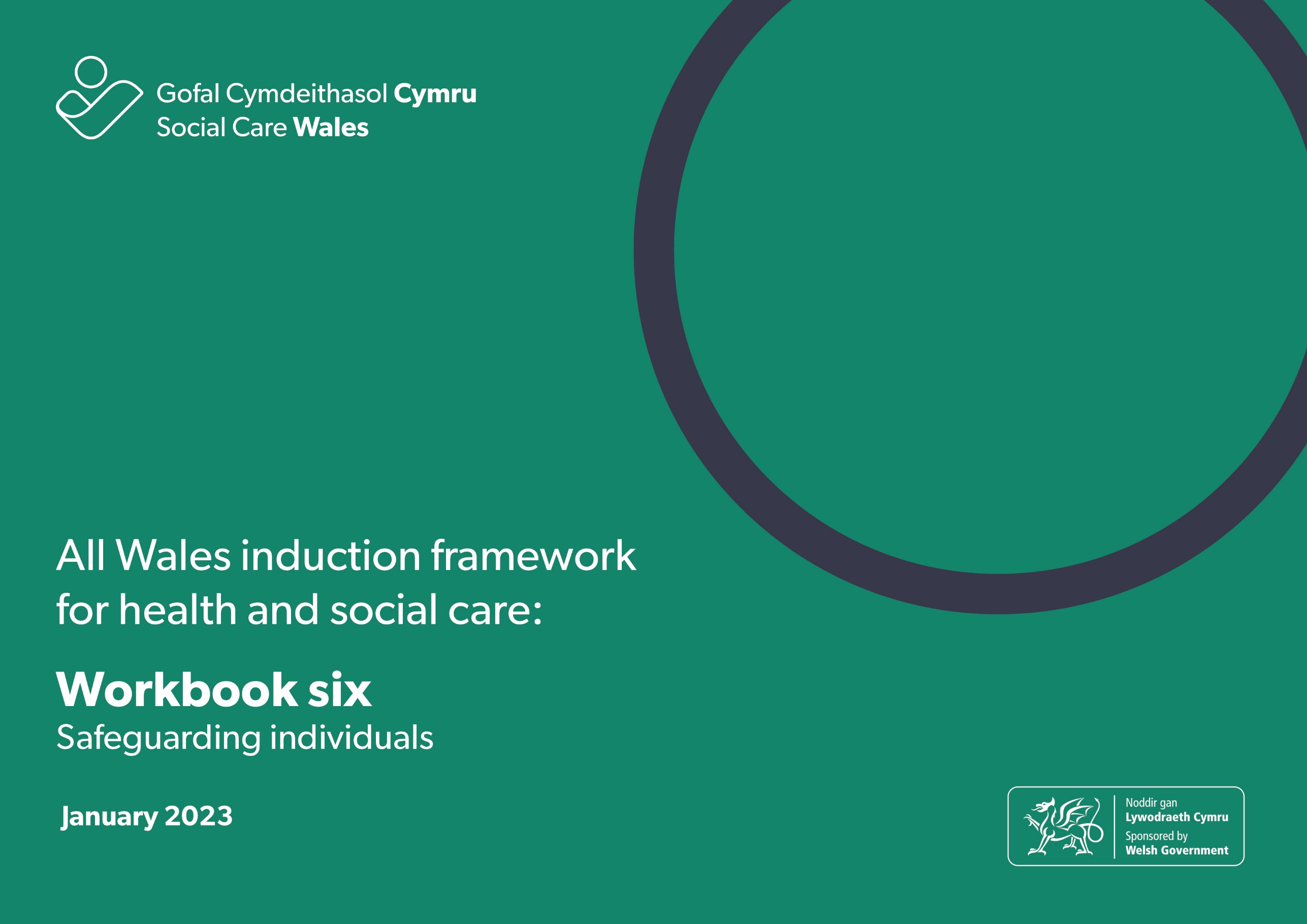
****

# All Wales induction framework for health and social care workbook 6: Safeguarding individuals

This workbook will help you explore your role in safeguarding adults, children and young people from harm, abuse or neglect.

As a new worker you need to understand and be able to recognise the different types of abuse and neglect that can happen. You also need to know what to do if you think abuse or neglect is taking place and how to work in ways that protect individuals from harm.

It’s important that you complete this workbook after or alongside awareness training about safeguarding individuals provided by your employer or organisation. The workbook explains safeguarding and may help as a reminder of any training you have completed. You may also want to complete our ‘Group A [safeguarding e-learning module](https://learning.nhs.wales/enrol/index.php?id=367)[[1]](#footnote-1) to recap of some of the main terms around safeguarding. Let your manager know if you need help to access this.

The workbook can be downloaded and completed electronically, or printed and completed by hand.

You can also use the completed workbook activities:

* towards achieving the *All Wales induction framework for health and social care* (Induction framework)
* to help you get ready to complete the core qualification for health and social care
* as evidence towards your practice qualification.

In the progress logs, there are some words highlighted in **bold**. There’s a glossary at the end of this workbook if you want to know what these mean.

Throughout the workbook, we refer to ‘health and social care workers’. This means the person providing care and support or services to individuals.

Where we have used the term ‘individual’ in this workbook, it relates to both adults, and children and young people.

As you go through this workbook, you may come across things that upset you. If this happens, you can stop and come back later. It’s okay to pause and talk to someone if you need to do this.

## Contents:

6.1 The purpose of legislation, national policies and codes of conduct and professional practice in relation to safeguarding individuals

6.2 How to work in ways that safeguard individuals from harm, abuse and neglect

6.3 The factors, situations and actions that could lead to, or contribute to harm, abuse or neglect

6.4 How to respond, record and report concerns, disclosures or allegations related to safeguarding

6.5 Workbook reflection

## 6.1 The purpose of legislation, national policies and codes of conduct and professional practice in relation to safeguarding individuals

This section will help you show your awareness of what safeguarding means, along with the different types of harm, abuse or neglect that can take place. It will help you look at the laws or legislation, standards and policies in Wales that are there to safeguard adults, children and young people who are at risk of harm, abuse or neglect. It will also help you understand your role and responsibilities as a health and social care worker.

We’ll start with some definitions.

**What ‘safeguarding’ means**

For children and adults, safeguarding is about:

* protecting an individual’s health, well-being and human rights
* making sure everyone’s free from harm, abuse or neglect[[2]](#footnote-2).

What does this mean? If you think someone may be hurting someone else or not looking after them or caring for them properly this could be a safeguarding issue.

There are two terms in safeguarding that you should know – ‘adult at risk’ and ‘child at risk’.

An adult at risk is anyone aged 18 years or over who:

* is experiencing, or is at risk of experiencing, abuse or neglect

and

* has care and support needs (whether or not the local authority is meeting any of those needs)

and

* because of those needs, can’t protect themselves against abuse or neglect or the risk of it.

For example:

Derek lives with dementia. Because of his memory loss he’s at risk of self-neglect. That is, he can forget to eat and drink, take his medication and carry out his personal care. Derek would be considered an adult at risk.

A child at risk is a person under the age of 18 who:

* is experiencing, or is at risk of experiencing abuse, neglect or other kinds of harm

and

* has care and support needs (whether or not the local authority is meeting those needs).

For example:

Sonia is 12 years old. She lives at home with her mother and stepfather. She’s witnessed domestic abuse between her mother and father for the past five years. Sonia is at risk of harm from this and would be considered a child at risk.

There’s an important difference between safeguarding adults and safeguarding children and young people, which is about an adult’s right to self-determination. This means they may choose not to do anything to protect themselves.

For example:

Owen has mental ill-health. He’as been assessed as having mental capacity and has support from social care workers with his finances because he has debts. They also help with organising things such as appointments for his mental health.

His workers have noticed that Owen’s new ‘friend’ Alan has been staying with him a lot. They feel Alan may be taking advantage of Owen as he’s eating his meals there every day but isn’t contributing to the food bill. Owen has also been buying Alan beers. The workers talk to Owen about their concerns, but Owen says Alan is his only friend and he wants him to be at his house.

Although the workers suspect Owen is being taken advantage of financially, there’s no clear evidence of abuse. So, even though they’d report their concerns, Owen has the right to ‘self-determination’. This means he can choose to continue to have Alan spend time at his home without Alan contributing financially.

In the Wales Safeguarding Procedures:

Safeguarding for adults is defined as:

* preventing and protecting adults at risk from abuse or neglect
* educating people around them to recognise the signs and dangers of abuse and neglect
* promoting their well-being.

Safeguarding for children and young people is defined as:

* taking action to promote the welfare of children and protect them from harm
* protecting children from abuse and harm
* preventing harm to children’s health or development
* making sure children grow up with safe and effective care
* taking action to support children and young people to have the best outcomes.

There are two main values in safeguarding:

* safeguarding is everybody’s responsibility
* a child-centred or person-centred approach.

In your role as a social care worker, your main tasks around safeguarding are:

* to prevent situations where an individual may experience harm, abuse or neglect,

and if this isn’t effective

* to identify and report concerns about harm, abuse or neglect to the child or adult at risk.

Whether we’re talking about adults or children and young people, safeguarding is **everybody’s** responsibility.

There are also six safeguarding principles set out in the Wales Safeguarding Procedures you need to be aware of:

**Principle 1**

* You prioritise the wishes, needs and well-being of the child, or the desired outcomes of the adult at risk

**Principle 2**

* You’re alert to the needs of children or adults at risk (including any potential or suspected abuse or risk of abuse or harm) and understand what action you should take

**Principle 3**

* You share appropriate information and have direct access to advice to discuss any concerns about a child or adult

**Principle 4**

* You are able to use your professional judgment to work with the child or adult’s needs and personal outcomes

**Principle 5**

* You work in a multi-agency and co-operative way, record decisions appropriately and regularly review progress

**Principle 6**

* You’re supported by leaders and managers to achieve the desired outcomes for the individual

**What do we mean by ‘harm, abuse and neglect’?**

Abuse and neglect may be a specific or repeated incident. The harm caused by abuse or neglect may be because of a single issue or a build-up of events.

In Wales, the Social Services and Well-being (Wales) Act 2014 identifies five categories of abuse:

* physical
* sexual
* psychological or emotional
* neglect
* financial.

**Harm** can be damage to physical or mental health, or to physical, intellectual, emotional, social or behavioural development. This includes damage from seeing or hearing another person suffer ill treatment.

**Neglect** means a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to cause harm to the person’s well-being.

**Categories of abuse**

There are some common signs and symptoms of each category of abuse you need to be aware of:

**Physical abuse**

Physical abuse means deliberately hurting a child or adult. It can be a one-off incident or a series of incidents and includes:

* hitting
* slapping
* pushing
* pinching
* burning.

Common signs and symptoms of physical abuse are:

* bruising that's inconsistent with the explanation
* scratches or scrapes, especially around the neck, wrist or ankles
* unexplained fractures, skin tears, bruises or burns
* cowering or flinching
* trying to hide injuries.

You can read a more detailed list of the signs and symptoms of physical abuse on [this handout](https://socialcare.wales/cms-assets/documents/18.-Physical-abuse-handout-Activity-5.pdf).[[3]](#footnote-3)

**Sexual abuse**

Sexual abuse happens when the victim’s involved in sexual activities or relationships where they haven’t given consent or they don’t fully understand, or if they’re a child. It includes:

* rape or sexual assault
* indecent exposure
* penetration, or attempted penetration, of intimate areas
* sexual harassment
* forcing someone to watch sexual acts or pornography.

Common signs and symptoms of sexual abuse are:

* change in usual behaviour, such as withdrawal, bedwetting, aggressiveness and self-injury
* inappropriate sexual behaviour or language
* feelings of guilt or shame
* refusing personal care
* disturbed sleep or nightmares.

You can read a more detailed list of the signs and symptoms of sexual abuse on this [handout](https://socialcare.wales/cms-assets/documents/21.-Sexual-abuse-handout-Activity-5.pdf)[[4]](#footnote-4), and read about child sexual exploitation on this [handout](https://socialcare.wales/cms-assets/documents/22.-Child-sexual-exploitation-handout-Activity-5.pdf)[[5]](#footnote-5).

**Emotional or psychological abuse**

Emotional or psychological abuse happens when an individual’s self-confidence is undermined by threats, humiliation or degrading comments. It includes:

* bullying
* threats of harm or being abandoned
* ignoring
* shouting or swearing
* controlling behaviour, threats and intimidation.

Common signs and symptoms of emotional or psychological abuse are:

* confusion and anxiety
* signs of depression
* sleep disturbances
* changes in appetite
* loss of interest in socialising.

You can read a more detailed list of the signs and symptoms of emotional or psychological abuse on this [handout](https://socialcare.wales/cms-assets/documents/17.-Emotional-psychological-abuse-handout-Activity-5.pdf)[[6]](#footnote-6).

**Neglect**

Neglect is a failure to meet an individual’s basic physical, emotional, social or psychological needs, which is likely to have a negative impact on a person’s health and well-being. It can be because of intentional or non-intentional acts, or not stopping behaviour that's harmful. It can be a one-off incident or a series of incidents.

Common signs and symptoms of neglect are:

* poor personal hygiene
* failure to give medication
* dehydration or weight loss
* untidy appearance or unsuitable clothing for the weather or situation
* repeated or unexplained accidents.

You can read a more detailed list of the signs and symptoms of neglect on this [handout.](https://socialcare.wales/cms-assets/documents/20.-Neglect-handout-Activity-5.pdf)[[7]](#footnote-7)

**Financial abuse**

Financial abuse happens when someone uses another person’s money or property inappropriately. It includes:

* theft of items or money
* pressure to give money or items
* unexplained withdrawal of money
* unusual interest from a third party in financial matters
* purchases that aren’t related to the individual’s needs, such as a car or holiday.

Common signs and symptoms of financial abuse are:

* not being able to pay bills, with no explanation why
* sudden withdrawal of money from accounts
* things of value going missing
* the person who manages finances being hard to get hold of or uncooperative
* poor financial recording or monitoring in a care setting.

You can read a more detailed list of the signs and symptoms of financial abuse on this [handout[[8]](#footnote-8).](https://socialcare.wales/cms-assets/documents/19.-Financial-abuse-handout-Activity-5.pdf)

You may hear people talk about ‘institutional abuse’. This isn’t one of the five categories of abuse set out in the Social Services and Well-being (Wales) Act, but it’s worth looking at what it means.

Institutional abuse could be described as putting the needs of the service or staff before the needs of individuals, in a way that could cause them harm. For example, making everyone in a care home go to bed by 8.30pm because only a small number of staff are on duty after 9pm. This means that many of the people living in the care home are in bed before they want to be, possibly for 12 hours.

Before we move on to learning about the laws or legislation, standards and policies in Wales that help safeguard adults, children and young people who are at risk of harm, abuse or neglect, let’s review what we’ve learnt so far. .

**Quiz**

Q1. Which two of the statements below are the main values in safeguarding?

1. Safeguarding is everybody’s responsibility
2. Safeguarding is mostly the responsibility of people employed in social care
3. A child-centred/person-centred approach
4. A risk assessment approach

Q2. Select the five **categories** of abuse from this list:

1. Sexual
2. Financial
3. Discriminatory
4. Neglect
5. Physical
6. Bullying
7. Emotional
8. Psychological
9. Emotional and psychological

Q3. True or false?

All adults who need care and support are ‘adults at risk’.

**Learning activity – signs and symptoms of harm, abuse or neglect**

Read this case study and answer the questions:

**Case study – Zac**

Zac is a 12-year-old boy who lives at home with his mother and two older brothers. Mum struggles to cope with the three boys and has poor mental health. Zac stays at a short break service for disabled children and young people in Newport for two nights every month.

Zac has recently stopped talking. The social care workers at the short break service have also reported that when he got up in the morning during his last stay, his bed was wet and he was reluctant to be supported with his personal care.

Answer these questions:

|  |
| --- |
| 1. What would your concerns be? 2. What are the signs and symptoms of potential abuse? 3. What type of abuse could be taking place? |

Remember, safeguarding is about preventing harm, abuse or neglect. You need to think about who might be at risk and how to act to help them keep safe.

**Learning activity – signs and symptoms of harm, abuse or neglect**

Make a list of the main types of abuse and some of the signs or indicators that someone may be experiencing harm, abuse or neglect.

|  |  |
| --- | --- |
| **Types of abuse** | **Signs or indicators** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**The legislative framework and your role**

* practice guidance, for example: the *Domiciliary care worker – practice guidance*[[9]](#footnote-9)
* codes of practice, for example: the *Code of professional practice for social care workers*[[10]](#footnote-10)
* Wales Safeguarding Procedures
* statutory guidance for service providers and responsible individuals on meeting service standard regulations[[11]](#footnote-11) for:
  + care home services
  + domiciliary support services
  + secure accommodation services
  + residential family centre services.
* the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017[[12]](#footnote-12)
* *Working Together to Safeguard People (Wales) 2022*[[13]](#footnote-13)
* the Social Services and Well-being (Wales) Act 2014[[14]](#footnote-14)

## Pyramid diagram showing the legislative framework

**The Social Services and Well-being (Wales) Act 2014**

The most important law or legislation for safeguarding in Wales is the Social Services and Well-being (Wales) Act. The five key principles of the Act are relevant to all the parts of the Act, include safeguarding, which is part seven.

The principles of the Act are:

* voice and control
* prevention and early intervention
* well-being
* co-production
* multi agency.

Under the Act, local authorities must set up safeguarding boards made up of representatives from:

* local authorities
* the local police body
* the local health board
* NHS Trust
* probation board
* youth offending team
* others.

It also sets out duties to report and duties to investigate abuse or neglect.

**The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 and statutory guidance for service providers and responsible individuals on meeting service standard regulations** set out what regulated service providers are expected to do to safeguard individuals. Regulated service providers include organisations that provide residential care, domiciliary care, adult placement services, foster care or residential family support.

Care Inspectorate Wales inspects care settings and makes sure they comply with the regulations.

**The Wales Safeguarding Procedures** are procedures that everyone must follow.

There’s an app that covers the Wales Safeguarding Procedures. It’s recommended you download this to support you in your day-to-day work.

There are six regional safeguarding boards and each board is made up of representatives from the local authority, the police chief officer, the local health board and NHS Trust, a probationary services provider and an offender management provider. Each regional safeguarding board has input from individuals who use services.

The National Independent Safeguarding Board works alongside the regional safeguarding boards to improve safeguarding policy and practice throughout Wales.

The purpose of the safeguarding boards is to protect children and adults from abuse, neglect or other kinds of harm, and to prevent children and adults from becoming at risk. The boards support the implementation of the Wales Safeguarding Procedures and carry out safeguarding reviews.

Section four ofThe **Code of professional practice for the social care worker** says: “You must promote the well-being, voice and control of individuals and carers while supporting them to stay safe”. All registered social care workers must follow the code.

**Practice guidance for domiciliary care workers, adult care home workers and residential child care workers** all have a specific section for safeguarding, which gives you extra guidance. All registered social care workers must follow the practice guidance for their role.

There are also other laws that deal with safeguarding such as:

* the Children Act 1989
* the Mental Capacity Act 2005
* the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
* the Regulation and Inspection of Social Care (Wales) Act 2016.

Along with other rights-based laws or legislation and conventions such as:

* the UN Principles for Older Persons 1991
* the Human Rights Act 1998
* the United Nations Convention on the Rights of the Child 1989
* the United Nations Convention on the Rights of Persons with Disabilities 2006
* Welsh Language Act 1993.

The policies and procedures developed by your employer for your workplace will reflect all areas of the legislative framework.

**Learning activity – the legislative framework and your role**

To help make sense of how this fits together, let’s take a look at one of the principles of the Act – voice and control.

**The Act** says that individuals must have voice and control over decisions about their lives and ‘what matters’ to them.

**The regulations and statutory guidance** set out a requirement for individuals to be able to “make decisions about their lives and are supported where necessary to do this”.

**The Wales Safeguarding Procedures** say decision making about safeguarding is based on a clear understanding of:

* the personal outcomes the adult wishes to achieve
* what matters to the individuals.

The adult must be included throughout the safeguarding process, which should enable them to decide how they manage risks.

There’s also an expectation that children and their families will be supported to say what matters to them and the outcomes they want.

The views, wishes and feelings of adults and children at risk must be considered. It’s important that the voice of both adults and children is heard throughout any safeguarding processes.

**The codes** say: “You must respect the views and wishes, and promote the rights and interests of individuals and carers” and “You must promote the well-being, voice and control of individuals and carers while supporting them to stay safe”.

All the principles of the Act run through the legislative framework for safeguarding in Wales.

Take any one of the other principles of the Act and write down how you think it supports the rights of individuals to be protected from harm, abuse or neglect.

Before we move on to learning about how concerns or incidents should be recorded and reported, let’s review what we’ve learnt so far.

**Quiz**

Q1. The main law or legislation for safeguarding in Wales is:

1. the Code of Professional Practice
2. the Social Services and Well-being (Wales) Act 2014
3. the UN Principles for Older Persons (1991)

Q2. The purpose of safeguarding boards is to:

1. develop statutory training for social care workers for safeguarding
2. develop risk assessment procedures to protect children and adults at risk of abuse, neglect or harm
3. safeguard children and adults from abuse, neglect or other kinds of harm, and prevention from becoming at risk

**How concerns or incidents should be** **recorded and reported**

Every social care organisation must have a ‘designated[[15]](#footnote-15) safeguarding person’. They should be available to you to discuss safeguarding concerns.

**Learning activity – recording and reporting**

Find out who your designated safeguarding person is and write down their name:

|  |
| --- |
|  |

Remember, safeguarding is everyone’s responsibility, and we all have a duty to report if we know or have concerns or suspicions that a child or adult at risk:

* is experiencing harm, abuse or neglect
* has experienced harm, abuse or neglect
* is likely to be at risk of harm, abuse or neglect.

**Learning activity – reporting concerns**

Read your organisation’s policy and procedure for recording and reporting safeguarding concerns and make some notes about your role and responsibilities:

|  |
| --- |
|  |

**Manager’s comments for section 6.1**

|  |
| --- |
|  |

**Progress log – to be completed by the manager**

**6.1 The purpose of legislation, national policies and codes of conduct and professional practice in relation to the safeguarding of individuals**

|  |  |
| --- | --- |
| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| What is meant by the term ‘safeguarding’ |  |
| The main categories of abuse and neglect |  |
| Common signs and symptoms associated with harm, abuse and neglect |  |
| Legislation, national policies and codes of conduct and professional practice that relate to the safeguarding of individuals – both adults and children and young people, and what these mean in practice |  |
| How legislative frameworks support the rights of individuals to be protected from harm, abuse and neglect |  |
| How concerns or incidences should be recorded and reported |  |

## 6.2 How to work in ways that safeguard individuals from harm, abuse and neglect

This section will help you look at different ways of working that safeguard individuals from harm, abuse or neglect, along with your responsibilities if you have concerns or if someone has made an allegation.

All individuals should feel they can express their fears, anxieties, feelings and concerns without worrying about ridicule, rejection, retribution or not being believed. An important part of your role is developing trusting relationships with the individuals you support and their families and carers.

Person- or child-centred care and support means making sure people receive care and support that responds to their individual needs and choices. It includes a strong commitment to an individual’s human rights, and fully involving people in decisions that affect them, working with them to achieve what matters most. It’s essential to:

* have respect
* show compassion
* treat people with dignity
* have excellent communication skills.

Good social care practice is based on putting the individual at the centre of their care and support and working with the person to

achieve their outcomes. As well as helping with care and support, it’s important to have a good relationship with the individual, which contributes to their quality of life and well-being, and sense of security and belonging.

Your professional relationship with an individual may continue over time. You may support them through difficult situations and illnesses and know intimate details about their circumstances.

Individuals expect you to be:

* honest
* patient
* trustworthy
* polite
* kind
* discreet
* knowledgeable
* caring
* supportive
* understanding
* non judgemental
* fair
* friendly
* reliable
* flexible
* hard working.

Individuals expect you to respect their life choices, culture and beliefs and to try to understand their world from their point of view, helping them achieve what matters to them. You need to have a good understanding of the individual’s background and which approaches will work for them.

**Learning activity – working in ways that safeguard individuals from harm, abuse or neglect**

Read these case studies and answer the questions:

**Case study – Paul**

Your organisation supports individuals with a range of learning disabilities in a community day centre. Paul lived with his parents and attended the centre regularly, rarely missing a day. He was always smartly dressed and took pride in his appearance.

Paul has recently moved to live with his brother, as he wants to become more independent. Since moving in with his brother his attendance has become poor.

When you ask him about this, Paul tells you he’s been busy with the move. Over the next few weeks when he comes in, you notice Paul’s appearance is becoming untidy and his clothes are sometimes stained. He’s also missed a routine health check-up at the hospital and he looks as if he’s lost weight. You share your concerns with your senior colleagues, but they don’t seem worried.

Today, when Paul arrives at the centre he tells you he won’t be coming back again. He seems very upset but he tells you it’s his choice.

Answer these questions:

|  |
| --- |
| 1. What would your concerns be? 2. What type of harm, abuse or neglect could be taking place? 3. What are the sign or symptoms? 4. What action should you take? 5. Who should you report it to? 6. How would you record and report it? |

**Case study – Nisha**

Nisha is 13 years old. She’s been ‘looked after’ by the local authority since she was eight years old. She has a mild learning disability and a type of juvenile arthritis which limits her mobility. She wants to join an online teen chatroom to make new friends and give her something to do in the evenings when she’s not well enough to go out with her school friends.

Answer these questions:

|  |
| --- |
| 1. What would your concerns be? 2. As a worker, what would you do? 3. How would you make Nisha aware of the risks of using social media so she can keep herself safe? |

Remember, safeguarding should form part of helping people to live life to the full, not just stopping harm, abuse or neglect. It involves working with individuals to understand risk and how they can safeguard themselves, while taking the necessary steps to minimise it.

**Learning activity – keeping yourself safe**

In your role, you’ll be responsible for supporting individuals with a range of tasks, activities and experiences. It’s important these are carried out in ways that keep both the individual and yourself safe. Look at the scenarios below and explain the steps you could take to be sure of safe practice.

|  |  |
| --- | --- |
| You’re a foster carer looking after John, who’s eight years old. John has experienced sexual abuse. He’s very unsettled at bedtime and wants you to sit on his bed until he goes to sleep. |  |
| You’re part of a team providing care and support to Mrs Jones, who’s elderly and frail. Mrs Jones tells you she’s run out of milk and asks you to go to the shop to get her some. She asks you to get some cash from the cash point at the same time and gives you her card with her PIN written down. |  |
| Mr Harris has an acquired brain injury and memory loss. He lives alone in his own home and he has calls three times a day. He’s still able to do a lot for himself but needs a lot of prompting and it’s been identified that he’s at risk of self-neglect as he forgets to eat, bathe or take his medication.  Mary’s on duty for his evening call. She asks Mr Harris what he’d like to eat but he says he isn’t hungry. This pattern repeats itself over the next two days, with Mr Harris saying that he isn’t hungry or has already eaten. When Mr Harris’s daughter calls to see him at the weekend, she’s concerned there are uneaten meals in the fridge and her father seems to have lost weight. What could Mary have done differently? |  |

**Learning activity – promoting a safe environment**

Thinking about the individuals you support and your role as a social care worker, write down how you think you can promote a safe environment where individuals can express themselves freely.

|  |
| --- |
|  |

**Advocacy and safeguarding**

The Social Services and Well-being (Wales) Act sets out what’s expected for the provision of advocacy for individuals and their carers.

**What is advocacy?**

The Advocacy Charter, Action for Advocacy (2002) defines advocacy as:

“Taking action to help people say what they want, secure their rights, represent their interests and obtain the services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”

The purpose of advocacy is to:

* safeguard individuals who are vulnerable and discriminated against or who services find difficult to serve
* speak up on behalf of individuals who aren’t able to do so for themselves
* empower individuals who need a stronger voice by allowing them to get access to information, explore and understand their options, express their own views, wishes and feelings, and make their own informed decisions
* actively support people to make informed choices.

Advocacy can take many forms, from self-advocacy to independent advocacy from a professional or trained volunteer independent advocate. They all aim to support individuals to have their voices heard, make sure they understand their options, and express their views, wishes and feelings.

There are a range of different situations where individuals may need independent advocacy support and safeguarding is one of these.

**Learning activity – advocacy and safeguarding**

Read this case study and answer the questions:

**Case study – Sarah**

Sarah is 38 years old and lives with her mother in Wrexham. Sarah has a learning disability. She works 10 hours a week in a local supermarket and on Monday evenings she attends a literacy class with the help of a support worker.

Sarah has been complaining to her support worker that her mother keeps all her supermarket pay and spends it on cigarettes. Sarah would like to move into her own home and be more independent but says her mother won’t let her. Sarah says her mother has told her she needs Sarah’s pay and disability benefits for the household bills.

Sarah’s frustrated because she’s fed up with her mother taking all her money and doesn’t think anybody is listening to her.

Answer these questions:

|  |
| --- |
| 1. How could an independent advocate help Sarah? 2. What rights does Sarah have? |

**Learning activity – reflecting on your safeguarding practice**

Give some examples of the ways you promote and support the safeguarding of individuals in your day-to-day work. Discuss these with your manager and ask them to add some comments.

|  |
| --- |
|  |

**Manager’s comments for section 6.2**

|  |
| --- |
|  |

Let’s review what we’ve learnt so far.

**Quiz**

Q1. Advocacy is:

1. Supporting individuals to get their needs met by speaking on their behalf
2. Supporting individuals to express their views, wishes and feelings and make informed choices

Q2. Individuals expect social care workers to be:

1. Honest
2. Reliable
3. Judgmental
4. Flexible
5. Trustworthy

**Progress log – to be completed by the manager**

**6.2 How to work in ways that safeguard individuals from harm, abuse and neglect**

|  |  |
| --- | --- |
| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| The role and responsibilities of health and social care workers in safeguarding |  |
| The role of advocacy in relation to safeguarding |  |
| The importance of establishing relationships that support trust and rapport with individuals |  |
| The importance of person/child centred practice in safeguarding |  |
| The importance of working in ways that uphold the rights of individuals |  |
| How to promote an environment where individuals can express fears, anxieties, feelings and concerns without worry of ridicule, rejection, retribution or not being believed |  |
| How to make individuals aware of how to keep themselves safe |  |
| How to make individuals aware of the risks associated with the use of social media, internet use and phones |  |
| How to work in ways that keep both the workerand the individual safe |  |

## 6.3 The factors, situations and actions that could lead to or contribute to harm, abuse or neglect

It’s important to be alert to the fact that harm, abuse and neglect can take place anytime and anywhere. But some actions, behaviours or situations can increase the risk of harm and abuse. This section will help you understand what these are.

Individuals can be more at risk of abuse, neglect and harm because they:

* need care and support
* have limited or no verbal communication
* don’t have capacity and understanding
* don’t know their rights
* have low self-esteem or self-worth
* live away from the family home, such as in care
* are homeless
* live in poverty
* are seeking asylum
* are experiencing domestic abuse, drug or alcohol misuse in close relationships
* have experienced previous abuse, neglect or harm, or Adverse Childhood Experiences
* suffer institutional practice
* have a learning disability
* have poor mental health
* live with dementia or any other neurological condition
* have a physical impairment.

People are often at increased risk of harm, abuse or neglect because of a combination of reasons, rather than a single reason.

**Learning activity – increased risk of harm, abuse or neglect**

Talk to your manager about why you think some of the individuals you support may be at risk of harm, abuse or neglect. You don’t need to write anything down about this here.

**Why abuse may not be disclosed by adults, children and young people, family, friends, workers and volunteers**

There are lots of reasons why people may not say anything about abuse. These could include:

* fear of the abuser and/or what may happen after telling someone
* feeling ashamed or embarrassed about what’s happening
* not recognising or understanding that abuse is happening
* love or care for the abuser
* not noticing or not wanting to acknowledge what’s happening
* low self-esteem and self-worth
* worry about being ignored and not being taken seriously
* afraid of betraying trust
* language or communication difficulties
* not knowing about their rights.

For workers and volunteers, there are no excuses for failing to carry out the duty to report an adult or child at risk of harm, abuse or neglect. But, personal factors can influence decision-making at this stage. These could include:

* fear of losing a job
* fear of retribution or threats from the family and community
* loyalty to other workers or families and carers
* over familiarity with families and carers
* concerns the report won’t be taken seriously
* worries that reporting will cause distress, but nothing would actually change
* the behaviour is accepted as the norm
* believing it’s a one-off or accident
* not recognising that abusers come from all parts of society regardless of their status or position
* believing the abuser will change their behaviour.

**Features of perpetrator behaviour and grooming**

People who carry out abuse are sometimes called perpetrators. These are people who carry out harmful, illegal or immoral acts upon others. Perpetrators will often use ‘grooming’ as a way of making their victims do what they want them to do.

Grooming happens when someone builds a relationship, trust and emotional connection with someone so they can manipulate, exploit and abuse them. This is sometimes referred to as coercion.

Grooming can take place online or in person, over a short or long period of time and by strangers or someone the individual knows.

A groomer can form different types of relationships, such as:

* a romantic relationship
* as a friend or mentor
* as a dominant and persistent figure
* as an authority figure.

They can use the same social media sites, games and apps as an individual to learn about their interests and use this to help build a relationship.

Groomers will also use tactics, such as:

* 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

**Learning activity – features of perpetrator behaviour and grooming**

Many people who experience harm, abuse or neglect don’t see themselves as victims. They might believe what’s happening is normal, acceptable or necessary to gain ‘love’, attention and approval.

Read this case study and answer the questions:

**Case study – Emma**

Child sexual exploitation is a type of sexual abuse. There have been a number of cases in the news relating to child sexual exploitation, such as the large-scale abuse which took place in Rotherham between 1997 and 2013. It was estimated that 1,400 children were sexually exploited during this period, which resulted in an independent inquiry. This is one victim’s story.

Emma was 12 when she was first approached by a group of young men in an arcade in Rotherham. The young men began talking to her and struck up a friendship with her. They started to introduce her to other older men, alcohol and soft drugs. She trusted them, as up until that point she’d never been made to feel uncomfortable or unsafe – they were her friends.

But a year later this changed, when one night she was raped in front of several people. From then on, she was raped once a week, every week, often by strangers. They threatened and intimidated her, even telling her they would rape her mum.

She went to the police three months after it started, but was told it would be hard to get a conviction because it was a case of her word against theirs. She told her mum, who also went to the authorities, but nothing happened. Her family eventually moved away from the area to protect her.[[16]](#footnote-16)

Answer these questions:

|  |
| --- |
| * 1. What were the features of perpetrator behaviour and grooming here?   2. Why didn’t Emma see herself as a victim of abuse at first?   3. Why didn’t professionals or agencies act to prevent or stop the abuse?   4. Why was it important that an independent inquiry was carried out into the child sexual exploitation that took place in Rotherham?   5. How could Emma have been better protected? |

**Learning from reviews and reports into serious failures to protect individuals from harm, abuse or neglect**

Reviews or inquiries into serious failures to protect individuals from abuse or neglect take place so we can learn from what’s happened and take actions to improve safeguarding practice. Safeguarding boards are responsible for safeguarding reviews in Wales, but we also learn from reviews carried out in the other UK nations.

Let’s review what we’ve learnt so far.

**Quiz**

Q1. Individuals can be more at risk of abuse, neglect and harm because they:

1. Live in poverty
2. Don’t have capacity
3. Are an older person
4. Live with dementia
5. Don’t know their rights

Q2. True or false:

Individuals may not disclose abuse because they feel ashamed or embarrassed about what’s happening

Q3. Grooming can take place:

1. Online
2. In person
3. Both online and in person

**Manager’s comments for section 6.3**

|  |
| --- |
|  |

**Progress log – to be completed by the manager**

**6.3** **The factors, situations and actions that could lead or contribute to harm, abuse or neglect**

|  |  |
| --- | --- |
| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| Why some individuals could be more at risk from harm, abuse or neglect |  |
| Why abuse may not be disclosed by adults, children and young people, family, friends, workers and volunteers |  |
| Actions, behaviours or situations that increase the risk of harm or abuse |  |
| Features of perpetrator behaviour and grooming |  |
| Learning from reviews and reports into serious failures to protect individuals from harm, abuse or neglect |  |

## 6.4 How to respond, record and report concerns, disclosures or allegations related to safeguarding

This section will help you know what you should do if you have concerns about harm, abuse or neglect or an individual makes an allegation or disclosure to you.

**Responding to suspected, disclosed or alleged harm, abuse or neglect**

There are some ‘dos’ and ‘don’ts’, which are important for you to remember:

Do:

* stay calm
* listen carefully
* take it seriously
* tell the child or adult at risk that they have done the right thing by telling you
* explain who you need to share the information with
* follow your organisation’s procedure
* make accurate notes using the child or adult at risk’s own words
* consult immediately (same day) with the designated safeguarding person/lead or your manager.

Don’t:

* + react strongly, for example, by saying "how awful"
  + stop someone who is speaking freely
  + jump to conclusions, especially about the abuser
  + ask leading questions
  + use your own words to describe events
  + investigate
  + promise confidentiality
  + deal with it alone
  + contact the alleged abuser.

**Learning activity – reporting and recording**

When harm, abuse or neglect has taken place it needs to be dealt with quickly and effectively. Information about the safety and welfare of an individual must be reported in line with your workplace safeguarding policy. Concerns may relate to poor practice in the workplace and it’s important to know what to do if this is the case. Reporting concerns about poor practice is known as whistleblowing. It’s important you understand this in the context of safeguarding.

**Whistleblowing**

* you’re a whistleblower if you’re a worker and you report certain types of wrongdoing. This will usually be something you’ve seen at work, but not always
* the wrongdoing you disclose must be in the public interest. For example, the situation could impact other people who use the service, not just the individual who’s experienced harm, abuse or neglect
* as a whistleblower you’re protected by law. You shouldn’t be treated unfairly or lose your job because you ‘blow the whistle’
* you’re protected by law if you report:
* a criminal offence, such as fraud
* someone’s health and safety is in danger
* risk or actual damage to the environment
* a miscarriage of justice
* your employer is breaking the law
* you believe someone’s covering up wrongdoing.

**Learning activity – whistleblowing**

Read this case study below and answer the questions:

**Case study – Mid Staffordshire NHS Trust**

What happened in a small district hospital managed by Mid Staffordshire NHS Trust from 2005 to 2008 has been described as the worst hospital care scandal of recent times.

A public inquiry into the scandal was chaired by Robert Francis KC.

An inquiry into the care provided in Stafford hospital clearly showed that for many patients the most basic elements of care were neglected. Calls for help to use the bathroom were ignored and patients were left lying in soiled sheets and sitting on commodes for hours, often feeling ashamed and afraid. Patients were left unwashed, at times for up to a month. Food and drinks were left out of patients’ reach and many were forced to rely on family members for help with feeding.

Staff failed to make basic observations and pain relief was provided late or in some cases not at all. Patients were too often discharged before it was appropriate, only to have to be re-admitted shortly afterwards. The standards of hygiene were at times awful, with families forced to remove used bandages and dressings from public areas and clean toilets themselves for fear of catching infections.

The inquiry found that a chronic shortage of staff, particularly nursing staff, was largely responsible for the substandard care. Morale at the trust was low, and while many staff did their best in difficult circumstances, others showed a disturbing lack of compassion towards their patients.

Staff who spoke out felt ignored and there’s strong evidence that many were deterred from doing so through fear and bullying. Robert Francis KC said: “It is now clear that some staff did express concern about the standard of care being provided to patients. The tragedy was that they were ignored and worse still others were discouraged from speaking out.”

Answer these questions:

|  |
| --- |
| 1. What are the main things that would have made a difference to prevent and stop the harm and abuse from taking place in the hospital? 2. What were the barriers for some of the staff working in the hospital in taking action about their concerns for patient safety? 3. What are the responsibilities of health and social care workers where colleagues or other professionals’ practice may be unsafe, abusive or neglectful? 4. How could whistleblowing have helped? 5. What should you do if you raise a concern and it isn’t taken seriously and acted upon? |

The most significant proposal of the Francis Report was the introduction of a statutory ‘duty of candour’. You need three characteristics to achieve duty of candour:

* openness: to allow concerns to be raised and disclosed freely without fear, and for questions to be answered
* transparency: to allow accurate information about performance and outcomes to be shared
* candour: so that if an individual or patient is harmed by a social care or health provider, they’re told about it and offered an appropriate remedy, regardless of whether an official complaint has been made or a question raised.

You should understand the need to be accountable for your work. This includes being open and honest with people if things go wrong, including providing a full and prompt explanation to your employer or the appropriate authority about what’s happened.

We've created practice guidance to help you understand what duty of candour means in practice, which you can read [here](file:///C:\Users\bethanprice\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\UNVYQJBR\SCW-DutyofCandour-ENG-V01.pdf%20(socialcare.wales))[[17]](#footnote-17). Let your manager know if you need help to access this.

**Recording and reporting**

Whenever you have a safeguarding concern about a child or adult at risk, you should record or document it and discuss it with your line manager as soon as possible.

Your organisation will have a clear policy and procedure for recording and reporting safeguarding concerns, which will include information about your Designated Safeguarding Person and how and when you should contact them.

If you’ve reported a concern but don’t feel anything has been done or you haven’t been taken seriously, you can go directly to your local safeguarding board.

Remember – the safety of the individual at risk always comes first. If you have immediate concerns, don’t delay in taking action!

**Learning activity – recording in relation to safeguarding**

Clear, accurate, factual and timely record keeping is an important part of good safeguarding practice. The following case studies show both good and poor practice in recording:

Terry is a support worker in a day centre for people with learning disabilities. He gets on well with Mair who attends the day centre. Mair lives with her parents and her brother, Jon. Mair comes to the centre after the weekend and instead of her usual routine of putting her coat away, then chatting with everyone in the craft workshop, she says she wants to keep her coat on as she’s cold and her arm hurts. When Terry asks why it hurts, she tells him she bumped herself on some furniture at home when she was cleaning.

Mair says it was Jon’s fault but won’t tell Terry why. Mair seems quieter than usual for the rest of the day. Terry notices that Mair’s right wrist appears swollen and has a greenish tinge. Mair won’t let Terry look at her arm and keeps her coat on all day. He reports this verbally to the centre manager who agrees Terry should ask Mair if he can ask her parents what happened. Mair agrees.

At the end of the day, Mair’s mother and father come to collect her and Terry asks how Mair hurt herself. They say she’s clumsy and it must have been when she was feeding the chickens in their garden last night. Terry challenges this saying the bruise looked older than that and Mair had said Jon was responsible. Mair’s parents get defensive and angrily say they’re more than capable of looking after their own daughter.

Terry is now concerned that Mair may have been abused. He writes this report:

**Record 1:**

On Tuesday this week Mair Jones arrived at the centre with a badly bruised and swollen arm. I think her brother had been fighting with her again as he can be jealous of the extra attention Mair gets from her parents and he’s often in trouble with the police. I spoke to her parents, who got defensive and stormed off. They are most likely trying to cover up the fact that they can’t look after Mair properly any more, but they have to keep the family together and not involve anyone else.

Terry has made a set of assumptions here rather than stating the facts. He’s shown prejudices about people and is using information about Mair’s brother Jon, which isn’t backed up with a source. He hasn’t been objective or factual and risks being accused of bias, being unprofessional and even libel, as he’s making accusations. The report isn’t dated and doesn’t say what actions were taken.

Terry is right to be concerned because of the injury, the two different accounts, Mair’s unusual behaviour and her parents’ response. He acted correctly in not questioning Mair too much and asking her if he could to speak to her family. Terry was also correct in not sharing his suspicions with anyone but the manager. He recognised the possible signs of abuse and reported them appropriately straight away and followed this up with a written record.

Terry’s record would have been improved by writing something like this:

**Record 2:**

Today, 6 June 2019, Mair attended The Beeches day centre. She was wearing a thick winter coat, which she refused to take off, saying she was cold and her right arm was sore. She didn’t speak much today and didn’t want to come into the craft group. This was unusual for Mair as she usually can’t wait to roll her sleeves up and start making things in the group.

I could see her right wrist seemed swollen and had a greenish marking, like a bruise. When I asked what had happened, she said she’d hurt her arm cleaning in the house the day before and that “it was her brother Jon’s fault”.

After discussing with the manager Jan Jones, we agreed I should speak to Mair’s family, if Mair was happy for me to do so. Mair said I could ask her parents about the sore arm. They told me they thought she’d hurt herself yesterday feeding the chickens in the garden and that she’s clumsy. They became angry with me when I asked, but Mair seemed keen to go home with them. My concerns and the outcome of my conversation with Mair’s parents were reported verbally to Jan Jones on 6June.

Answer these questions:

|  |
| --- |
| 1. Why is it important to record information reported about suspected or actual abuse, harm or neglect? 2. List what you need to record: 3. Describe how this information should be recorded, for example, ‘information should be recorded in a timely manner’: 4. Why is it important to record facts rather than your opinion? |

**Let’s review what we’ve learnt so far.**

**Quiz**

Q1. True or false

Whistleblowers are protected by law

Q2. True or false

Duty of candour is the same as duty of care

**Manager’s comments for section 6.4**

|  |
| --- |
|  |

**Progress log – to be completed by the manager**

**6.4 How to respond, record and report concerns, disclosures or allegations related to safeguarding**

|  |  |
| --- | --- |
| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| How to respond to suspected, disclosed or alleged harm, abuse or neglect |  |
| Actions to take if harm, abuse or neglect is suspected, disclosed or alleged |  |
| Actions to avoid if harm, abuse or neglect is suspected, disclosed or alleged, taking account of any future investigations that may take place |  |
| Boundaries of confidentiality in relation to safeguarding and information that must be shared |  |
| What is meant by the term ‘whistleblowing’ |  |
| Why it is important to report any concerns about possible harm, abuse or neglect and the duty that everyone has to do this |  |
| Potential barriers to reporting or raising concerns |  |
| Actions to be taken where there are ongoing concerns about harm, abuse or neglect or where concerns have not been addressed after reporting |  |
| What should be reported and recorded, when this should happen and how this information is stored |  |
| How to record written information with accuracy, clarity, relevance and an appropriate level of detail |  |
| The difference between fact, opinion and judgement and why understanding this is important when recording and reporting information |  |

**Learning activity**

It’s important workers feel well supported when dealing with safeguarding situations. Discuss with your manager where and how you would access personal support.

|  |
| --- |
|  |

## 6.5 Workbook reflection

**Learning activity**

Reflection is an essential part of health and social care practice. In the space below, write down three things you’ve learnt from completing this workbook and how you will put these into practice:

|  |
| --- |
| a)  b)  c) |

|  |
| --- |
| **New worker declaration**  I confirm the evidence provided in the workbook is authentic and a true representation of my own work.  Learner’s signature:  Date:  **Manager’s declaration**  I confirm the new worker has achieved all the requirements of the workbook with the evidence submitted.  Manager’s signature:  Date: |

## Practice learning outcomes

These are the practice learning outcomes of the All Wales induction framework (AWIF). It may be helpful to ask your manager to complete these here rather than have a separate document to record evidence of how you apply your knowledge in your day-to-day work.

**6.1 The purpose of legislation, national policies and codes of conduct and professional practice in relation to the safeguarding of individuals**

|  |  |  |
| --- | --- | --- |
| **6.1b Additional AWIFHSC learning outcomes:**  **You are able to work in ways that:** | **Evidence used** | **Signatures and date** |
| Follow your local and workplace policies and procedures for safeguarding individuals |  |  |

**6.2 How to work in ways that safeguard individuals from harm, abuse and neglect**

|  |  |  |
| --- | --- | --- |
| **6.2b Additional AWIFHSC learning outcomes:**  **You are able to work in ways that:** | **Evidence used** | **Signatures and date** |
| Promote and support the safeguarding of individuals |  |  |

**6.3 The factors, situations and actions that could lead or contribute to harm, abuse or neglect**

|  |  |  |
| --- | --- | --- |
| **6.3b Additional AWIFHSC learning outcomes:**  **You are able to work in ways that:** | **Evidence used** | **Signatures and date** |
| Promote safe practice and minimise risks to individuals of harm, abuse or neglect |  |  |

**6.4 How to respond, record and report concerns, disclosures or allegations related to safeguarding**

|  |  |  |
| --- | --- | --- |
| **6.4b Additional AWIFHSC learning outcomes:**  **You are able to work in ways that:** | **Evidence used** | **Signatures and date** |
| Where and how to access additional personal support if dealing with safeguarding issues |  |  |
| Follow your **workplace** policies and procedures for recording and reporting concerns |  |  |
| Follow workplace policies and procedures to record concerns with accuracy, clarity, relevance and an appropriate level of detail in a timely manner |  |  |

## Checklist for related workplace policies and procedures

Safeguarding

Effective communication

Person-centred or child-centred approaches

Restrictive practices

Rights-based approaches

Risk taking

## Glossary

**Actions, behaviours or situations that increase the risk of harm or abuse** could include:

* asylum seeking
* criminalisation
* different types of bullying
* domestic abuse
* female genital mutilation
* forced marriages
* hate crime
* homelessness
* human trafficking / modern slavery
* learning disability
* mental ill-health
* radicalisation
* self-neglect
* sexual exploitation
* substance misuse.

1. [Group A (nhs.wales)](https://learning.nhs.wales/enrol/index.php?id=367) <https://learning.nhs.wales/enrol/index.php?id=367> [↑](#footnote-ref-1)
2. Sometimes referred to as ‘abuse, neglect and harm’ or ‘abuse and harm’ or ‘abuse and neglect’. [↑](#footnote-ref-2)
3. [18.-Physical-abuse-handout-Activity-5.pdf (socialcare.wales)](https://socialcare.wales/cms_assets/file-uploads/18.-Physical-abuse-handout-Activity-5.pdf) <https://socialcare.wales/cms_assets/file-uploads/18.-Physical-abuse-handout-Activity-5.pdf> [↑](#footnote-ref-3)
4. [21.-Sexual-abuse-handout-Activity-5.pdf (socialcare.wales)](https://socialcare.wales/cms_assets/file-uploads/21.-Sexual-abuse-handout-Activity-5.pdf) <https://socialcare.wales/cms_assets/file-uploads/21.-Sexual-abuse-handout-Activity-5.pdf> [↑](#footnote-ref-4)
5. [22.-Child-sexual-exploitation-handout-Activity-5.pdf (socialcare.wales)](https://socialcare.wales/cms_assets/file-uploads/22.-Child-sexual-exploitation-handout-Activity-5.pdf) <https://socialcare.wales/cms_assets/file-uploads/22.-Child-sexual-exploitation-handout-Activity-5.pdf> [↑](#footnote-ref-5)
6. [17.-Emotional-psychological-abuse-handout-Activity-5.pdf (socialcare.wales)](https://socialcare.wales/cms_assets/file-uploads/17.-Emotional-psychological-abuse-handout-Activity-5.pdf) <https://socialcare.wales/cms_assets/file-uploads/17.-Emotional-psychological-abuse-handout-Activity-5.pdf> [↑](#footnote-ref-6)
7. [20.-Neglect-handout-Activity-5.pdf (socialcare.wales)](https://socialcare.wales/cms_assets/file-uploads/20.-Neglect-handout-Activity-5.pdf) <https://socialcare.wales/cms_assets/file-uploads/20.-Neglect-handout-Activity-5.pdf> [↑](#footnote-ref-7)
8. [19.-Financial-abuse-handout-Activity-5.pdf (socialcare.wales)](https://socialcare.wales/cms_assets/file-uploads/19.-Financial-abuse-handout-Activity-5.pdf) <https://socialcare.wales/cms_assets/file-uploads/19.-Financial-abuse-handout-Activity-5.pdf> [↑](#footnote-ref-8)
9. <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance> [↑](#footnote-ref-9)
10. <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance> [↑](#footnote-ref-10)
11. https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf [↑](#footnote-ref-11)
12. <https://safeguarding.wales/en/> [↑](#footnote-ref-12)
13. <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance> [↑](#footnote-ref-13)
14. <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance> [↑](#footnote-ref-14)
15. This is the identified person within the organisation who’s available to discuss safeguarding concerns. They should be consulted as to whether to raise a safeguarding concern with the local authority and they’ll manage any immediate actions needed to make sure the individual at risk is safe from abuse. All practitioners should know who to contact in their agency for advice and they shouldn’t hesitate to discuss their concerns, no matter how insignificant they may appear (Wales Safeguarding Procedures). [↑](#footnote-ref-15)
16. BBC News article 24/08/14 [↑](#footnote-ref-16)
17. <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance> [↑](#footnote-ref-17)