether to share information with safeguarding partners

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary.

9. Front-line staff: supporting the person to decide whether to share information with safeguarding partners

If there is no duty on your organisation to share the information about the safeguarding concern with safeguarding partners (see section 7), it is the person's own choice whether the information is shared with safeguarding partners. The aim of a safeguarding enquiry is to support the person to achieve their desired outcomes. That includes being supported to make an informed choice about whether information is shared with safeguarding partners. Again this will normally be someone within your organisation who is trained and experienced to do this.

They will need to:

- explain the concern and why you think it is important to share the information.
- tell the person who you would like to share the information with and why.
- explain the benefits, to them or others, of sharing information – could they access better help and support?
- discuss the consequences of not sharing the information – could someone come to harm?
- discuss the potential disadvantages of sharing the information, including their own concerns.
- reassure them that the information will not be shared with anyone who does not need to know.
- reassure them that they are not alone and that support is available to them.

10. Mental Capacity

Mental capacity is about someone's ability to make a decision. It is always time and decision-specific, therefore it is wrong to label someone as lacking capacity to make a certain category of decisions as a whole, e.g. all safeguarding decisions.

Be clear at each point if there really is a decision the person is faced with, for example, if it is their choice whether information is shared with safeguarding partners.

You need to focus on upholding the person's right to make their own decision if at all possible, with your support and/or support from one or more other people they trust. Always bear in mind the first three principles of the Mental Capacity Act 2005:

- Assume first that the person has capacity to make the decision in question unless there is reason to doubt this.
- Support the person to make their own decision if possible.
- Do not assume the person lacks capacity to make the decision because you think their decision is unwise.

If the person lacks capacity to make their own decision (because the problem with the way their mind is working is stopping them from understanding a key piece of information, or from remembering all the key information long enough to reach a decision, or from weighing-up the key information against their own priorities and value base), you need to follow the last two principles of the Mental Capacity Act:

- Decide what's in their best interests.
- Achieve their best interests in the way that restricts their rights and freedom of action as little as possible.

You are not making a best interests decision in isolation and the Multi Disciplinary Team will need to agree it. You need to follow the best interest's checklist (see The Mental Capacity Act 2005 Code of Practice for more explanation):

- If the person will regain capacity to make the decision, can the decision be put-off until then?
- Don't make assumptions about what's best for the person (for example, for the information about the safeguarding concern to be shared)
- Help the person to take part in the decision about them
- Follow the person's own views, wishes and feelings unless there's a good reason not to. If they can't express a view, place great weight on their previous views, beliefs and values.
- Ask those involved (friends, family members and others working with them) what they know of the person's views, and what they think is in the person's best interests, unless it would put the person at serious risk.
- Consider things holistically, taking into account all relevant circumstances.

11. Sharing information with carers, family or friends

It is good practice, unless there are clear reasons for not doing so, to work with the carers, family and friends of an individual to help them to get the care and support they need. Sharing information with these people should always be with the consent of the adult at risk. If the person lacks the mental capacity to make a decision about sharing information with a particular person, then the Mental Capacity Act should be followed to decide whether it's in their best interests for the information to be shared. Decisions and reasoning should always be recorded.

Remember that the Data Protection Act is not a barrier to sharing information, but provides a framework to ensure that personal information about living persons is shared appropriately.

Any disclosure of information must be recorded as to why this was shared.

Seek advice if you are in any doubt.

12. Reporting

If the information is going to be shared with safeguarding partners (see section 7-10) a report needs to be made to social services. This will normally be done by a qualified staff member i.e. Nurse, Social Worker, Doctor, OT etc. The report can be made verbally over the phone to the single point of contact for each borough and followed up using the relevant referral form. Regardless of where the person is or resides the report needs to be made to the borough where the abuse or neglect allegedly occurred.

Referrals/concerns should be made within 24 hours of coming to notice

Referrals/concerns should contain just factual information on the suspicion of abuse or harm. Make a legible, factual, timely and accurate record of what was done and why, to demonstrate transparent, defensible decision making.

13. Contacting the police

The Care Act 2015 statutory guidance says that no professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.

If a staff member has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with their manager immediately. The manager in turn should notify the local authority and, or, the police if they believe or suspect that a crime has been committed.

There are two circumstances when a report should always be made;

- When the allegation is made against a member of staff or a volunteer then a report must be made either by the adult if they wish to or as a third party report. This is because other adults may be at risk.
- When the adult is unable to do so because they lack mental capacity to make a decision to report to the police at the time the decision needs to be made. A third party report should be and the police will decide whether it's in the person's best interests for the enquiry to be pursued.

If the adult has capacity and does not consent to police involvement the relevant manager should consider making a report to the police but stating the adult is an unwilling witness. Therefore a third party report to the police can be made without the adult's consent. This will allow the police to use their expertise to speak to the adult in consultation with other professionals to allow the full facts of the case to be disclosed and options explored.

If a decision is made not to contact the police the reason needs to be fully documented by the manager making that decision.

When to dial 999

Emergency cases requiring immediate police attention

In all cases where an urgent police response is required this response should be accessed by dialling 999. This is defined as:-

- The crime / incident is happening now.
- The alleged offender is still present or nearby (or has been positively identified).
- The alleged offender needs to be removed.
- Someone saw the crime / incident being committed.

- Evidence has been left at the scene.
- Someone is alleging that they have recently been sexually assaulted.
- Someone has been injured as a result of a physical assault.
- An allegation is made regarding a recent incident of theft.
- In the case of a physical or sexual assault the Police will be able to arrange for medical evidence to be collected.

In cases of uncertainty the immediacy of the risk and the need for police attendance should inform the decision making. Consideration should therefore be given to dialling 999.

Where police have attended a particular incident a crime report will be completed and crime reference number issued (CRIS).

When to dial 101

Non-emergency cases requiring police attention

Police should always attend all allegations of assault, serious sexual offences or domestic violence or any other crime where it would be necessary for police to conduct an initial investigation to establish whether a crime has been committed and to preserve life/evidence and identify witness/suspects. However 101 should be used when it is clear to the individual in possession of the facts that there has been a time delay between the alleged incident and the facts being disclosed. It has to be clear to the individual reporting to the police that there are no apparent immediate risks. If in doubt dial 999.

These actions are necessary to ensure the preservation of evidence. In particular in assault cases it will be important to secure evidence relating to:

- Injuries which have not been treated or documented by a medical practitioner and
- Where the physical effects of the assault are likely to be short-lived and evidence will be lost if police do not attend.

Be prepared to give factual information regarding address, date of birth etc.

In these cases, the incident should be reported to by calling 101 and a CAD (Computer Aided Dispatch) number will be given which should be quoted with the date of notification, e.g. CAD 3002 of 12/08/16. This will assist you in future communications with the police

14. Front-line staff: if information is not going to be shared with safeguarding partners

If the organisation does not have a duty to share the information with safeguarding partners (see section 7-10) and the decision is not to share safeguarding information with other safeguarding partners, you need to consider with your manager the different support that your organisation can offer the person:

- record the reasons for not sharing information
- support the person to weigh up the risks and benefits of the different options
- ensure they are aware of the level of risk and possible outcomes
- offer to arrange for them to have an advocate or peer supporter
- offer support for them to build confidence and self-esteem if necessary

If the person lacks capacity (see section 10) to decide whether or not to accept a particular option on offer, you need to work through the best interests checklist¹ to reach a decision about what is in their best interests.

If the person has capacity to refuse the intervention or it isn't in their best interests for them to have it,

- agree on and record the level of risk the person is taking
- regularly review the situation
- try to build trust and use gentle persuasion to enable the person to better protect themselves.

15. Whistle blowing

It is everybody's responsibility to alert managers where there are concerns about the abuse of adults at risk. Whilst it is not easy to complain about a colleague's behaviour, everyone's first concern must be the safeguarding, safety and wellbeing of service users.

Whistle blowing is the popular term used to describe when someone within an organisation contacts someone outside of their normal operational management to share information about a matter that is concerning them.

In most instances staff are willing to voice concerns to their line manager but occasionally something prevents this from happening - a belief that they will not be taken seriously or because the manager is believed to be the cause of concern. In these instances, it is legitimate, indeed important in terms of safeguarding adults, that another channel is available. So long as it is not motivated by malice, 'whistle blowing' is viewed as a vital and responsible safety valve.

The Public Interest Disclosure Act 1998 sets out requirements for organisations to have Procedures under which staff can raise, in confidence, any serious concerns they have and do not feel they can raise in another way.

The Act provides protection for employees who report to their employer in good faith on crime, danger to health or safety or deliberate concealment of any of these. The Act protects individuals who make certain disclosures of information in the public interest, and to allow such individuals to bring action in respect of victimisation if this results from their whistle blowing.

Under the Act a protected disclosure means any disclosure of information that in the reasonable belief of the worker making the disclosure tends to show:

- That a criminal offence has been committed, or is likely to be committed
- That a person has failed to comply with a legal obligation
- That a miscarriage of justice has occurred
- That the health or safety of an individual is being endangered
- That information relating any of the above is being deliberately concealed.

Whenever you report wrong doing:

- If desired, everything possible will be done to respect your confidentiality. However, it may be necessary to take a statement as part of the enquiry and enforcement process
- You will not be required to prove your allegation, but you will be asked to give as much detail as possible.

For advice on Whistle blowing contact The Whistle blowing officer within your organisation. Public Concern at Work (Tel: 020 7404 6609) - provides independent legal advice and support to anyone who is concerned about something that is happening in their workplace.

¹ <http://www.scie.org.uk/publications/mca/bestinterests.asp>

16. What if there is an allegation about you?

Any allegation is likely to cause a great deal of anxiety and concern. Should you be subject to an allegation you should receive support throughout the process from your manager (or your representative) as employers have a 'duty of care' towards their employees.

What happens when an allegation is made?

When an allegation is made, the manager or designated safeguarding lead should consult Social Services as soon as possible if it is alleged that a person who works with adults with care and support needs has:

- Behaved in a way that has harmed an adult, or may have harmed an adult
- Possibly committed a criminal offence towards the adult
- Behaved in a way that raises concern about their suitability to work with adults with care and support needs

In connection with this employment or voluntary activity where:

- Concerns arise about a person's behaviour or conduct in their personal or professional life that might indicate their unsuitability to work with adults
- Concerns arise about a person's behaviour with regard to their children which might raise doubt about the person's suitability to work with adults with care and support needs.
- Concerns arise about the behaviour in the private or community life of an individual, their partner, member of their family or other household member

Informing the worker can be delayed if Social Services or the Police need to be consulted first to agree what information can be disclosed. Sometimes a meeting, called a strategy meeting, needs to take place to consider the safety of any adults who could be at risk. This meeting is not part of any disciplinary procedure and you will not be invited to attend.

What types of enquiry might be undertaken?

There are three possible types of investigation:

1. by Social Services under safeguarding procedures
2. by Police relating to possible criminal offences
3. by your Employer under disciplinary or capability procedures

Not all allegations lead to a full investigation being carried out by any of the above. An allegation might require your employer to undertake initial 'fact finding' enquiries which then might indicate that the allegation is false or unfounded.

Resignations and Compromise Agreements

Your employer should make every effort to reach a conclusion regarding the allegation that has been made, regardless of whether you resign, you cease to provide your services or you refuse to co-operate. **Compromise agreements i.e. resignations without disciplinary action and with an agreed reference, must not be used.**

How long with the whole process take?

It is in everyone's interest to resolve allegations as quickly as possible, and have a consistent, fair and thorough investigation. The time taken to investigate and resolve cases, however, will depend on a variety of factors including the nature, seriousness and complexity of the allegation. If a criminal

investigation takes place, the decision to charge and prosecute lies with the Crown Prosecution Service, and its decision may take considerably longer.

What considerations are made regarding suspension?

Suspension is a neutral act, not a sanction, and it should not be automatic. Your employer might seek advice from their Human Resources provider. The power to suspend is vested in the Employer alone.

Suspension should be considered in cases where:

- There is cause to suspect an adult is at risk of significant harm, or
- The allegation warrants investigation by the Police, or
- It is so serious, it might be grounds for dismissal

Suspension may also be considered, when necessary, to allow the conduct of the investigation to proceed unimpeded. Where suspension is being considered, an interview will usually be arranged. You are advised to seek assistance, where appropriate, from your Trade Union, Professional Association, a legal representative or a friend. You have the right for them to accompany you to your interview. If you are suspended, one of the roles of your representative is to promote your interests and raise issues that may be of concern to you.

The meeting is not concerned with the examination of evidence but rather the opportunity for you to make representations concerning possible suspension.

Alternatives to suspension should be considered by your employer i.e. leave of absence, transfer of duties or additional supervision. If you are suspended you should be kept informed about the progress of the investigation, even if there are no developments to report.

17. Borough Single Point of Contacts

- **Hammersmith and Fulham Safeguarding Referrals:**

H&F Advice: 0845 313 3935
Emergency Duty Team: 020 8748 8588
Email: h&fadvice.care@lbhf.gov.uk

- **Royal Borough of Kensington and Chelsea Safeguarding Referrals:**

Social Services Line: 020 7361 3013
Emergency Duty Team: 020 7373 2227
Fax: 020 7368 0314 (office hours only)
Secure Email: socialservices@rbkc.gov.uk.cjism.net
Email: socialservices@rbkc.gov.uk

- **Westminster Safeguarding Referrals:**

Safeguarding Adults help line and ask for the Adults Access Team: 020 7641 2176
Emergency Duty Team: 020 7641 6000 (out of hours)
Secure Email: Please discuss with Adults Access Team
Email: adultsocialcare@westminster.gov.uk

18. Who's who of the Three Boroughs Professional Standards and Safeguarding Team

Address: 4th Floor, Hammersmith Town Hall Extension, Kings Street, London W6 9JU
Team telephone: 020 7641 7796
Email: safeguardingadults@westminster.gov.uk

Helen BANHAM	Strategic Lead for Safeguarding and Professional Standards (also SAEB manager & supporting SA Case Review Group)	020 7641 4196	hbanham@westminster.gov.uk
Denise ROACH	Safeguarding Lead for Hammersmith and Fulham (also supporting Measuring Effectiveness work-stream)	0780 715 9960	Denise.roach@rbkc.gov.uk
Louise BUTLER	Safeguarding Lead Westminster (also supporting Community Engagement work-stream)	0207 641 5201	lbutler@westminster.gov.uk
Mary WYNNE	Safeguarding Lead for Kensington and Chelsea (also supporting Developing Best Practice work-stream)	0207 361 2484	Mary.Wynne@rbkc.gov.uk
Andy SEYMOUR	Deprivation of Liberty Safeguards Service Manager	07739 313 748	Andrew.Seymour@rbkc.gov.uk
Gita DEVI	DOLS Co-ordinator	0207 641 5222	gdevi@westminster.gov.uk
Liz GALE	Mental Capacity Act 2005 Lead	020 7361 3519	Elizabeth.gale@rbkc.gov.uk
Caroline O'MAHONEY	Best Interest Assessor	020 764 7911	comahoney@westminster.gov.uk
Kathleen ALLEN	Business Support Officer (DOLS)	020 7641 7796	Kallen1@westminster.gov.uk
Karen THOMAS	Business Support Officer (Safeguarding)	020 8753 3920	Karen.thomas@lbhf.gov.uk

19. Additional Resources

- Revised Pan London Policy and Procedures 2016
<http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf>
- Social Care Institute of Excellence Mental Capacity Act Resources
<http://www.scie.org.uk/publications/mca/bestinterests.asp>
- Mental Capacity Act 2005 in primary care E-learning toolkit www.mcahealth.net
- Skills for Care Briefing: Care Act implications for safeguarding adults
<http://www.skillsforcare.org.uk/document-library/standards/care-act/learning-and-development/care-act-implications-for-safeguarding-adults-briefing.pdf>
- Skills for Care: A guide to Safeguarding for Social Care Providers
<http://www.skillsforcare.org.uk/Documents/Topics/Safeguarding/A-guide-to-adult-safeguarding-for-social-care-providers.pdf>

Safeguarding adults at risk

Remember safeguarding is

“Everyone’s responsibility”

It is everyone’s responsibility to raise a concern if they are concerned.