



All our information sheets are available to download free of charge because we believe that money should not be a barrier to getting the information you need when you need it.

Please see the end of this information sheet for details of how to support us.

We want to make sure our resources are helpful. Please spend a few minutes giving us some feedback:

[Feedback form](#)

## Safeguarding

This section of the Family Carer Advocacy Pack covers raising a safeguarding concern which is different from making a complaint. If you are in any doubt about your relative's safety, or anybody else, it is better to report it. If, after investigation, it does not meet the threshold for safeguarding it may still result in a positive outcome such as identifying an unmet need for a family carer, e.g. a need for a break from caring or within a service e.g. a training need.

**We all have a duty to speak out when we feel something is not right.**

### NHS England's definition

“Safeguarding means protecting a citizen's health, wellbeing and human rights: enabling them to live free from harm, abuse and neglect. Safeguarding children, young people and adults is a collective responsibility”

The Care Act 2014 requires that all Local Authorities must have Safeguarding Adults Boards which:

- Make enquiries, or ensure others do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect
- An enquiry should establish whether any action needs to be taken to stop abuse or neglect, and if so, by whom
- Arrange, where appropriate:
  - a Safeguarding Adult Review where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult (family carer, other family member, friend, unpaid carer) to help them or
  - an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry
- Co-operate with its relevant partners in order to protect adults experiencing/or at risk of abuse or neglect



## Categories of safeguarding

- Physical abuse (e.g. inappropriate or unlawful use of restraint)
- Psychological or emotional abuse (e.g. lack of meaningful activities/swearing, taunting, verbal abuse)
- Sexual abuse (e.g. unwanted looking or touching)
- Financial or material abuse (e.g. spending somebody's money inappropriately/using somebody's personal belongings without permission)
- Organisational or institutional abuse (The Department of Health and Social Care definition: Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to ongoing 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 (e.g. ignoring medical, emotional or physical care needs. No proactive intervention, e.g. daily awareness - has your relative been to the toilet, routine health checks/screening such as dentist, eye health and vision, medication review)
- Self-neglect (personal hygiene, substance misuse, hoarding)
- Disability hate (mate) crime (e.g. children throwing stones at the window/name calling/ people being persuaded to do things in return for friendship, e.g. can you deliver this for

me ..., let's go to the pub for lunch but you will have to pay)

- Modern slavery (people being forced to work for reduced or no wages)
- Domestic abuse (threatening physical violence/ controlling someone)

## Why we need safeguarding

- Help people to access the right kind of support to reduce risk and promote wellbeing
- Prevent death or serious harm
- Coordinate effective and efficient responses
- Enable early intervention to prevent the escalation of risk
- Prevent abuse and harm that may increase the need for care and support and/or treatment
- Maintain and improve good practice, learn lessons
- Reveal patterns of abuse that were previously undetected and that could identify others at risk of abuse so action can be taken. For example, following the deaths of 3 people at a service (Cawston Park), and the subsequent enquiry, the published [safeguarding adults review](#) (SAR) led to NHS commissioning a national review to check the safety and wellbeing of all people with a learning disability, autism or both in a mental health inpatient setting



[Read the Challenging Behaviour Foundation's information](#) about

safeguarding including a step by step guide to what should happen in adult safeguarding cases

## Why are people with a learning disability, autism or both at risk of safeguarding concerns

- Unable to tell somebody because of communication difficulties, e.g. can't speak or sign
- Nobody is listening
- Power imbalance, e.g. support staff controlling what your relative can and can't do
- Reliance on others
- Used to/acceptance of lower standards of treatment
- Lack of understanding about what being safe is
- Fear of the consequences of telling somebody
- Not knowing who to trust
- People providing care and support justifying their actions (e.g. he has behaviour described as challenging, it is the only way to manage him – referring to use of physical intervention, e.g. holding your relative and preventing them from moving)
- [Closed cultures](#)
- Being placed in a mental health service far from home which limits external oversight, e.g. through family visits or limited community presence which means nobody sees your relative and how they are being supported

The Department for Health and Social Care guidance states

“Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high-quality care and support
- commissioners regularly checking the safety and effectiveness of the services they fund
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action
- the core duties of the police to prevent and detect crime and protect life and property”

## Safeguarding and advocacy

### Self-Advocacy

If your relative has capacity and is able to participate in the process they can choose to represent themselves. Or they can ask you (family carer), other family member, or friend to support them.

### Family Carer Advocacy

If there is no conflict of interest then you can support your relative through the process. If your relative is not living with you, then ask the service supporting them if and how they will inform you of any safeguarding concerns. In some circumstances you have a legal entitlement to be told:

- If your relative is detained under the Mental Health Act and you have been identified as the nearest relative
- If your relative lacks the mental capacity to participate in any safeguarding processes and you have agreed to support them
- Because it is good practice to involve you unless your relative has capacity and has stated otherwise
- If you have been appointed as a Deputy

### Professional Independent Advocacy

If there is nobody available to support your relative then a Care Act Advocate will be appointed. Care Act advocacy is a statutory (legal) entitlement, including for safeguarding concerns.

Many advocates are trained in more than one type of advocacy, e.g. the Mental Capacity Act and the Care Act. It makes sense that if your relative needs an IMCA and a Care Act advocate for continuity of support the same advocate represents them. Read Carol and Julia's stories to see how Warrington Speak UP puts this into practice.



[Read Carol's story](#)

[Read Julia's story](#)

Professional independent advocates, like all of us, have a duty to report any safeguarding concerns they have. Safeguarding policies and procedures vary between organisations, e.g. some organisations will seek reassurance about safeguarding concerns, others will make an independent referral.

### Case study

Mr A is 24 and has autism and a mild learning disability. He is a very friendly and sociable young man, who is prone to waving and talking to most people he comes across and sees everyone as a potential friend. However, he struggles to read the intentions of others and is easily led astray and manipulated.



He lives next door to a pub, where he knows the staff and the regulars and is able to access his most frequently visited places. He likes to walk into town to talk to people he meets out and about. On such occasions he has been repeatedly tricked into stealing items from a newsagent by a group of teenagers and has given large amounts of money away to strangers he strikes up conversations with. Due to his previous experiences, Mr A was identified during a needs assessment as being at risk of abuse and neglect and a safeguarding enquiry was triggered.

The council found that, although Mr A was not currently experiencing abuse or neglect, he remained highly vulnerable to abuse due to him being well-known in his area as someone as easy to manipulate.

To assure his safety in the future, a safeguarding plan was agreed between Mr A and a social worker. This focused on developing his social skills and understanding of relationships and boundaries. The social worker worked with Mr A to consider various support options such as having a buddy or [circle of support](#).

The social worker put Mr A in touch with an autism social group which provided sessions on skills for staying safe. As the group was based in town, Mr A's plan also included a support worker to accompany him. After the first 5 sessions Mr A was able to attend himself but continued to meet with his support worker on a monthly basis as part of the risk management strategy set out in his safeguarding plan.

Source: Department of Health and Social Care



[Read the full Care and Support Statutory Guidance](#)

## Further information



Read this information from Mencap about safeguarding adults:  
<https://www.mencap.org.uk/advice-and-support/safeguarding/safeguarding-adults>

Read Advonet's leaflet and Cloverleaf Advocacy's factsheet for more information about the Care Act and professional independent advocacy

Advonet's leaflet

<https://advonet.org.uk/wp-content/uploads/2022/02/Care-Act-Advocacy-leaflet-v3.1-December-2021.pdf>

Cloverleaf Advocacy's factsheet

[https://cloverleaf-advocacy.co.uk/includes/items/pdf/4213\\_cloverleaf-factsheet-8.pdf](https://cloverleaf-advocacy.co.uk/includes/items/pdf/4213_cloverleaf-factsheet-8.pdf)



We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:

- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
- Giving information and support by phone or email
- Running workshops which reduce challenging behaviour

To access our information and support, call 01634 838739, email [info@thecbf.org.uk](mailto:info@thecbf.org.uk), or visit our website: [www.challengingbehaviour.org.uk](http://www.challengingbehaviour.org.uk)

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