Safeguarding Adults Policy

Version Number	4.4	Version Date	May 2020
Policy Owner	Associate Director of Safeguarding		
Author	Head of Safeguarding		
First approval or date last reviewed	September 2018		
Staff/Groups Consulted	Executive Safeguarding Lead – Chief Medical Officer Chief Nurse and Deputy Chief Nurse Safeguarding Operational Group Safeguarding Committee		
Draft agreed by Policy Owner	June 2020		
Discussed by Policy Group	June 2020		
Approved by [Committee Name]	Safeguarding Committee		
Next Review Due [6 month prior to expiry date]	January 2023		
Policy Expiry Date	June 2023		
Policy Audited			
Equality Impact Assessment Completed	May 2020		

CONTENTS

1. INTRODUCTION

1.1 Our primary guidance on how we should Safeguard Adults is now from the 'Care Act' (2014), as defined by the 'Care and Support Statutory Guidance' (2014). This guidance replaced the previous 'No secrets' guidance of 2001.

1.2 This policy applies to people who are 18 years and over and who meet the criteria for a safeguarding response.

1.3 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances (DOH. 2014)

1.4 Safeguarding adults is at the centre of all that we do, focusing upon adults who are at risk of abuse. There are two fundamental requirements for effective safeguarding in the delivery of NHS care :-
To prevent safeguarding incidents arising through the provision of high quality care
To ensure effective responses where harm or abuse occurs through implementing multi-agency safeguarding adult's procedures and policies.

1.5 The policy was reviewed in May 2020 and will be reviewed on a formal basis yearly or earlier if new guidance, legislation or relevant learning is promoted nationally or locally. This policy should be read alongside Somerset Safeguarding Adult Board, Safeguarding Adults Multi – Agency Policy: https://ssab.safeguardingsomerset.org.uk/wp-content/uploads/20190625-FINAL-Joint-Safeguarding-Adults-Policy-Somerset.pdf

And also the following documents:

- Care Act 2014: https://www.legislation.gov.uk/ukpga/2014/23/contents
- Care and Support Statutory Guidance: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

2. SIX SAFEGUARDING PRINCIPLES

2.1 In 2011, the government identified six safeguarding principles. These should guide our actions when dealing with safeguarding cases. The Care Act further endorses the use of these principles. The six principles are:-

2.2 **EMPOWERMENT** – people being supported and encouraged to make their own decisions and informed consent. This principle aligns with 'Making Safeguarding Personal' which focuses on person led and out-come focused safeguarding. It

involves engaging with the individual about how best to respond to the safeguarding issues, in a way that enhances involvement, choice and control as well as improving quality of life and wellbeing

2.3 **PREVENTION** – it is better to take action before harm occurs

2.4 **PROPORTIONALITY** – the least intrusive response to the identified risk

2.5 **PROTECTION** – support and representation for those in greatest need

2.6 **PARTNERSHIP** – local solutions through services working with their communities – communities have a role to play in preventing, detecting and reporting neglect and abuse.

2.7 **ACCOUNTABILITY** – accountability and transparency in the delivery of safeguarding.

3. AIMS OF THE POLICY

3.1 To define the key terms used in safeguarding adults and the classification of abuse

3.2 To increase awareness of the existence of abuse and its management

3.3 To help staff prevent abuse where possible and support victims in the event of abuse occurring

3.4 To provide a guide to assist staff in being able to identify possible causes of abuse

3.5 To provide staff with a framework, to guide and support them through the process of highlighting a concern about a case of adult abuse

3.6 To indicate what multi-agency working may be required in the investigation of abuse

3.7 To provide guidance on information sharing

4. DEFINITIONS

4.1 **Adult Safeguarding** – this means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and the experience of abuse and neglect, while at the same time making sure that the adult's wellbeing is being promoted.

4.2 **Adult at risk** – Any person aged 18 years and over who is or maybe in need of community care or support services for reasons of age or illness, or other disability, and who is or may be unable to protect themselves against significant harm or serious exploitation (Care Act 2014)
An adult at risk may therefore be a person who:

- Is elderly and frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and /or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long term illness/condition
- Misuses substances and /or alcohol
- Is limited in their capacity to make decisions and is in need of care and support

This list is not exhaustive

Vulnerability is not a rigid concept and there maybe conflicting views about an individual's capacity and situation. In considering whether adult safeguarding procedures should be used, staff should assume capacity until and unless information suggests that this is not the case

4.3 **Significant Harm** – the Law Commission suggests that harm does not only include ill treatment (including sexual abuse and forms of ill treatment that are not physical) but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development.

4.4 **Epidemiology** – adults may be abused by:-

Spouses/partners
Other family members
Neighbours
Friends and acquaintances
Local residents
People who deliberately exploit adults they perceive as vulnerable to abuse
Paid staff or professionals
Volunteers and strangers

4.5 **Abuse** – 'abuse is the violation of an individual's human and civil rights by another person or persons. Abuse may be a single act or repeated acts. Abuse can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it. Care Act 2014

4.6 **Types of Abuse –**

- **Physical Abuse** – this is non-accidental infliction of physical force that results in bodily injury, pain or impairment. This not only includes hitting and slapping for example but can also be restriction of movement, rough handling, the inappropriate application of techniques or treatments, involuntary isolation or confinement and misuse of medication
- **Sexual Abuse** – direct or indirect involvement in sexual activity without consent
- **Psychological / Mental/ Emotional Abuse** – the use of threats, humiliation, bullying, swearing and other verbal conduct or any other form of mental cruelty that result in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy, dignity and emotional contact
- **Financial abuse and/or exploitation** – the unauthorised misappropriation of money, valuables, property or any resources belonging to an individual. This includes forcing changes to a will and testament, preventing access to money, property, possessions or inheritance.
- **Neglect** – the repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others. However, it

must be remembered that all individuals have the right to choose their lifestyle and take risks

- **Self-Neglect –** this term covers a wide range of behaviours of an individual neglecting to care for their personal hygiene, health and environmental needs. This can include behaviours such as hoarding. A decision regarding a safeguarding response will be dependent on the individuals own ability to protect themselves by controlling their own behaviours. There may come a time when they are no longer able to do this, without external support.
- **Institutional Abuse** – institutional abuse is mistreatment or abuse by a regime or the individuals within an institution. It occurs when the routines, systems and norms of an institution compel individuals to sacrifice their own preferred lifestyle and cultural diversity to the needs of the institution.
- **Discriminatory Abuse** – when a person is abused or treated less favourably without a proper justification because of their: gender , race (including skin colour), ethnicity or culture, religion or belief, preferred language, sexual orientation, political views or age.
- **Domestic Abuse** – any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. (Please refer to Trust Domestic Abuse Policy for further information)
- **Human Trafficking** – trafficking involves the recruitment, transportation and exploitation of adults and children for the purpose of prostitution and domestic servitude across international borders and within countries.

Further information including detailed guidance on signs and symptoms of abuse and neglect can be found in the appendix section of this policy

4.7 **Human Rights Act 1998** – this act states that abuse can be caused by violating peoples Human Rights which are defined within the act. Further information can be found in the appendix of this policy

4.8 **Patients with Learning Disabilities, Autism or a brain injury** – patients with learning disabilities, Autism or a brain injury may be especially vulnerable to abuse as they:

- Maybe compliant, unclear that abuse is taking place and that they have a right to protection.
- May have limited communication skills and be unable ‘to tell’
- May be difficult to recognise abuse of individuals with learning disabilities because of communication problems and the likelihood that other explanations may be given for their behaviour
- May not be regarded as a credible witness
- Have lifestyles which place them in settings where they may be especially vulnerable, e.g. hospitals, residential homes, day centres
- May have no one close to them to turn to
- May display inappropriate physical affection which can be taken advantage of
- May require a degree of physical care which creates opportunities for sexual abuse
- May display behaviours which are challenging and stressful for carers
- May require a lifetime of physical care and/or supervision which can become increasingly stressful for family carers

It must be remembered that learning disability patients or patients who have brain injuries or Autism who enter the Trust have to be provided with the level of care that is

required to lead to an equality of outcome when compared with the outcomes for non-learning disability patients
Assessment of Learning Disability patients should include the use of the 'Hospital Passport' document, which should be provided by the patient or their carer/ family member on admission.
For further information, please refer to the appendix section.

4.9 **Prevent**

The role of the trust in delivering the Prevent Strategy
The trust has a duty to ensure safe environments where extremists are unable to operate. It is essential, therefore that all staff know how they can support vulnerable individuals (patients or staff members) whom they feel may be at risk of supporting extremism or becoming a terrorist.
It should be stressed that there is no expectation that the trust will take on a surveillance or enforcement role as result of prevent. The Trust will work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour. To achieve this the trust has:

- Identified the Head of Safeguarding to take the role of Prevent Lead for the organisation and trained to deliver the Health WRAP (Workshop to Raise Awareness of Prevent) training to key frontline staff.
- Prevent awareness is being raised amongst all staff though mandatory safeguarding training
- Ensured that organisational policies, procedures and protocols support core organisational values and supports staff in raising genuine concerns.
- Ensured staff know how to safely escalate any concerns relating to a patient or colleagues wellbeing and / or safety of the public.
- Promoted the responsible and effective use of the internet by all staff, volunteers and patients.
- Build and strengthen local partnership and interagency working to prevent vulnerable individuals from becoming the victims or causes of harm.

(Please refer to Trust Prevent protocol for further information and guidelines)

5. ROLES AND RESPONSIBILITIES

5.1 **Chief Executive Officer** – On behalf of the trust board, the chief executive officer has ultimate responsibility for all aspects of the safeguarding of vulnerable adults within the Trust. This responsibility is delegated to the director lead for safeguarding adults.

5.2 **Chief Nurse, Director of People and Deputy Chief Executive** – is the director lead for safeguarding who is responsible for ensuring a strategy for the management of adults at risk of harm or abuse is in place that conforms to legislation, national policy and guidance

5.3 **Trust Lead for Safeguarding Adults** – the trust lead for safeguarding adults is the Associate Director of Quality Governance, Assurance and Safeguarding who is responsible for:

Leading and Managing the Strategic and Operational Adult Safeguarding resource in the Trust

- Attending and contributing to Somerset Safeguarding Adult Board meeting and trust Safeguarding committee.

- Work in partnership with the Head of Safeguarding in developing the work and audit programme each year
- Leading internal investigations and reviewing Serious Case Reviews, internal and external to the organisation for recommendations and organisational learning.

5.4 **Head of Safeguarding** – the clinical lead is a specific nursing role responsible for:

- Determining strategies for the management of adults at risk in conjunction with Somerset Adult Safeguarding Board, the trust safeguarding committee and executive lead

- Attending the Somerset Safeguarding Adults Board sub group meetings
- Leading on provision of information, training and policy to increase awareness of the needs of adults at risk throughout the organisation
- Ensuring that the content of learning reflects what the requirement for staff is as laid down in the intercollegiate document 2018
- Evaluating, reviewing and reporting on the effectiveness of the training delivered
- Auditing compliance and effectiveness of the safeguarding Adults Policy
- Assisting in internal investigations and serious Case reviews
- To attend the trust safeguarding Committee
- To facilitate the Safeguarding operational group meetings
- Work in partnership with the safeguarding team in devising the audit programme each year and take the lead in conducting the planned audits
- Providing monitoring information and an annual report to the trust board and other interested parties
- Ensuring staff are informed of any changes in legislation, national policy or guidance that affects the care of adults at risk
- Responding to investigation requests (section 42, root cause analysis) as is required in the most complex cases as identified internally and from safeguarding leads from other organisations
- Fulfilling Prevent lead role for the trust, providing all relevant training and attending multiagency meetings as appropriate.

5.5 **Matron / Department Managers** – Matrons and Departmental Managers are responsible for :

- Ensuring clinical staff applies the Safeguarding Adults policy and procedures in their daily roles
- Provide advice and support for staff involved in the adult at risk safeguarding process
- Informing Clinical Governance of all cases that may involve legal action
- Are responsible for ensuring mandatory training is attended by all staff in their area of responsibility, to ensure all staff are aware of the policy and updates available for staff
- To ensure that that staff in their area are accessing the correct level of safeguarding training as per the intercollegiate 2018 and are competent in their safeguarding role

5.6 **Clinical Site Manager** – the Clinical Site Managers (CSM) are responsible for:

- Ensuring they have a working knowledge of the safeguarding adults policy and procedures
- If the patient is considered to be in a place of safety i.e. is an inpatient in the hospital, the social service team can be contacted within 24 hours (or next working day) if concern is raised at the weekend
- Informing the on call manager out of hours of alleged abuse to a vulnerable adult at the earliest opportunity
- Ensuring evidence is preserved for Police Investigation

- Clarifying with the police if the victim and witnesses should be kept apart before they have an opportunity to discuss events
- Being a point of contact out of hours for urgent safeguarding issues

5.7 **On Call Manager** – the on call manager is responsible for:

- Deciding if police involvement is immediately required, as a criminal offence has taken place and to authorise the CSM to contact the necessary agencies
- For establishing in non-criminal abuse if it is in the best interests of the vulnerable adult, if they lack capacity to decide for themselves, for the alleged abuser to visit
- To ensure that concerns are referred to the Safeguarding Team via the Ulysses incident reporting system
- To inform the on call Director of any significant safeguarding concerns out of hours

5.8 **All Staff** – all staff have a responsibility to report concerns of abuse following the procedures set out in this policy. Safeguarding is everyone's responsibility.

5.9 **Trust Safeguarding Operational Group -** The aim of the group is to provide the necessary assurance to demonstrate that the Trust is meeting its obligations for regulation with the Care Quality Commission in relation to Safeguarding including those with a learning disability.

5.10 **Trust Safeguarding Committee** - The Safeguarding Committee is chaired by the Chief Medical Director / Executive Lead for Safeguarding or delegates responsibility to Associate Director Quality Governance and Safeguarding. The chair will report progress against the Trust Safeguarding Strategy and Key Performance Indicators for Adults and Children to the Board of Directors and Hospital Management Team, with additional reports or presentations being provided to the, Governance Quality Assurance Committee and other groups as required. The Committee works with the Safeguarding Operational Group to identify risks and escalate any decisions or amendments to work plan priorities.

5.11 **Social Services** – Social services are responsible for:

- Reviewing and triaging any referral received into their organisation and identifying if the referral will require further review by themselves following the Somerset Adult Safeguarding Procedures
- Supporting any police investigation
- Participating in interviews of vulnerable adult victims and witnesses if required:

https://ssab.safeguardingsomerset.org.uk/

6. PROCEDURES FOR REPORTING ADULT ABUSE

6.1 Identifying and Reporting abuse

The trust has in place systems for identifying individuals who are at risk when they present within the hospital setting. Adults at risk of harm or abuse will be identified through the following routes:

Through triage and assessment within the Emergency department

Initial Nursing assessment when an inpatient or when attending an outpatient appointment

Every member of staff is responsible for recognising and reporting an allegation or identified incident of abuse. It is good practice to do this with the patients consent if they are able to do so

The procedure is as follows:

- Contacting the departmental matron/line manager at the earliest opportunity to inform them of the identified concerns
- Notifying the following professionals (in person/ via telephone / or email):
- Trust Safeguarding Team in hours, the Clinical Site manager out of hours.
- Contact Social Services as soon as possible if this is required, and within 24 hours
- Inform the consultant in charge of patient care if an inpatient
- The patients General Practitioner to be informed of the identified concerns by the Safeguarding Team if the individual is an outpatient
- Trust Staff **Must Complete an incident report** for any allegation or identified incident. An **investigation** should take place in line with the incident reporting process and Investigation Policy. The safeguarding team or other identified relevant staff member will undertake the review.
- Staff must not contact the alleged abuser
- If the adult has capacity and gives consent then photographic evidence may be taken, if they are unable to give consent then photographs can be taken in their best interest. Please refer to section 6.5 for capacity and consent

The main consideration at all times is the protection of the adult. Please refer to Appendix 5 for guidance for responding to disclosure / suspicion of abuse

6.2 **Police Involvement** – when police involvement is required the Head of Safeguarding or if not available, the Associate Director of Quality Governance, Assurance and Safeguarding must be informed. The clinical site manager/ matron. Line manager must also be informed of the situation

6.3 **Triggers for Alerting Social Services and Invoking Multi Agency processes** – the following triggers will alert investigators and Matrons that the multi-agency team headed by social services department should be involved:

- When it is suspected that abuse has occurred over time and the health, safety and wellbeing of the patient appears to be at significant risk
- When the person who has been abused or neglected appears to lack mental capacity, a mental capacity test must be completed (Please refer to the Trust Mental Capacity Policy http://ycloud/apps/policies/Policies%20and%20Procedures%20Published%20Documents/MCA%20Policy%202019%20-%20Final%20Draft%20v1.6.pdf
- When several agencies are already involved
- When other people may require safeguarding e.g. Carers, Children (if children are involved please contact the safeguarding team during working hours for advice, for out of hours advice please contact the Emergency Duty Team (social Care) 03001232327.
- People who are identified as having care needs (under the threshold of the Care Act) by Social services

6.4 **Mental health Concerns** – when there are concerns relating to a patients mental health a Risk Assessment Matrix should be completed and the Mental Health Liaison team contacted and informed for their assessment and intervention.

6.5 **The Mental Capacity Act** – patients who lack the capacity for some decision making are at a greater risk of abuse. If there is a concern about capacity, please refer to the Trust Mental Capacity Policy (http://ycloud/apps/policies/Policies%20and%20Procedures%20Published%20Documents/MCA%20Policy%202019%20-%20Final%20Draft%20v1.6.pdf). For further support please

contact the Trust Mental Capacity lead (via the safeguarding team) or matron / line manager of the department.
Section 44 of the Mental Capacity Act makes it a specific offence to ill-treat or wilfully neglect a person who lacks capacity.

6.6 **Consent and Confidentiality** – consent and confidentiality must be observed at all times. Further guidance is with appendix 6.

7. RAISING CONCERNS / WHISTLEBLOWING

if staff are concerned that no action/ inadequate action has been taken in response to concerns raised re poor patient care resulting in significant harm either within the hospital or other care setting, it is appropriate for staff to refer to the trust whistle blowing / raising concerns policy. This can be accessed through the Human Resources handbook available on the Trust Intranet. This provides guidance on the correct procedure for escalating concerns through the organisation and, if necessary, externally, plus information on the legislation that supports staff in this process.

Refer a concern to the hospital social work team – when there are concerns about abuse, but no significant harm has occurred or expected to occur in the future, and then a referral should be made to the hospital social work team. Contact number 01935 38**6640**

8. TRAINING AND AWARENESS

All trust staff, regardless of role or status are required to be aware of the need to safeguard adults at risk who are accessing our services. Some staff with specific roles within the trust or working within specific teams will require further training to equip themselves with enhanced knowledge and skills. Guidance for this is available from the intercollegiate document 2018

A Training needs Analysis (TNA) is maintained by the Academy, which sets out the levels of training against staff groups. Training is delivered in accordance with the Safeguarding Adults Board Training Matrix and 2018 intercollegiate document. The following staff training programmes are delivered through the Academy.

- All new staff receive Safeguarding Adults training at corporate induction.
- All staff must attend Level 2 training every two years which also includes mental Capacity Act awareness training, this is delivered through the Trust mandatory training programme
- A level 3 modular in house training programme is available to staff groups who have been identified as requiring this level of training.
- All staff are responsible for attending and engaging with appropriate training and for cascading new knowledge and skills within their workplace.
- Training activity, content, evaluation and outcomes will be presented to the safeguarding committee at least once a year.

9. SUPERVISION

Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for Safeguarding and promoting the welfare of patients and creating an environment where staff feel able to raise concerns and are supported in their Safeguarding role. The trust recognises that working in the field of Safeguarding entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful. Therefore, all front line practitioners will be well supported by effective Safeguarding Supervision, advice and support.
Supervision is defined as an accountable process, which supports, assures and develops the

knowledge, skills and values of an individual, group or team. The purpose of supervision is to improve the quality of professionals work by assisting them to review, plan and account for their safeguarding responsibilities.
The Trust is committed to promoting the welfare of patients and protecting them from harm and ensure they receive safe, effective care in accordance with Care Quality Commission (CQC) Regulations; Outcome 7.
The safeguarding team are able to provide supervision for individuals or staff groups at their request. The Policy for Adult Clinical Supervision is provided further in Appendix 8 of this policy.

10. APPLICABILITY

This policy and procedure will apply to all staff employed, voluntary or undergoing training at Yeovil District Hospital NHS Foundation Trust.

11. IMPLEMENTATION, MONITORING AND EVALUATION

Monitoring and review of Safeguarding Adults policy is conducted by the Head of Safeguarding. Case reviews should take place through departmental Governance meetings. Specific cases are reviewed through conducting Root Cause Analysis (RCAs) with formal action plans detailed. Specific case reviews for vulnerable adults will go to the Commission for Social Care Inspection (CSCI).

An annual report regarding Adult Safeguarding including Mental Capacity and Deprivation of Liberty will be submitted to the Board of Directors by the Trust Head of Safeguarding.

12. REFERENCES

- Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf
- Mental Capacity Act 2005 Code of Practice
- Mental Capacity Act 2005 Deprivation of Liberty Safeguards http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/index.htm
- Deprivation of Liberty Safeguards. A guide for hospitals and care homes
- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094348
- Mental Capacity Act 2005 Deprivation of Liberty Safeguards. A guide for family, friends and unpaid carers
- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095895

www.devon.gov.uk/mentalcapacityassessmentguidance
www.devon.gov.uk/face_mental_capacity_assessmet

- Incident Reporting and Investigation policy
- Using the Mental Capacity Act http://ycloud/apps/policies/Policies%20and%20Procedures%20Published%20Documents/Using%20the%20Mental%20Capacity%20Act%20(MCA)v1.6.pdf
- Raising Concerns (Whistleblowing Policy)
- Adult Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document. First edition 2018. Royal College of Nursing

13. APPENDIX 1 – TO SAFEGUARDING ADULTS POLICY SIGNS AND SYMPTOMS OF ABUSE AND NEGLECT

1. Abuse

It may be act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in the significant harm to, or exploitation of, the person subjected to it.

2. Discriminatory Abuse

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civil status and protection. It includes discrimination based on race, gender, age, sexuality, disability or religion.

3. Physical Abuse

Physical Abuse could include:

- Assault
- Hitting.
- Slapping.
- Pushing.
- Misuse of medication.
- Restraint or inappropriate physical sanctions

3.1 Signs and Symptoms

- A history of unexplained falls or minor injuries especially at different stages of healing.
- Unexplained bruising in well-protected areas of body such as inside of thighs or upper arms and so on.
- Unexplained bruising or injuries of any sort.
- Burn marks of unusual type such as burns caused by cigarettes, carpet burns and rope burns.
- History of frequent changing of General Practitioners or the General Practitioner not being able to see the vulnerable person.
- Storing of medicine, which has been prescribed for the vulnerable adult but not given.
- Malnutrition, ulcers, bedsores and being left in wet clothing.

4. Sexual Abuse

Sexual abuse could include:

- Rape
- Indecent exposure
- Sexual harassment
- Inappropriate looking or touching
- Sexual teasing or innuendo
- Sexual photography / imagery
- Subjection to pornography or witnessing sexual acts
- Sexual assault
- Sexual acts to which the adult has not consented or could not consent or was pressured into consenting

Consent may not be given because a person has capacity and does not want to give it or a person lacks capacity and is therefore unable to give it. In addition, it may be because the person feels coerced into activity because the other person is in a position of trust, power or authority, e.g. residential or health worker. On the other hand, the other party is a close relative and therefore the action would be incestuous.

4.1 Signs and Symptoms

- Unexplained changes in the character and behaviour of the adult
- Tendency to withdraw and spend time alone
- The vulnerable adult displaying sexual behaviour and / or language out of character
- Irregular and disturbed sleep pattern
- Bruising or bleeding in the rectal or genital areas
- Torn or stained underclothing especially with blood or semen
- Sexually transmitted disease or pregnancy where the vulnerable adult cannot give consent to sexual acts.

5. Psychological /mental/Emotional abuse

Psychological abuse could include

- Emotional abuse

- Threats of harm or abandonment
- Deprivation of contact
- Humiliation
- Blaming
- Controlling
- Intimidation
- Coercion
- Harassment
- Verbal abuse
- Cyber bullying
- Isolation or unreasonable and unjustified withdrawal of services or supportive networks

5.1 Signs and Symptoms

- Inability to sleep or tendency to spend long periods in bed.
- Loss of appetite or overeating.
- Anxiety, confusion, agitation or giving up.
- Choosing to spend lots of time alone.
- Appearing fearful and shows signs of loss of self esteem
- Being uncharacteristically manipulative, uncooperative or aggressive
- Overly subservient and willing to please
- The carer always wishes to be present at interviews

6. Financial abuse or material abuse

Financial or material abuse could include

Theft

Fraud

Internet scamming

Coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions

Misuse or misappropriation of property, inheritance or financial transactions

6.1 Signs and Symptoms

- Unexplained inability to pay for household shopping or bills / unexpected shortage of money.
- Change in living conditions
- Withdrawal of large sums of money, which cannot be explained.
- Personal possessions go missing from the vulnerable adult's home.
- Living conditions are low compared to the money the vulnerable person receives.
- Lack of heating , clothing or food
- Unusual and extraordinary interest and involvement by the family, carer, friend, stranger or door-to-door salesperson in vulnerable adult's assets.
- Person managing financial affairs is evasive or uncooperative.
- Unexplained loss/ misplacement of financial documents
- Sudden or unexpected changes in a will or other financial documents

7 Domestic Violence

- Domestic Violence could include
- Psychological / emotional abuse
- Physical
- Sexual
- Financial
- Honour based violence

For further information, please refer to Trust Domestic Violence Policy. (Available on Y-cloud)

8 Neglect and Acts Omission

Neglect and acts of Omission could include:

Ignoring medical, emotional or physical care needs
Failure to provide access to appropriate health, care and support or educational services
Withholding of the necessities of life such as medication, adequate nutrition and heating

Signs and symptoms of neglect and acts of omission could be:

Poor heating, lighting, food or fluids
Poor physical condition such as pressure sores
Appearance of being 'scruffy' or neglected
Not seeking appropriate medical care
Unexplained weight loss
Lack of privacy and dignity
Reluctance of carers to have contact with health or social care professionals
Refusal to allow visitors
Inappropriate or inadequate clothing or being left in night clothes all day (without clear rationale)
Not being allowed to have glasses, hearing aids or other communications devices
No means of being able to call for assistance

8. Self Neglect

Risk may arise from the vulnerable adult's own lack of self-care, or risky behaviour. Individuals have the right to choose their lifestyle and take risks; therefore, you should only consider a vulnerable person under this procedure when one or more of the following conditions

apply. The person is:

- Unable to obtain care necessary to meet their needs.
- Unable to make reasonable or informed decisions because they lack mental capacity due to their mental health or their learning disability.
- Living in unclean and / or unsafe accommodation or is homeless.
- Individual may have a wide range of behaviour that could include neglecting care for own personal hygiene, health or surroundings and includes behaviour such as hoarding.
- Is refusing essential services without which their needs cannot be met, with the result that their health and safety are at serious risk. If this situation persists a Safeguarding
- Adults Strategy Meeting should be called and a decision made about who is the best person to try to work with the vulnerable adult, while respecting their right to privacy and to make their own decisions

9. Institutional / organisational Abuse

Every institution requires some systems to operate to protect the safety of all who attend live or work there but these can become abusive to service users and carers when they become dogmatic, inflexible and non-negotiable. Managers and staff must ensure that the operation of the service is centred primarily on the needs of service users and not on those of the institution.

9.1 Indicators of Institutional / Organisational Abuse

- 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 an individual's own home

- This may range from one off incidents to ongoing ill treatment / neglect as a result of poor professional practice as a result of the structure, culture, policies and practices within an organisation.

10. Discriminatory Abuse

This includes discrimination on the grounds of:

- Race
- Faith or religion
- Age
- Disability
- Gender
- Sexual preference
- Political views

10.1 Signs Symptoms

- Tendency to withdrawn and spend time along
- Fearfulness and anxiety
- Being refused access to service or being excluded for the wrong reasons.
- Loss of self esteem
- Resistance or refusal to use services that are required to meet need
- Expressions of anger and frustration

MODERN SLAVERY

Modern slavery could include:

- Slavery
- Human trafficking
- Forced labour and domestic servitude
- Sexual exploitation
- Criminal exploitation
- Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

11. Multiple Forms of Abuse

A vulnerable person may be experiencing more than one type of abuse or more than one person may be abused. This may happen in an ongoing relationship or in an abusive service setting, to a vulnerable adult or more than one vulnerable adult at a time. It is important to look beyond single incidents or lowering of standards for any signs and symptoms of harm.

12. Why Abuse may happen?

The following factors may lead to an adult becoming vulnerable whether they live in their own home on their own or with others or a care home or are receiving care support or services in hospital or any other place in the community:

- A relationship where someone has power over the vulnerable adult, whether physical, emotional or financial.
- The person providing care is having difficulties in caring for the vulnerable adult who has learning disabilities, mental health problems or chronic progressive disabling illness because the care needs exceed the carer's ability to meet them.
- Adults living with other family members who are financially dependent on them.
- A personal or family history of violent behaviour, alcoholism, drug abuse or mental illness and so on.
- The carer's emotional and social needs are unmet.
- Breakdown in the vulnerable adult's relationship with the carer/s.
- Financial difficulties often leading to poor living conditions.
- Carers are not receiving any practical and / or emotional support from other family members or professionals.

13. Recognition of Adult Abuse

13.1 Who may be the Abuser?

Vulnerable adults may be abused by a wide range of people including family members, relatives, professional staff, paid care workers, volunteers, other service users, neighbours, friends, associates and people who deliberately exploit vulnerable people and strangers.

There is often particular concern if abuse is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of the health, safety, welfare and general wellbeing of a vulnerable person.

Agencies have a responsibility towards all vulnerable adults who have been abused, but may also have a responsibility in relation to some perpetrators of abuse. This will vary depending on whether the perpetrator is:

- A member of staff, proprietor, or manager of a service.
- A member of a recognised professional group.
- A volunteer or member of a community group such as a place of worship or social club,
- Another service user.
- A spouse, relative or member of the vulnerable adult's social network.
- A carer.
- A neighbour, member of the public or stranger.

13.2 Where May Abuse Occur?

Abuse can take place in any situation, including:

- Where the vulnerable adult lives – either alone or with someone else.
- Within care home or day care settings.
- In hospital.
- In custodial situations
- Where support services are being provided.
- In other places, previously assumed to be safe.
- In public places.

Assessment of the environment and context that the abuse occurred within is important because exploitation, deception, misuse of authority, intimidation or coercion may render a vulnerable adult incapable of making his or her own decisions. It may be important for the vulnerable adult to be away from the sphere of influence of the abused person or the setting in order to be able to make a free choice about how to proceed.

13.3 Factors Making Abuse More Likely to Occur

Research has shown that abuse is more likely to occur, especially in domestic settings if the following factors are present.

If Carers:

- Feel very lonely, isolated and physically and emotionally exhausted.
- Habitually lose their temper.
- Have felt they cannot cope or continue to care for the vulnerable adult.
- Perceive the vulnerable adult as being deliberately awkward.
- Are unrealistic in their expectations leading to disappointment and an increased risk of scapegoating.
- Have to cope with behavioural and sexual problems in the vulnerable adult.
- Have previously admitted to or have been seen roughly handling the dependent.
- Have diminished communication with the vulnerable adult, either through choice or through incapacity.
- Are living on a low income or in poor housing which is placing the family under extra
- Stress.
- Feel that family relationships over the years have been poor.
- Have not been provided with sufficient resources from agencies.
- See the person with a disability as being inferior.

If the Vulnerable Adult:

- Has hit out at the carer.
- Cannot converse normally.
- Is unable to communicate to explain what has happened to them.
- Does not have English as their first language.
- Disturbs the carer at night.
- Lacks purposeful activity.
- Exhibits old or embarrassing behaviour.
- Is self-harming.
- Is not helpful or co-operative.
- Is rejecting and / or ungrateful.
- Has negative behavioural traits.
- Regularly disappears from home.
- Is less able to avoid abusive situations because of a physical disability.
- Has high levels of personal care needs.

13.4 The Likelihood of Abuse Occurring is Further Increased if:

- The carer has other dependants.
- The carer is physically or mentally ill, or dependent on drugs and / or alcohol.
- Violence is a normal in the household or establishment.
- Fluctuating symptoms of disease are poorly understood.
- The abuser is dependent on the Carer for money or accommodation.
- The abuser is young or lacking maturity and / or feels that the vulnerable adult failed to fulfil the carer's needs for care in former years.
- The vulnerable adult is excluded from outside social contacts.
- The vulnerable person has learned through the education and social system to be compliant and accept inequalities.
- The vulnerable adult has been over protected from childhood and fails to recognise dangerous or potentially dangerous situations.
- The vulnerable adult has experienced rejection due to disability and may be at risk of exploitation because their need for affection.
- A vulnerable adult has received inadequate sex education and is consequently unaware that they are being abused.
- Other adults subscribe to the myths that people with a learning disability are either sexually hyperactive, asexual or not sexually attractive thus allowing those responsible for their wellbeing to ignore or misinterpret signs of sexual exploitation.

14. APPENDIX 2 DOMESTIC ABUSE TELEPHONE NUMBERS AND CONTACTS

1. Domestic Abuse

Domestic abuse is often used to keep power and control over another person. Although women are much more commonly the victims of domestic violence, men in heterosexual or homosexual relationships can also be at risk of domestic abuse.

Victims of domestic abuse may not fulfil the normal criteria for vulnerability, but if one or both adults involved can be regarded as vulnerable, as defined above, then the adult protection guidelines apply. If vulnerability, as defined here, is not involved then the guidelines will not normally be expected to apply, although other guidelines, e.g. child protection or other assistance and advice may be relevant. If there are, any children or unborn child in the household a referral should be made to the Named Nurse for Safeguarding Children.

Victims of domestic abuse should be offered support in leaving the abusive environment, if this is what the victim wants. If the victim wishes to return to the abusive environment, contact details of possible support should be offered.

2. Contact Details

- Somerset Change via the Domestic Abuse Freephone Support line (DAFFS) 0800 6949 999.
- Free 24-hour national Domestic Violence Helpline: 0808 2000 247.
- Women's Aid: www.womensaid.org.uk
- Broken Rainbow. Lesbian, gay, bisexual and transgender domestic violence forum: 020 8539 9507.
- Refuge: www.refuge.org.uk
- Victim Support: 0845 30 30 900, www.victimsupport.org.uk
- Victim Support Somerset: 01460 55535.
- Avon and Somerset Police: 0845 456 7000 or 101.
- The Samaritans: 08457 90 90 90.
- National Child Protection Helpline (NSPCC) 0800 800 500.
- Foreign and Commonwealth Office, advice on forced marriages: 020 7008 0135 or 020 7008 0230
- Careline: 020 8514 1177
- Legal Aid advisors: www.justask.org.uk/index.jsp
- Male Advice Line and Enquiry: 0845 064 6800.

15. APPENDIX 3 THE HUMAN RIGHTS ACT 1998

Appendix C

Article 1: This is the duty of states that have ratified the Human Rights Act to secure the rights and freedoms of the people in their jurisdiction.

Article 2: Right to Life. No one shall be deprived of their life intentionally save in the execution of a sentence of a court following a conviction of a crime with the death penalty.

Deprivation of life will not be a contravention of the Article when it is from force, which is no more than absolutely necessary:

- In defence of a person from unlawful violence
- To effect a lawful arrest or to prevent the escape of a person who is lawfully detained
- Action lawfully taken for quelling a riot or insurrection

Article 3: Prohibition of Torture. No one shall be subjected to torture or inhuman or degrading treatment or punishment. This applies irrespective of the conduct of the victim.

Article 4: Prohibition of Slavery and Forced Labour. No one shall be held in slavery or servitude. No one shall be required to perform forced or compulsory labour. Forced labour does not include:

- Work required to be done in the course of legal detention
- Military service or where conscientious objectors (where they are recognised) service exacted instead of military service
- Service exacted in case of emergency or calamity threatening life or well-being of the community
- Any work which forms part of civil obligations

Article 5: Right to Liberty and Security. No one shall be deprived of his liberty, apart from the following cases and in accordance with a procedure prescribed by law:

- Conviction by a competent court
- Lawful arrest or detention of a person for non-compliance with a lawful court order to fulfil an obligation prescribed by law
- Lawful arrest or detention of a purpose under reasonable suspicion of having committed an offence or when it is reasonably necessary to prevent the commitment of an offence or fleeing having done so.

- Detention of a minor by lawful order for the purpose of educational supervision or lawful detention for the purpose of bringing before a competent legal authority

- Lawful detention for the prevention of spreading of infectious diseases, of persons of unsound mind, alcoholics, drug addicts or vagrants (the detention of persons of unsound mind is now covered via the Deprivation of Liberty Safeguards, the Mental Capacity Act and the Mental Health Act).

- Lawful arrest or detention effecting an unauthorised entry into the country or a person were action is being taken with a view to deportation or extradition

Article 6: Right to a Fair Trial. Everyone is entitled to a fair and public hearing within a reasonable time by an independent tribunal established by law. People will be presumed innocent until proved guilty according to the law. Everyone charged with a criminal offence has the following minimum rights:

- To be informed promptly in a language they understand the nature and cause of the accusation against him.

- To have adequate time and facilities to prepare a defence

- To defend themselves in person or through legal assistance, if there is insufficient means to pay for legal assistance it is to be given free

- To examine or have examined witnesses against them and to obtain witnesses on their behalf

- To have the free assistance of an interpreter if he cannot understand or speak the language used in court

Article 7: No Punishment without Lawful Authority. No one should be held guilty of an offence on account of any act or omission which did not constitute a criminal offence under national or international law at the time it was committed. This should not prejudice the trial and punishment of a person for an act or omission, which at the time it was committed, was recognised as criminal.

Article 8: Right to Respect for Private and Family Life. Everyone has the right to respect for their private and family life, there home and correspondence. A public authority can only interfere with this right in accordance with law in the interests of national security, public safety

or the economic well-being of the country, for the prevention of crime, for the protection of health or morals or for the protection of the rights and freedoms of others. Policy for Safeguarding Adults at Risk

Article 9: Freedom of Thought, Conscience, and Religion. This right includes freedom to change religion or belief. To manifest the religion or belief through worship, teaching, practice and observance. Limitations to manifest one's religion can only happen as prescribed by law in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.

Article 10: Freedom of Expression. This includes the freedom to hold opinions and to receive and impart information and ideas without interference by public authorities. This does not prevent states from the licensing of broadcasting, television or cinema enterprises. The exercise of these rights carries with it duties and responsibilities and may then be subject to conditions, restrictions or penalties as prescribed by law in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

Article 11: Freedom of Assembly and Association. Everyone has the right to freedom of peaceful assembly and to freedom of association with others, including the right to form and to join trade unions for the protection of their interests. No restrictions other than those prescribed by law are allowed as is necessary for national security or public safety, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others. This shall not prevent lawful restriction on the exercise of these rights by the armed forces, of the police or of the administration of the state.

Article 12: Right to Marry. People of marriageable age have the right to marry and found a family, according to their national laws.

Article 13: Right to an Effective Remedy. Everyone whose rights are violated shall have an effective remedy before a national authority notwithstanding that the violation has been committed by persons acting in an official capacity.

Article 14: Prohibition on Discrimination. People's rights and freedoms shall be secured without discrimination on any grounds such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. Policy for Safeguarding Adults at Risk

Article 15: Exemptions in Time of War. In times of war or other public emergency threatening the life of the nation any high contracting party may take measures to the extent strictly required by the situation, provided that such measures are not inconsistent with its obligation under international law. No derogation of Article 2, except in respect of deaths resulting from lawful acts of war. Any High Acting Contracting Party using these rights must keep the Secretary General of the Council of Europe informed of what measures are being undertaken and the reasons for the measures. The Secretary General should also be informed when these measures end.

Article 16: Restrictions on Political Activity of Aliens. The Human Rights Act does not prevent High Contracting Parties imposing restrictions on the political activities of aliens. (This Article has limited support and is not commonly used).

Article 17: Prohibition of Abuse of Rights. States, groups or individuals can not engage in any activities that are aimed at destroying the rights and freedoms of others. Rights can only be limited within what is allowed within the Act.

Article 18: Limitation on Use of Restrictions on Rights. The restrictions and limitations permitted within the Act can only be applied as indicated within the Act.

16. APPENDIX 4 GUIDANCE FOR UNDERTAKING A SAFEGUARDING ADULT INVESTIGATION WITH A PERSON WITH LEARNING DISABILITIES OR BRAIN INJURY

- You must ask a psychiatrist or psychologist for advice about whether the vulnerable adult can be interviewed and if so who should undertake this interview and how the vulnerable adult should be supported.

- The particular needs of the person must be taken into account when planning a Safeguarding Adults investigation.

- The person with learning disabilities should be supported to make informed choices about their involvement in the Safeguarding Adults process. They should receive information in appropriate formats and support during any interviews.

- Alternatively, people who know the vulnerable adult well should advise on how best to involve the vulnerable adult during the investigation.

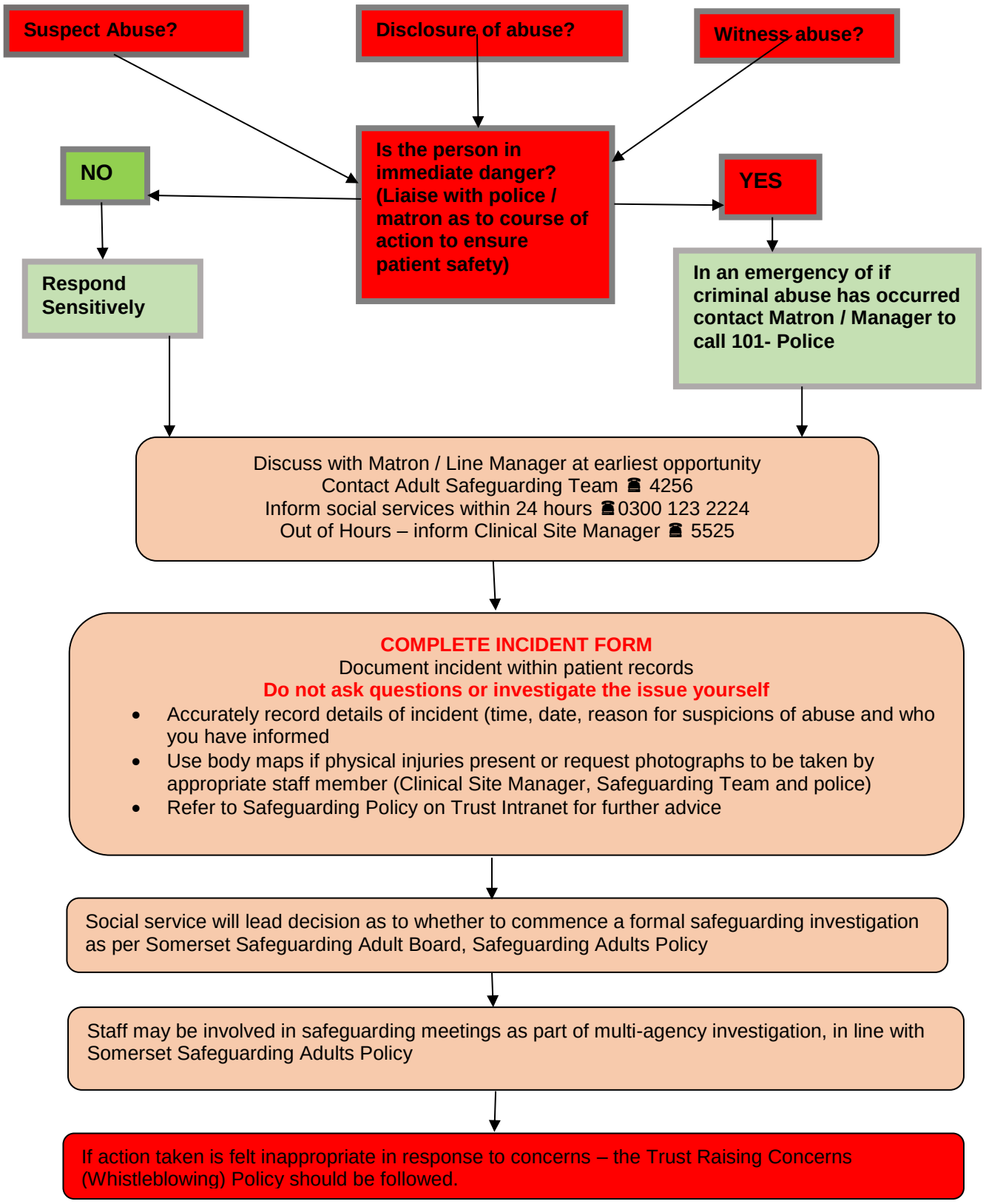
- Planned interviews need to take into account the vulnerable adult's method of communication and individual needs. It is important to plan the style of questioning to be used.

- The development of a Safeguarding Adults Care Plan should take account of any therapeutic services or additional support that is needed by the vulnerable adult.

- Support needs to be in place for the individual, their carers and support staff throughout and following the Safeguarding Adults investigation

17. APPENDIX 5- TO SAFEGUARDING ADULTS POLICY

Safeguarding Concerns Reporting Flowchart



18. APPENDIX 6– TO SAFEGUARDING ADULTS POLICY

Additional Information on responding to witnessed / disclosed or suspicions of abuse

1. Disclosure of adult abuse - Non criminal

If a vulnerable adult discloses to you:

- Do not press the person for more details. This will be done later.
- Allow the vulnerable adult to talk freely (e.g. do not say "Hold on, we'll come back to that later"), because they may not tell you again.
- Closed or leading questions should not be asked as that could be interpreted as putting words or suggestions to the vulnerable adult or any vulnerable witnesses.
- Do not promise to keep secrets.You cannot keep this kind of information confidential.
- Do not make promises you cannot keep.
- Make sure that all witnesses are separated and questioned individually.
- Accurately record the details of the incident, including the condition and attitude of those involved in the incident. A disclosure may result in a police and / or an internal investigation. It is therefore extremely important that the statements from the victim and witnesses are based on Who, What, When, Where and Why questions. As soon as you are given a disclosure about something that is a criminal offence, **stop** the interview. Acts that would be dealt with under criminal law include physical and sexual assaults, acts of indecency and theft.
- Establish if the vulnerable adult wishes to have contact with the alleged abuser.

2. Additional Steps to take on disclosure of adult abuse, criminal offence

Acts that would be dealt with under criminal law include physical and sexual assaults, acts of indecency and theft. If you are unsure whether or not a criminal offence has taken place please telephone 101 for further advice

If a vulnerable adult discloses to you:

- Ensure the immediate safety of your vulnerable adult.
- As soon as you are given a disclosure about something that is a criminal offence, **stop** the interview.
- Do **not** allow any further questioning to take place. The police will conduct all further questioning and investigations
  - The matron or CSM should report the incident to the Police on 101
- Preserve evidence, do not do anything to remove any evidence, e.g. paperwork, clothing, cleaning of the area.
- Make sure that the alleged abuser and vulnerable adult do not come into contact with each other.
- Inspect any injuries closely and write them down, describing the colour, size, depth and shape of the injury. Body maps should be used wherever possible.
- Take photographs of any injuries.
- Preserve any medical or forensic evidence on the person, for example, blood, semen.
- Preserve the clothing and footwear of the vulnerable adult. Handle them as little as possible.
- In the case of sexual assault, preserve bedding where appropriate and any items that may contain evidence, e.g. used condoms.

- Note in writing the state of the clothing of both the vulnerable adult and the alleged abuser.
    - Note injuries in writing, including marks or injuries indicating the use of weapons, marks resembling imprints, burns or bite marks should be treated seriously.
    - Leave weapons where they are unless they are handed to you. If a weapon is handed to you take care not to destroy finger prints.
    - Preserve any videotape if security cameras are present.

Do Not

- Move anything, clean up or wash anything.
- Bathe the person or change their clothes.
- If there is a suggestion that there has been oral sex, encourage the person not to clean their teeth, eat or drink until mouth swabs have been taken.
- Remove or alter any documentation.
- Assume, where sexual abuse may have occurred; it is too late for Police to collect forensic evidence, even days after the alleged offence. Let the Police decide.

3. **Write a Report**

Make a note of the disclosure as soon as you can, date and sign your report and print your name under your signature. You should aim to:

- Note what was said, using the exact words and phrases spoken, wherever possible, including dates and times.
- Describe the circumstances in which the disclosure came about.
- Note the setting and anyone else who was there at the time.
- Write what exactly happened, not your opinion.
- Use a pen or biro with black ink, so that the report can be photocopied.
- Be aware that your report may be required later as part of a legal action or disciplinary procedure.

Failure to follow this process may result in any defence asking for the case to be withdrawn on the grounds that the information had been unfairly obtained ‘due to leading the victim or a witness’.

19. APPENDIX 7 – TO SAFEGUARDING ADULTS POLICY

Capacity, Consent and Confidentiality

The overriding principles in safeguarding adults are capacity and consent.

1. Capacity

The Mental Capacity Act 2005 sets out a legal framework of how to act and make decisions on behalf of people who lack capacity to make specific decisions for themselves. Any decisions taken whereby the service user lacks capacity should be clearly documented under Best Interest Assessments

- To demonstrate capacity, individuals should be able to: -
- Understand the information relevant to the decision
- Retain that information
- Use or weigh that information as part of the process of making the decision
- Communicate their decision (whether by talking, using sign language or any other means)
  http://ycloud/apps/policies/Policies%20and%20Procedures%20Published%20Documents/MCA%20Policy%202019%20-%20Final%20Draft%20v1.6.pdf

2. Consent

All decisions made about withholding or sharing information must be recorded, particularly where the consent of the subject of the information has not been obtained. Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis. There will be circumstances when a duty to protect the wider public will outweigh the responsibility to any one individual. If it is assessed that the service user poses a threat to other service users, this should be included in any information that is passed on to service providers.

Whenever possible every effort must be made to obtain the consent of an adult to report abuse. Where consent is denied staff must ensure that this is recorded on the appropriate documentation. Further risk assessment and harm reduction plans may need to be pursued in light of service users choosing to remain in situations where harm may occur. Any patient affected by abuse, who has capacity, should be consulted as to whether or not they wish action to be taken in relation to their own situation. However, their response will be viewed in the context of the need for any intervention in order to protect other service users and / or staff from harm or risk of harm.

You should make sure people know what is happening to their information, that it may be shared with other agencies, and that they have the right to see it if they ask to do so. It is inappropriate for workers to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in situations where other vulnerable people may be at risk.

3. Choices and Risk

Experience has shown that, on occasions, vulnerable adults are placed in situations, which leave them seriously at risk of abuse. Sometimes attempts to justify this are made on the

grounds of a person's right to make choices about their lifestyle, which may involve risk. Decisions about risk at this level should never be taken by individual staff but through a properly constituted professionals meeting, involving risk assessment.

4. Confidentiality

Information disclosed to a member of staff should be treated as confidential and dealt with according to the following advice and guidelines, and subject to justifications for sharing confidential information, as listed below : -

- All exchange or disclosure of personal information should be in accordance with the General Data Protection Regulations 2016 and the Data Protection Act 2018

- While papers and records belong to the agency, the information belongs to the allegedly abused person. Therefore their views and wishes should be respected when sharing the information they give us

- Decisions to share information beyond the line manager, to whom the staff have reported, must be made by the agency and not by any member of staff acting on their own

- The allegedly abused person must be advised why and with whom any information they have disclosed has been or will be shared.

Information will be shared:

- For the purpose of providing protection to the abused person or to others who may be at risk of harm
- On a "need to know" basis
- To prevent or detect a crime
- When there are grounds for concern and the non-disclosure of information may lead to significant harm
- Seeking consent (or the person withholding consent) could compromise an Adult
- Protection investigation and may lead to the person, or other persons, being at risk of significant harm/death.
- The enquiry is urgent, there are grounds for concern, seeking consent will cause delay which may lead to significant harm/death

Where information is shared without the person's consent, the reason and full details must be recorded

There will be circumstances when the duty to protect the wider public will outweigh the responsibility to any one individual. When this occurs, the procedures and guidelines must have been followed and reasons for action taken must be recorded
Link to NHS Code on Confidentiality
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidan ce/DH_4069253

20. APPENDIX 8 POLICY FOR CLINICAL SUPERVISION IN ADULT SAFEGUARDING

1 INTRODUCTION

1.1 It is a recognised that working in the field of adult safeguarding entails making difficult and risky professional judgements. It is demanding work that can be distressing and stressful. There are multi-disciplinary and inter-agency aspects and often cross-cultural issues. Therefore all staff that are in the front line of practice must be well supported by effective supervision. Clinical supervision is an accepted part of the development of the nursing, midwifery and health visiting professions although less embedded into practice in other professions. Safeguarding supervision has a specific focus but principles are the same

2 DEFINITION

2.1 Clinical supervision is a term used to describe a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance patient/client protection and safety of care in complex clinical situations.

2.2 It can be defined as “an exchange between professionals to enable the development of professional skills. “(Butterworth and Faugier 1993)

2.5 For many practitioners involved in day-to-day work with families, effective supervision is important to promote good standards of practice and to support individual staff members. Supervision should help to ensure that practice is soundly based and consistent with SSAB and Safeguarding Children Partnership and organisational procedures. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help to identify the training and development needs of practitioners, so that each has the skills to provide an effective service.”

3 POLICY STATEMENT

3.1 Any health practitioners working within safeguarding processes should be able to access skilled advice and support and where appropriate formal supervision with respect to their safeguarding activity.

4 AIMS

4.1 To ensure safe consistent practice in relation work with vulnerable individuals and their families

4.2 To expand clinician’s knowledge and increase confidence and competence

4.3 To assist in developing clinical proficiency and creative professional development

4.4 To provide an environment where reflection on clinical practice is encouraged and supported

4.5 To improve clinical standards and contribute to clinical effectiveness and the Trust’s strategy for clinical governance

4.6 To identify and manage stress factors in clinical practice

5 SUPERVISION PROCESS

5.1 The regularity and frequency of safeguarding supervision will vary depending on the involvement with safeguarding processes,

5.2 Any member of Trust staff who is part of a safeguarding plan or a member of a core group for a child or vulnerable adult will have supervision with safeguarding team member on a regular basis

5.4 Other staff who are involved irregularly should seek supervision from the any of the Safeguarding team who are able to provide supervision.

5.5 The Safeguarding team are available on a daily basis for all staff, working with or contracted to work with the Trust who wish to discuss issues in relation to the safety of vulnerable adults.

5.6 Safeguarding Supervision is available to all health professionals' pre and post Case Conferences to support with report writing and contributions to safeguarding plans.

5.7 Safeguarding supervision is available to staff on request, either individually or in groups. Many of these practitioners have supervisory processes in place, and should inform their managers if they feel that Safeguarding Supervision is needed.

5.8 Debriefing sessions are available to all staff working for or contracted to work for the Trust following any Safeguarding incident where it is felt support and supervision is needed. This may follow a death, violence or intimidation to staff, attendance at court etc. This will be offered by one or more of the Safeguarding team professionals

REFERENCES

Butterworth, T and Faugier, J (1993) Clinical Supervision: A Position Paper, University of Manchester
Morrison, T (2001) Staff Supervision in Social Care, Pavilion, Brighton
Richards, M and Payne, C (1990) Staff supervision in child protection work National Institute for Social Workers
UKCC (1995) Position Statement on Clinical Supervision for Nursing and Health Visiting

21. APPENDIX 9 PREVENT

Working together to prevent individuals from being drawn into terrorism

What is Prevent?

Prevent is part of the government's counter-terrorism strategy that aims to stop individuals becoming terrorists. It is a multi-agency approach to safeguard people at risk of radicalisation.

Further information

For further information about what this means for you please access the Trust Prevent Protocol
http://ycloud/teams/Safeguarding%20the%20Vulnerable%20Individual/SitePages/PREVENT.aspx

Further information about Prevent can be found on the Home Office website:

www.gov.uk/goverment/organisation/home-office

For a health perspective:

https://www.gov.uk/government/publications/building-partnerships-staying-safe-guidance-for-healthcare-organisations

By phone:

- Anti-terrorist hotline on 0800 789 321
- Crimestoppers 0800 555 111
- Police 111 or in an emergency 999

22. ANNEX A – EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Somerset Equality Impact Assessment			
Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer			
Organisation prepared for	**Yeovil District Hospital NHS Foundation Trust**		
Version	**4.4**	**Date Completed**	**May 2020**
Description of what is being impact assessed			
Safeguarding Adults Policy			
Evidence			
What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics, Somerset Intelligence Partnership, Somerset's Joint Strategic Needs Analysis (JSNA), Staff and/ or area profiles,, should be detailed here			
Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?			
Associate Director of Safeguarding Safeguarding Committee			

Analysis of impact on protected groups				
The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.				
Protected group	**Summary of impact**	**Negative outcome**	**Neutral outcome**	**Positive outcome**
Age	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of age.	☐	X	☐
Disability	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of disability	☐	X	☐
Gender reassignment	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of gender reassignment	☐	X	☐
Marriage and civil partnership	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of marriage and civil partnership	☐	X	☐

Pregnancy and maternity	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of pregnancy and maternity	☐	x	☐
Race and ethnicity	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of race and ethnicity	☐	x	☐
Religion or belief	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of religion or belief	☐	x	☐
Sex	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of sex	☐	x	☐
Sexual orientation	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of sexual orientation	☐	x	☐
Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of any other factors as listed	☐	x	☐

Negative outcomes action plan
Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
	Select date			☐
	Select date			☐
	Select date			☐
	Select date			☐
	Select date			☐
	Select date			☐
	Select date			☐
	Select date			☐

If negative impacts remain, please provide an explanation below.

Completed by:	**Glen Salisbury**
Date	**18.05.2020**

Signed off by:	
Date	
Equality Lead/Manager sign off date:	
To be reviewed by: (officer name)	
Review date:	