

Scenario for Safeguarding Champions

This case study and discussion prompts can be used in a team meeting to promote discussion and awareness of safeguarding.

“Is something not quite right with John?”

John is a 58-year-old man who has been using your service for the past six months. He usually attends twice a week and is known for being friendly, chatty and well-presented.

Over the last month, staff and volunteers have noticed some changes.

- John has begun missing appointments without cancelling.
- When he does attend, he appears tired, dishevelled and his clothes are sometimes stained.
- A usually upbeat person, he has become withdrawn and avoids eye contact.
- Staff notice a small bruise on his forearm. When asked about it, John quickly says he “walked into a cupboard door” and changes the subject.
- He also mentions in passing that his nephew has “moved in for a bit” and things at home feel “a bit crowded now”.
- Recently, John asked if someone could help him check his bank account online because “things keep disappearing and he isn’t sure why”.

Your team is unsure whether these are just signs of stress or whether something more serious could be happening.

Discussion prompts for Champions to use

1) What worries you most about this situation?

Prompts signs of **neglect**, **financial abuse**, and **possible coercion**.

2) What would “professional curiosity” look like here?

“Professional curiosity” would be respectfully exploring what’s behind the changes you’re seeing, rather than accepting the first explanation, whilst keeping John’s safety, dignity, and choice at the centre. Points to discuss:

- **Notice changes:** recognise the pattern (missed sessions, appearance, withdrawal, unexplained bruise, money “disappearing”, nephew moved in) and consider this as potential safeguarding, not just “stress”.
- **Ask open, non-leading questions in private:** e.g. *“I’ve noticed you don’t seem yourself lately and you’ve missed a few visits, how are things at home?”* / *“You mentioned money going missing, can you tell me more about that?”*
- **Be gently challenging when needed:** do not be accusing, but explore further *“Sometimes people say it was an accident, but we also know bruises can happen when someone isn’t being treated well. Do you feel safe at home?”*
- **Check for coercion/control:** particularly around finances. *“Does anyone help you manage your money or online banking?”* *“Has anyone asked you for access to your accounts?”*
- **Record and act:** clearly record facts and John’s words and follow safeguarding/raising concern procedures if indicated.

3) What practical steps could the team take right now?

Encourage discussion on:

- If there is immediate danger, call 999.
- Speaking to John in a safe, private environment
- Recording observations clearly
- Checking concerns with other colleagues
- Following the process for “raising a concern” via North Yorkshire Council: [Report adult abuse \(safeguarding\) | North Yorkshire Council](#)

4) What else would you want to know, and how could you find it out safely?

Prompts could include:

- Does John feel safe at home? Is anyone hurting, threatening, or intimidating him?
- Who is the nephew, why has he moved in, and is John happy about it?
- Has anyone taken control of John’s phone, post, appointments, benefits, ID, or bank cards?
- What exactly is “disappearing” (cash, direct debits, card payments)? When did it start? Any pressure to lend money?
- Who does John trust (family/friends/worker)? Is anyone else aware/concerned?
- Does John understand what’s happening and can he make/communicate decisions about money and safety?
- Are there any other risk factors: Substance misuse, mental health, debts, recent bereavement, isolation, caring responsibilities.

Discuss how you could find out the above information. This could include:

- Speaking to John privately (no nephew/others present), use open questions and avoid leading or accusatory language.
- Fact-find from your service records - review attendance pattern, who accompanies him, changes in presentation, exact words
- Share concerns with your safeguarding lead/champion/manager for advice.

6. If this were happening in your own service, what barriers might stop you from raising a concern.

The team may raise the following, potential solutions to discuss are under each point:

- Uncertainty/doubt - not feeling confident it meets the safeguarding threshold.
 - Offer support – staff to discuss possible concerns champion/safeguarding lead/manager). Encourage staff to focus on observed facts, remind them it's OK to raise concerns even when they are not certain.
- Fear of getting it wrong - worry about overreacting, making a false allegation, or being blamed.
 - Reinforce a learning culture (“we’d rather raise and be reassured than miss risk”), coach staff on how to record objectively.
- Fear of consequences - concern about damaging the relationship with John, or repercussions from family/others (e.g., the nephew).
 - Talk through how to raise concerns in a way that maintain trust (honest, respectful, not blaming), clarify how information is shared on a need-to-know basis and help staff plan for safety (e.g., private conversations, not escalating risk at home).
- Time and workload pressure.
 - Normalise safeguarding as “part of the job”. Help teams agree simple minimum steps (record key facts now; escalate before end of shift), and signpost who can take the next action when time is tight.
- Assuming someone else will report it.
 - Encourage clear ownership and remind staff that multiple low-level concerns from different people can build the bigger picture.
- Lack of knowledge/ unclear on process (who to tell, what to record, how to raise a concern) or limited safeguarding training.

- Share guidance on how to raise a concern. Keep key numbers/links accessible. Signpost staff to free NYSAB e-learning safeguarding training course (direct links on this page): [NYSAB](#)
- Worry about information-sharing, confidentiality, GDPR and what you're "allowed" to share.
 - Remind staff that safeguarding is a lawful basis for sharing relevant information, and encourage them to share only what is necessary, proportionate and relevant.
- Practical barriers - not having a private space to talk, difficulty contacting John safely, or him being accompanied/monitored.
 - Help staff plan safe opportunities to speak (private room, quieter time, offer a welfare check call if appropriate), agree a process for what to do if the person is accompanied.