

**Safeguarding Adults at Risk of Abuse**

**Manager’s toolkit to complement safeguarding training**

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# Introduction

The obligatory safeguarding training is the ELearning module ‘Safeguarding Adults at Risk of Abuse’ available on [www.HSELand.ie](http://www.HSELand.ie) and must be completed by all staff at least every 3 years.

On completion of the ELearning module staff are asked to fill in and discuss and agree with their manager [*a personal action plan*.](https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/personal%20action%20plan.docx) This action plan asks staff to consider how they are going to put their learning into practice in their work setting.

After completing the ELearning module and at periods thereafter, your team may benefit from further discussing some of the issues. In creating an open safeguarding culture within our services, it is important to keep the topic of safeguarding prominent and to discuss safeguarding as part of our everyday work.

This toolkit is designed to assist you in supporting your team to retain and extend their safeguarding learning. There are a number of worksheets contained within the toolkit to guide small group discussions. The templates are designed as single exercises to choose from depending on your requirements / priorities at a given time. It is not a training programme in itself. These may be used, for example, during team meetings or other opportunities for group discussion.

You have an important role to play in the on-going development of an open safeguarding culture. No particular expertise is required to use this toolkit but you may contact the National Safeguarding Office for advice.

# WORKSHEET 1 Abuse Types

**Physical Neglect Organisational**

**Psychological Financial / material Online**

**Sexual Discriminatory Human Trafficking**

Choose one of the 9 abuse types as covered in the E Learning module (see appendix 1) and use the template below to guide group discussion on this type of abuse with particular emphasis on its indicators. The aim is to consolidate your teams understanding of the different types of abuse and what indicators could be a source of concern.

Suggested time 10 minutes per abuse type.

|  |  |
| --- | --- |
| **Question** | **Response** |
| Consider examples of this type of abuse |  |
| List the signs or clues you might observe that might indicate that an adult at risk of abuse has experienced this type of abuse. |  |
| Where do you think this abuse might take place?  |  |
| Why do you think this type of abuse might take place? |  |
| Any other thoughts / comments? |  |

# Case Scenarios Summary List

When choosing case scenarios to use for your staff group, choose an appropriate one to suit your service, staff and particular requirements at that time**. Use the worksheet provided to guide your group discussion with staff**. Focus on the rights of the Adult at Risk of Abuse and staff responsibilities to safeguard.

|  |
| --- |
| **During discussions with your staff you should ensure that there is clarity on expectations of them:-**  |
| 1. **A safeguarding concern is raised**
2. **Consideration is given to immediate safety**
 | 1. **Confidently and limits of confidentiality are considered.**
 |
|  | **Case Scenario Name** | **Possible Types of abuse** | **Considerations for group discussion.*****You can add some other key points you wish to discuss with your group.***  |
| **1** | **Molly** | Sexual | Support Network |
| **2** | **Doris** | Physical, Neglect | Risk to other service usersContinuation of care  |
| **3** | **Sarah** | Physical, Psychological, Neglect | Support Network  |
| **4** | **John** | Psychological, Neglect, Financial  | Support Network  |
| **5** | **Paddy** | Financial, Neglect | Interagency collaboration Gardai involvement |
| **6** | **Oakplace** | Institutional, Psychological, Physical  | Acknowledging organisational abuse Complaints Staff not recognising abuse / complicity  |
| **7** | **Katie & Patricia** | Physical  | Peer concerns: duty to bothRight to live free from abuse Impact / Cumulative effectTriggers Normalising the unacceptable |
| **8** | **Martin** | Financial, Neglect  | Capacity building with Martin and his familyMartin’s right to make choices |
| **9** | **Daisy** | Financial, Neglect | Interagency collaboration Capacity buildingDaisy’s rights |
| **10** | **Maureen** | Physical, Psychological  | Immediate safety and immediate responseGardai  |

1. **Molly**

Molly is a wheelchair user and lives independently with the help of a personal assistant (PA) for activities of daily living. Molly has a close relationship with her family some of whom live nearby.

Molly has a part time job in an office, loves cooking and is an active member of her community.

Molly is generally bright & bubbly but her PA noticed for the last week or so she seems withdrawn and not her usual self. During showering the PA notices bruising to the genital areas. Molly breaks down and said her boyfriend hurt her. Molly says she loves her boyfriend but wants him to respect her wishes. She is adamant she does not want to get her boyfriend into trouble and doesn’t want anyone to know.

1. **Doris**

Doris lives on her own and receives a community support service from a home care agency. This service normally attends in the morning time. Doris is struggling to maintain her independence and at times can present as “difficult”, “argumentative” and “rude” (notes taken from care records). However she continues to be able to live independently on her own. This is her expressed wish. Doris is isolated in her community.

It is Wednesday morning. The support worker visits. While helping Doris the staff member notices some marks on her wrists that look like a bruise. No records were noted on the daily record sheets by the staff member (different person) who attended yesterday. She appeared to have a small cut on her left hand. Doris seems quite disorientated and looks anxious. She mutters that she hopes “she won’t be punished this time”. She repeatedly started to say “sorry, sorry, sorry, sorry…….”. Doris has no family and it is understood that she doesn’t have any regular visits by friends or neighbours.

Doris is adamant that she doesn’t want any more help from the home care agency.

1. **Sarah**

Sarah (84) had a fall which caused bruising to her arm. She went to her GP and following treatment she agreed to have a visit from the Public Health Nurse. At the first visit by the PHN, Sarah breaks down crying and shares the following information.

She resides with her only son who is in his 50’s; she has no other family alive. Her husband died over 20 years ago and Sarah suggested that throughout their marriage he had been aggressive towards her, especially when he had been drinking. Sarah was quick to point out that she was partly to blame for his aggression towards her as she would argue with him.

Sarah admits that she has become frail but she states that she is still able to provide care for herself; she is also able to prepare meals for herself and her son. However, her frailty has made it more difficult for her to get to the shops and therefore relies on her son to do the shopping.

In the past, she had friends that called to see her at home or she would visit neighbours and friends. They have stopped calling to see her as her son has been verbally aggressive towards them, and they are afraid to call. She states that her son has become more verbally aggressive towards her and over the last few months this has escalated to him pushing her and causing her to fall. Although Sarah is clear is it “only because of the drink”. Other than that “he is lovely caring son”. Sarah says that she does not want to do anything about her situation.

1. **John**

John is 80. He lives in a very isolated part of the country, resides in his own home and shares that accommodation with a distant relative, Mike. John has an on-going mental health issue and is in receipt of treatment from his local community mental health team.

You are a member of the mental health team and you have concerns in relation to the behaviours of Mike who misuses alcohol. You are worried because John’s house is often cold and there is no evidence of food preparation. John says that Mike can be ‘mouthy with drink’”.

You have informed John that you are concerned and would like to report these matters but he is not keen on this. He does not want anyone calling to the house.

John wants to remain at home where he has lived all his life.

John has a strong fear of being broken in to and he wants Mike to continue to live with him as it provides security for him.

1. **Paddy**

Paddy is a 50-year-old man who lives on his own.

He was admitted as a voluntary patient to the local mental health unit because of mental health issues.

On admission to the unit, he had very few personal items of clothing and told staff that his friend Sadie was minding his money. Paddy gave staff permission to contact Sadie to bring in his clothes and personal care items.

Paddy’s stay was extended. He asked Sadie (who collects his Disability Allowance) to bring his money in to him. Two weeks later, Paddy has not received his money and Sadie cannot be contacted.

1. **Oakplace**

Oakplace prides itself on having an excellent regime of care and service provision. Regularly the manager can be overheard saying how no one in his establishment complains. Staff appear happy but can be a little distant when discussing care plans and practices with other professionals.

A member of staff has just started to work at Chestnutplace. In the team room, the staff member begins to tell about the care practices in her previous place of work (Oakplace). She talks about the emotional and physical intimidation (including examples of hitting, rough handling, teasing and taunting) that took place to service users. The member of staff describes institutional practices that cause others present in the team room to be concerned for the residents in Oakplace.

The staff member is very clear that she did not tell the manager of Oakplace and is not planning on telling the manager of Chestnutplace as she doesn’t want to be a trouble maker. She needs this job. She said she will deny all the information if others tell the manager of Chestnutplace. She says she is glad to be out of Oakplace. She doesn’t want to meet the manager of Oakplace under any circumstances as she is afraid of him.

Oakplace and Chestnutplace are part of the same organisation.

1. **Patricia & Katie**

Patricia & Katie both live in a residential care centre. The service provides care to people with intellectual disability.

This morning, during breakfast in the dining room, Katie shouts at Patricia *“stop looking at me like that”* and then leaned over and slapped her on the face.

Patricia was shocked and upset and had a red mark across her cheek. Patricia started to cry.

Earlier in the morning, Katie was noted to be in bad form and had thrown the contents of her wash bag onto the bathroom floor.

This is the third incident of this nature between Katie and Patricia in the last month.

1. **Martin**

Martin is in his early 30’s. He has a moderate intellectual disability. Martin resides at home with family members.Martin has recently begun to avail of a respite service.

Staff at respite became aware that Martin does not have access to his disability allowance and is dependent on family members for funds for clothes, toiletries and discretionary spending.

Martin’s DA is being collected for him by a family member and is being managed on his behalf. The family are concerned that Martin does not understand the value of money and would not know how to manage cash. They are particularly worried that Martin would spend the money on treats or that others could take advantage of him.

1. **Daisy**

Daisy is in her 40’s. She has a mild intellectual disability. Daisy resides at home with a family member who is in receipt of carer’s allowance.Daisy attends a number of services including a day service and a respite care service.

Daisy has frequently arrived at her day service in a dishevelled state and at respite it was noted her clothes were unwashed and she had no toiletries etc. She never seems to have money for these items or for trips out. It is known that conditions in the home place are poor. Daisy has a good relationship with her family.

Staff members have discussed these issues with Daisy but she is dismissive of their concerns.

1. **Maureen**

Maureen is in her 30’s. Following a fall in her teens, she has an acquired brain injury. She has been assessed as “not having capacity” in significant areas of her decision- making. Maureen resides at home with family members and attends a respite care service.

Maureen discloses to a staff member at the respite care centre that she is afraid to go home.

Maureen discloses that she has been struck by her father.

# WORKSHEET 2 – Case Scenarios

Choose an appropriate scenario to discuss with your team. Ask your staff to think about their role and responsibilities and discuss practice issues that arise from the case scenario. The worksheet below should be used to guide the discussion.

Suggested time 20 minutes per scenario.

|  |  |
| --- | --- |
| **Question/Issue** | **Response/Comment** |
| **If you have concerns that abuse has taken place, what category of abuse do you have concerns about?** |  |
| **Why?** **What are the indicators that cause you concern?** |  |
| **What will you do?** **Why will you do that?** |  |
| **What else do you need to consider?** |  |
| **Consider Confidentiality & limits of confidentiality**  |  |
| **Consider the adult, their human rights and their wishes**  |  |

# WORKSHEET 3 – Consider why some staff don’t raise a concern of abuse

With your staff, (and in small groups) think about why some staff do not tell when they have a concern of abuse of adult at risk of abuse, even though they have been on the training, know the policy, know the procedures and know what they should do. Why might the staff member decide not to tell??

Suggested time 10-15 minutes.

Ask your team in small groups to list reasons (in priority order) why they think staff may not raise a concern.

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3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our responsibility towards safeguarding adults who use our services must come before any other fears or concerns we might have about reporting possible abuse. As a manager, it is important to acknowledge that staff can have fear about raising concerns but we must remind staff that they do not have an option to ignore concerns of abuse.**

**All services should have a zero tolerance approach to abuse concerns. Any form of abuse is unacceptable and should never be normalised or ignored even if the impact and intent appears not to be significant.**

# Click below to get information on:

# [Types of Abuse - Examples and Indicators](https://www.hse.ie/eng/about/who/socialcare/safeguardingvulnerableadults/types%20of%20abuse.pdf)