Dorset HealthCare
University NHS Foundation Trust

REFERENCE NUMBER: IN-040

DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST SAFEGUARDING ADULTS POLICY AND PROCEDURES

AREA:	Trust Wide	
NAME OF RESPONSIBLE COMMITTEE / INDIVIDUAL	Director of Nursing and Quality	
NAME OF ORIGINATOR / AUTHOR	Safeguarding Adult Team	
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Directorate:	Corporate Services	

Dorset HealthCare University NHS Foundation Trust

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Appendices

POLICY TITLE	IN-040 SAFEGUARDING ADULTS POLICY AND PROCEDURES

POLICY STATEMENT

This policy reflects information on the key details within the Bournemouth, Dorset and Poole Multi-Agency safeguarding Adults Policy. It is informed by the statutory requirements of the Care Act 2014 regarding safeguarding adults, and takes account of good practice guidance set out in "Making safeguarding Personal Guide 2014," (a document produced by the Local Government Association and The Association of Directors of Social Services) to promote outcomes focussed, person centred safeguarding practice.

WHERE THIS POLICY APPLIES	WHERE THIS POLICY DOES NOT APPLY
The policy applies to all DHC Staff and patients aged 18 and over under DHC care. The policy applies to both physical and mental health services. The expected standard of professional conduct is included	

KEY POINTS

This document has been produced to outline to staff the following:

- Staff member's safeguarding responsibilities
- Support available for staff
- How to report suspected or actual harm
- Definitions of adult at risk
- Risk factors
- Types of Harm and Indicators
- Response to a disclosure
- Recording information and confidentiality
- Recognition of limitations to act
- The clinical management of those at risk from harm

For more detailed information staff must refer to the full Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures documents available on the Trust intranet. If staff have any queries or concerns, they must discuss these with their line manager or the Dorset HealthCare Safeguarding Adults Service:

- Safeguarding Adults Lead, based at Shelley Rd – 01202 443117/07500814558
- Safeguarding Adults Advisor, based at Forston Clinic - 01305 361106/ 07825 897596

DOCUMENTATION/ FORMS CONTAINED WITHIN THIS POLICY

- Body Map

THIS IS A SUMMARY OF THE KEY POINTS OF THIS POLICY READING THIS DOES NOT REMOVE THE REQUIREMENT FOR STAFF TO READ THE FULL POLICY

1.0 DEFINITIONS

An Adult At Risk

1.1 An adult at risk is "any person aged 18 or over and at risk of abuse or neglect because of their needs for care and support". The level of needs is not relevant, and the adult does not need to have eligible needs for care and support or be receiving any particular service from the local authority, in order for the safeguarding duties to apply. (Care Act 2014).

Harm

- A single act or repeated acts.
- An act of neglect or a failure to act.
- Multiple acts, for example, an adult at risk may be neglected and also being financially harmed.
- Self-neglect

This can mean:

- Ill treatment (including sexual harm and forms of ill treatment which are not physical).
- The impact of not providing care, providing inappropriate care or other actions which are detrimental to health, wellbeing, maintaining independence and choice
- The impairment of, or an avoidable deterioration in physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the person and the harm or risk of harm to that individual. Harm can take place anywhere. Harmful acts may be crimes and informing the Police must be a key consideration

Types of Harm

1.2 Types of abuse include, see Appendix B for more details:

- Physical abuse
- Domestic abuse/harm
- Forced Marriage
- Exploitation by Radicalisation
- Female Genital Mutilation
- Sexual abuse
- Psychological or Emotional abuse
- Financial and material abuse
- Modern slavery

- Discriminatory abuse (including hate crimes)
- Organisational abuse
- Neglect and Acts of Omission
- Self-neglect

1.3 The types of abuse detailed above can affect any adult at risk within the community but particularly a person who is, or may be unable to protect himself / herself against significant harm or exploitation such as the following (N.B. This list is not exclusive):

- Older people
- People with mental health problems
- Disabled people
- People with learning disabilities
- People with acquired brain injury
- People who misuse substances
- People with sensory impairment
- People with alcohol dependency

1.4 The table at Appendix B details full definitions, examples and signs of the above types of harm.

1.5 Staff must consider harm caused between patients due to the nature of the patient's condition, which may not be intentional or wilful harm, but causes harm nonetheless.

Self-Neglect

1.6 There are multiple definitions of self-neglect and the matter is complex because, as evident from below there are a wide range of manifestations arising from unwillingness or ability for a person to care for him/herself or both. The following characteristics and behaviours are useful examples of potential impairments to lifestyles:

- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces;
- Neglecting household maintenance and therefore creating hazards;
- Portraying eccentric behaviours / lifestyles, such as obsessive hoarding;
- Poor diet and nutrition, evidenced by for instance little or no fresh food in the fridge, or what there is being mouldy;
- Declining or refusing prescribed medication and/or other community healthcare support – for example, in relation to the presence of mental disorder (including the relapse of major psychiatric features, or a deterioration due to dementia) or to podiatry issues ;for example non concordance with treatments , that could lead to adverse consequences .
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care

- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas and electricity); and
- Being unwilling to attend appointments with relevant staff, such as social care, healthcare or allied staff (this could be exacerbated by advancing age, visual and/or other sensory impairment, mobility difficulties and/or alcohol and substance misuse experienced by a persona who is self-neglecting).

2.0 INTRODUCTION

2.1 All adults at risk of harm have the right to be protected from harm. Dorset HealthCare University NHS Foundation Trust (DHC) expects all staff to refer any cases of suspected abuse, harm or neglect that they become aware of in line with the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy. Staff should also discuss their concerns with their line manager. The staff member will inform the appropriate Social Services Department according to the location in which the alleged harm occurred. In circumstances which could be described as criminal, cases will be referred to the police. (Appendix A).

2.2 Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect. The Care Act 2014 requires that each local authority must:

> "Make enquiries, or ensure others do so, if it is believed an adult is, or may be risk of, abuse or neglect ".

2.3 The safeguarding enquiry should establish if any actions are required to prevent an adult at risk form experiencing abuse or neglect. The enquiry should also identify which agency will be responsible for taking these actions.

2.4 Under the Care Act (2014), Local Authorities have a duty co-operate with partner agencies to protect adults from abuse.

2.5 Six principles underpin Safeguarding adults work:

- **Empowerment:** people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- **Prevention:** wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- **Proportionate:** a response that is least intrusive and appropriate to the risks presented.
- **Protection:** support and representation for those in greatest need.
- **Partnership:** local solutions through services working with the individuals communities. Ensure engagement with local communities to prevent, detect and reporting abuse.
- **Accountability:** transparency in delivering safeguarding

2.6 The statutory Duty of Candour places a requirement on providers of health and adult social care to be open with people and their families when there are failings or things go wrong. Providers should establish the duty throughout their organisations, ensuring that honesty and transparency are the norm in every organisation registered by the Care Quality Commission, (CQC).

2.7 These guidelines have been written with reference to all relevant government guidance and legislation referred to within the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures. For further information please refer to the full Multi-Agency Policy and Procedures documents available on the Trust intranet.

2.8 Support for staff is available in relation to any issues that may arise in the management of adults at risk. Staff can seek support / advice from their direct line manager or from the following staff:

- Safeguarding Adults Lead, based at Shelley Rd – 01202 443117
- Safeguarding Adults Advisor, based at Forston Clinic - 01305 361106

2.9 This document frequently refers to “professionals” and this term relates to all staff working for DHC.

3.0 PURPOSE AND SCOPE

3.1 This document aims to provide clear guidance to staff as to their responsibilities in relation to the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.

3.2 This document clarifies that the prime concern at all stages will be the interests and safety of the adult at risk. The aims of safeguarding adults are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and address what has caused the abuse or neglect.

4.0 DUTIES

Dorset HealthCare University NHS Foundation Trust

4.1 It is the responsibility of the Trust board to ensure that a suitable infrastructure is in place to enable correct implementation of this document, and to encourage a culture of openness such that staff fulfil their duty to report any safeguarding concerns, including concerns about the performance or practice of Dorset HealthCare that may place patients/service users at risk of harm.

Director of Nursing and Quality

4.2 The Director of Nursing and Quality is the Board Executive Lead for Safeguarding within the organisation. The Nurse Executive has responsibility for meeting all statutory requirements and for implementing national and local guidance.

4.3 The Director of Nursing and Quality is also responsible for ensuring this document remains up to date in line with the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.

4.4 The Director of Quality and Nursing is the nominated individual who attends the Local Safeguarding Boards, and is responsible for advising the DHC Board of any changes to best practice or procedures arising from the Safeguarding Adult Boards.

Locality Directors

4.5 Locality Directors and Mangers will ensure that this policy is implemented and take action when the policy is not followed.

Associate Director of Learning and Development

4.6 The Associate Director of Learning and Development will ensure that training and education to support delivery of the safeguarding adult's policies and procedures are in place. Additionally the will maintain required data to demonstrate compliance with training and workforce requirements of the Safeguarding Adults Boards.

Responsibilities of Locality Managers and Service Managers

4.7 The prevention of harm is dependent upon understanding how, why and when harm occurs. Locality Managers and Service Managers are responsible for ensuring their staff are current in their knowledge, which includes the application of this document and ensuring that staff training requirements are met.

4.8 Locality Managers and Service Managers are responsible for providing support to their staff in relation to any safeguarding issues, and for following

the process set out in this document for any safeguarding issue brought to their attention.

4.9 Locality Managers and Service Managers are responsible for performance review and appraisal of staff, as well as disciplinary procedures for misconduct investigations.

Joint Safeguarding Group

4.10 It is the responsibility of Trust's Joint Safeguarding Group to ensure the distribution, day to day implementation and compliance with local and national requirements and the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.

4.11 The Joint Safeguarding Group is responsible for the following:

- Advising on an appropriate programme of staff induction, education and awareness raising in relation to safeguarding, that meets the requirements and standards of the Training and Workforce Development Sub Group of the Safeguarding Adults Boards.

- Overseeing staff support and management in relation to safeguarding, through clinical governance systems and processes.

- Ensuring effective safeguarding systems are in place, alongside the development of strong professional leadership, clinical supervision, preceptorship, mentorship, and continuing professional development programmes that explore issues around adult harm.

- Monitoring if there are adequate resources to support the implementation of this document.

- Identifying trends and planning prevention strategies to improve practice through learning.

Safeguarding Adults Team

4.12 The Safeguarding Adults Team is responsible for reviewing this document on behalf of the Director of Nursing and Quality and for the dissemination of updates.

4.13 The Safeguarding Adults Team has a duty to provide specialist advice and support to staff in relation to safeguarding issues. Regular Safeguarding Adults reports will be produced by the Safeguarding Leads.

4.14 The Associate Director of Nursing and Quality will represent DHC at the Safeguarding Adults Review panel. The Safeguarding Adults Team will represent DHC at the sub groups of the Safeguarding Adults Boards. The

All Staff

4.15 All staff have a responsibility to ensure they work to the guidance within this document. If staff have any concerns, they have a responsibility to identify these to their line manager and to concern Social Services if required.

4.16 All staff have a responsibility to attend the relevant induction and initial safeguarding training. In addition staff are required to undertake 3 yearly updates.

4.17 It is acknowledged that different levels of training are required for staff in different roles as per the Safeguarding Adult Boards Training Strategy. It is important that all clinical practitioners have a clear vision of the standards of care and support which they are expected to achieve when delivering elements of care as well as working within any clinical guidelines relevant to their role.

Local Authorities

4.18 Local authorities have the lead role in co-ordinating the multi-agency approach to safeguard adults at risk. This includes assurance of the use of these procedures, co-ordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

4.19 In addition to that strategic co-ordinating role, local authority adult social care, joint health and social care teams and CMHTs also have responsibility for coordinating the action taken by organisations in response to concerns that an adult at risk is being or is at risk of being harmed or neglected.

4.20 The local authority must:

Ensure that any Safeguarding Adults concern is acted on consistent with these procedures.

- Co-ordinate the actions that relevant organizations take in accordance with their own duties and responsibilities.
- Ensure a continued focus on the adult at risk and due consideration to other adults or children.
- Ensure that key decisions are made to an agreed timescale.
- Ensure that an interim and a final safeguarding plan are put in place with adequate arrangements for review and monitoring.
- Ensure that actions leading from Enquiries are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case.
- Ensure independent scrutiny of circumstances leading to the concern and to Safeguarding Adults work.
- Facilitate learning the lessons from practice and communicate these to Safeguarding Adults Boards.

5.0 RISK FACTORS – ABUSE FROM OTHERS

5.1 The causes of abuse are complex and varied. There is unlikely to be a single reason but a combination of factors which will need to be considered. Identifying the presence of risk factors is important for appropriate preventative intervention. The presence of risk factors does not confirm abuse.

5.2 When assessing a patient it is important to consider a range of risk factors. Key risk factors are included at Appendix D**.**

6.0 THE CLINICAL MANAGEMENT OF THE RISK OF ABUSE FROM OTHERS

6.1 The following principles outline the management of people who present as at risk of harm from other people:

- A clinician, having identified the risk of abuse, has a responsibility, if possible, to take action with a view to ensuring that risk is reduced and is managed effectively.
- Clinicians need to ensure that action taken to protect adults at risk, including those who are confused or intellectually impaired, does not disempower them.
- The distinct needs of carers need to be recognised.

6.2 Ensure views of the adult at risk and his / her carer are taken into account fully when formulating action. Again, any differences between client and staff perspectives, and carers, should be identified and recorded in the notes, along with the rationale for which perspective was used. If clients do not wish to participate in this process, the plan may represent more of a service response. This should be recorded in the risk management plan. As a minimum, clients should know who to contact in a crisis.

6.3 If an intervention is indicated to reduce risk (e.g. increased monitoring by staff, access to supported housing) and is not available, this should be clearly recorded on the risk management plan, where applicable, and / or fed back to the service manager. A realistic treatment plan within the resources available still needs to be made, recognising that treatment options may be limited. This should be fed back to the client.

7.0 RESPONSE TO A SAFEGUARDING ADULT DISCLOSURE

Ensure Immediate Safety

7.1 If the adult at risk is in immediate danger or in need of immediate medical attention, action should be taken to ensure his / her safety and wellbeing. This could include calling the appropriate emergency services.

7.2 The police should be called immediately if it is believed that a serious crime has taken place. In cases involving physical or sexual harm, care must be taken to preserve evidence.

7.3 At all times staff should be mindful of their own safety and the safety of others and not concern, discuss with or confront the alleged harmer.

7.4 Ensure the adult at risk has the protection and support he / she needs at all stages of the investigation.

Listen Carefully to What is Being Said

7.5 Ensure the person is not interrupted or discouraged from reporting harm.

7.6 Give reassurance that information is being treated seriously, that it is not their fault and that they have done the right thing by sharing the information.

NB: Concerning only requires reporting an allegation or suspicion. Questioning the person about an incident could prejudice a future investigation.

Deciding What to Do

7.7 No allegation of harm should be considered too trivial to record and refer. Harm is often repeated and all information is important to developing an assessment of future risks.

7.8 When making a referral, the referrer should have consulted with the adult at risk and gained their consent to make a referral. Situations where consent can be over-ridden include:

- The victim lacks the mental capacity to give consent.
- There has been a serious crime and risk of harm to the individual or others is such that there is an overriding responsibility to intervene.
- The concerns could also affect other service users, such as in a care home or the alleged perpetrator provides care to other adults at risk.

7.9 It is necessary for staff to also consider the functioning of an establishment as a whole and not just focus on individuals or staff. Appendix B outlines within the Organisational Abuse section examples that need to be considered if concerns arise.

Adult Capable of Making an Informed Decision about a Safeguarding Concern Being Made.

- In situations of risk where an individual has the mental capacity (in accordance with the Mental Capacity Act (MCA) 2005) and withholds consent, staff must make every reasonable effort to communicate with that

individual, carer(s), community support and other agencies involved, to attempt to ensure the individual understands the risk he / she is facing and the choices available to him / her to reduce or remove this risk. (See appendix C for the Protocol for Working with Adults at Risk who do not wish to engage with services and are or may become at serious risk of harm process).

- It is essential, during the process, that the individual is fully involved and understands the nature of the concern and the choices facing him / her. Any communication difficulties experienced by the individual through sensory disability, language or any other factor must be addressed with the assistance of trained interpreters if necessary.

- Where, despite every effort the individual does not engage with offers of assistance or advice that is given the professional must, on the same working day, consult with his/her Line Manager and any other appropriate senior colleagues. Discussion may include whether the Trust should seek legal advice if there is uncertainty about what options may be available or what action (if any) may be most appropriate.

- If the risk continues the professional must ensure the individual's circumstances are re-assessed on a regular basis, (frequency to be decided by the professional and recorded in the adult's records) If this is not possible, the reasons for not having done so must be recorded.

Individual Incapable of Making an Informed Decision

7.10 Where an individual does not have the mental capacity (MCA 2005) to consent to a safeguarding referral being made to the Local authority but where:

Immediate intervention is seen to be essential to reduce the risk situation;
And
The individual is apparently willing to follow the advice of the professional;
And
To seek an advocate would cause an unacceptable delay.

7.11 The professional must take appropriate action to remove or reduce the risk and safeguard the individual. The professional should discuss the case with their line manager and concern to social services as soon as possible.

7.12 Following consideration of capacity to consent, referrals about allegations, suspicions or concerns of adult harm should be made to the relevant local authority. The professional should also complete an incident form, ticking the safeguarding adult box, and recording that the Local Authority has been informed.

7.13 When deciding what action to take staff should also consider the following:

- Ask the adult what they would like to happen about the situation and referral to other agencies.
- Consider what therapy or treatment may be appropriate for the person – refer as necessary.
- Consider whether there needs to be any modification in the way services are provided (e.g. same gender care or placement).
- Consider how best to support the individual through any action he or she takes to seek justice or redress.
- Discuss sources of stress in the care environment with colleagues and managers, and try to find solutions.
- Encourage the adult at risk to remain active and independent, maintain social contacts.
- Ensure carers are offered a carer's assessment.
- Provide carers with practical advice and support.
- Consider how to address the specific needs of the carer, such as referral for specific interventions to help with problems such as alcohol harm, need to ventilate and express feelings.
- Consider whether the situation needs to be altered to prevent future harm, e.g. helping the adult at risk to reorganise their finances so that opportunities for financial harm are eliminated.
- Consider whether the person needs to be moved to a place of safety, e.g. to residential care, either in the short-term or permanently.
- Consider the use of legal powers, e.g. Power of Attorney, Guardianship.
- Clearly record all involvements/decisions and actions in the case notes/care plan/risk management plan as appropriate.

Ensure Evidence is Retained or Preserved

7.14 In the case of a criminal offence, ensure that the police are called immediately to investigate and collect any forensic evidence available.

7.15 Ensure any written records (e.g. letters, notebooks, emails) are kept in a safe place. All records of the incident should be signed and dated.

7.16 Where a physical or sexual assault has occurred the person should be encouraged not to wash, bathe or shower if a medical examination is likely to be needed or to wash clothes, bedding or other items. Police and medical staff will respond quickly in these circumstances.

Inform Line Manager / Supervisor of Incident

7.17 Where concerns are raised by an individual who is not employed by, or a volunteer for the Trust, the Trust will advise that the referral should be made directly to Social Services or the police.

7.18 Staff should inform their Line Manager / Supervisor as soon as possible on the same day of an incident.

7.19 If the allegation is against the Line Manager / Supervisor, then the next senior member of management should be informed.

7.20 Staff should note that concerns should be made to the authority where the incident allegedly took place, even if this is the not the patients home authority. It is then the relevant Local Authority's responsibility to liaise across boundaries. See Appendix A which sets out how to raise a safeguarding concern with the Local Authority.

7.21 Receipt of any concern by Social Services will be processed in accordance with the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures. For further details, please refer to the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.

8.0 RECORDING INFORMATION

8.1 A full, accurate record of the history, events, contacts and justification for decisions and actions should be written down as soon as possible after an event, completed in black ink. The record should include:

- The date and time of the incident
- The victim's view and description of what happened using as far as possible their own words, phrases and expressions
- The appearance and behaviour of the victim
- Any injuries observed
- If the allegation is reported by a third party, record what they have said and their relationship or role
- Details of the outcome the adult at risk wants
- Any questions that may have been asked
- All records should be signed and dated
- Where possible include relevant comments from the adult at risk / carer / family, clearly recording them as quotations or opinions.

8.2 When locating information in relation to a safeguarding enquiry directly in the service user records would place that person at risk of harm, information should be stored as follows:

- For service areas using RiO /System 1 an electronic record and a paper file – file the information relating to a safeguarding investigation in the confidential information section of the service user's paper file and do not record on the electronic record

- For service areas using a paper record only the information should be recorded in the office held records, not the patient held file.

8.3 In addition to the above the following actions need to be taken:

- Complete an on-line Incident Form and witness statements, where appropriate.
- It is good practice to inform the alleged victim of any decisions made in respect of the allegation.
- If the alleged perpetrator is a member of staff or volunteer, decisions need to be made quickly following discussion with Human Resources, the Locality Manager and the Local Authority e.g. reassignment or suspension in line with the Disciplinary Policy and Procedure.
- Updates / outcomes from Concerns should be forwarded to the Safeguarding Leads, and will be included in the internal Safeguarding reports.

8.4 Minutes of Strategy Meetings and case conferences are a record of the issues, outcomes, decisions and recommendations. They should be marked 'Highly Confidential' and be available only to those participating in or invited to the meetings.

8.5 Reports and information gathered to inform the meeting and decision making process should only be available to those professionals directly involved in the process.

9.0 PREVENT (BUILDING PARTNERSHIPS STAYING SAFE)

9.1 The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at greater risk of radicalisation and making safety a shared endeavour.

9.2 The Government's national counter terrorism strategy is called CONTEST. CONTEST aims to reduce the risks from any/all types of terrorism, so that people can go about their lives freely and with confidence.

9.3 CONTEST has four national work streams:

• Pursue: to stop terrorist attacks
• Protect: to strengthen our protection against terrorist attack
• Prepare: where an attack cannot be stopped, to mitigate its impact
• Prevent: to stop people becoming terrorists or supporting terrorism

9.4 Prevent is the main strand of concern to local authorities and NHS staff and it is required that all frontline staff have an awareness of Prevent and how it will affect their service area.

9.5 A full one hour Workshop to Raise Awareness of Prevent (WRAP) can be booked through the Learning and Development Team.

9.6 The Channel General Awareness e-learning can be accessed via this link: http://course.ncalt.com/Channel_General_Awareness/01/index.html

On completion individuals should send a copy of their certificate to the Learning and Development Team.

9.7 More detailed information is included in the Prevent Policy (IN -484) available on the intranet

10.0 DOMESTIC ABUSE &VIOLENCE

10.1 Domestic abuse or violence / harm is defined as "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. This includes issues of concern to black and minority ethnic (BME) communities such as so-called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group". https://www.gov.uk/government/publications/new-government-domestic-violence-and-abuse-definition

10.2 Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

10.3 Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

10.4 More information is available in the Guidance for Staff and Managers Dealing with Domestic Violence/Abuse (Employees) and Guidance for Staff on Domestic Violence/Abuse and Abuse (Patients/Service Users) documents available on the intranet.

11.0 SELF-NEGLECT AND HOARDING

11.1 As from April 1st 2015, the Care Act 2014 makes it clear that hoarding and significant self-neglect may be forms of harm or behaviour that requires consideration within mainstream safeguarding activities across Bournemouth, Dorset and Poole.

11.2 Key Principles for adult safeguarding work in Bournemouth, Dorset and Poole are:

- Every person has a right to live a life free from abuse, neglect and fear;
- Safeguarding adults at risk is everyone's business and responsibility;

- All reports of abuse, neglect or harm will be treated seriously;
- The empowerment of adults at risk underpins all adult safeguarding work; this means putting the person at the centre of the safeguarding and engaging with them in the process.
- All partner agencies, organisations and partners across the community of Bournemouth, Dorset and Poole actively work together; and
- People working or involved in supporting adults at risk have the appropriate knowledge, skills and training to undertake their responsibilities in relation to adult safeguarding.
- A proportionate response appropriate to the risk presented will be undertaken

Self Neglect

11.3 A failure to engage with individuals who are perceived to be seriously self-neglecting i.e. not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and wellbeing. It can also impact on the individual's family and local community.

11.4 For further information please refer to Appendix 2 & 8 of the Bournemouth, Dorset and Poole, Multi-Agency Safeguarding Adults Procedures, available on the intranet.

Sharing the Management Plan

11.5 The assessment of risk and subsequent management plan should be shared with all of the agencies involved in the client's care that "need to know" – see section below on confidentiality. The names of all individuals with whom the management plan is shared should be recorded on the management plan.

Hoarding

11.6 Hoarding behaviour is relatively common though problematic hoarding is rarer. Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning. Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe "cluttering" of the person's home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life.

11.7 Hoarding can also be a symptom of other mental disorders. A Hoarding Disorder is distinct from the act of collecting, and is also different from people whose property is generally cluttered or messy. It is **not** simply a lifestyle choice and the main difference between a hoarder and a collector, is that **hoarders** have strong emotional attachments to their objects which are well in excess of their real value.

11.8 There are several types of hoarding that include:

- **Inanimate objects:** This is the most common and could consist of one type of object or collection of a mixture of objects, such as old clothes, newspapers, food, containers or papers.
- **Animal hoarding:** This is on the increase and often accompanied with the inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
- **Data Hoarding:** This is a relatively new phenomenon. It could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

11.9 For further information please refer to the Bournemouth, Dorset and Poole, Multi-Agency Safeguarding Adults Procedures, available on the intranet.

12.0 ADVOCACY

12.1 The Care Act (2014) stipulates that the local authority must arrange, where appropriate for an independent advocate to be appointed to represent an adult who is the subject of a safeguarding enquiry. DHC's staff are required to identify if an advocate may be required and share this information when making a safeguarding concern.

12.2 An advocate may be required when the adult at risk of harm has "substantial difficulty" in being involved in the safeguarding enquiry and no other appropriate person is available. (The Care Act 2014).

12.3 An independent advocate can be appointed for people who have the mental capacity to agree to a safeguarding adult's enquiry being undertaken.

12.4 An independent advocate has two roles; firstly to assist the adult at risk of harm to understand the safeguarding process and secondly to ensure that the adult's opinion is shared and heard and their views taken into account throughout the enquiry.

13.0 LASTING POWERS OF ATTORNEY (LPAS)

13.1 The Mental Capacity Act (2005) allows a person to appoint an attorney to act on their behalf if they should lose capacity in the future. This is like the previous Enduring Power of Attorney (EPA) in relation to property and affairs. The Mental Capacity Act (2005) also allows people to empower an attorney to make health and welfare decisions. Where nominated, Lasting Power of Attorney's (LPA's) have a responsibility to make decisions in the best interest of a person without capacity who may otherwise be at risk from harm.

14.0 RECOGNITION OF LIMITATIONS TO ACT

14.1 The interests and wishes of the adult are central to the application of these guidelines. However, it is recognised that within the present legal framework there will be occasions when an adult at risk may remain at risk in dangerous situations. Professional staff may find they have no power:

- to gain access to a particular adult
- to remove the adult or the alleged perpetrator from a risk situation
- to investigate the financial affairs of the adult at risk
- or otherwise intervene positively

14.2 Because the adult at risk has sufficient mental capacity to make their own choices and refuses the help or treatment that staff and / or carers feel is needed, it is important to ensure that:

- Adult safeguarding procedures and practice guidelines have been properly followed
- Every effort has been made, working together with other agencies to intervene positively to protect the adult at risk. For example using the Protocol for Working with Adults at Risk who do not Wish to Engage with Services and are or may Become at Serious Risk of Harm.
- Legal advice has been obtained where appropriate
- Discussion is held with the line manager and advice sought form the Safeguarding Adults Team if required.
- Actions agreed and arrangements for on-going monitoring are documented in care plans/risk management plans and case notes.

15.0 NOMINATED ENQUIRER ROLE

15.1 When the Local Authority receives a safeguarding concern that implicates a service operated by DHC, and the concern meets the criteria for a safeguarding enquiry, DHC may be requested to carry out an enquiry and produce a report.

15.2 The request to appoint and carry out the role of a Nominated Enquirer will be made by the Local Authority to DHC's Safeguarding Adults Service. The Safeguarding Adults Service will contact the relevant service manager to share the details of the concerns and request that a nominated enquirer be appointed. The relevant Locality Director will also be informed of the concerns. The Safeguarding Adults team will provide support and guidance to the Nominated Enquirer.

15.3 If the Local Authority approaches DHC staff to request that they undertake a NER, then the staff member should contact DHC's Safeguarding Adults Team in order for them to be supported.

15.4 The nominated enquirer role (NER) can be undertaken by a person who is already involved with the individual or has been asked to become involved in an Enquiry.

15.5 Any conflict of interest issues must be considered before identifying a Nominated Enquirer. Examples of conflict of interests, where it may be better for an independent person to be appointed to undertake Enquiries are a family run business where institutional abuse is alleged or where the manager/owner of a service is implicated or may be biased.

15.6 DHC's Safeguarding Service will quality assure the report's content. The Service /Locality manger will approve the Nominated Enquirer Report before it is shared with the Local Authority.

15.7 DHC will identify any learning and implement service improvements as required which will be detailed on an action plan. The conclusion of the concern will be decided by the Local Authority who will inform DHC Safeguarding Adults Service.

16.0 CONFIDENTIALITY

16.1 Victims of abuse may make disclosures of abuse and ask that information they have given remains confidential and that no action is taken. Staff should always seek consent to share information, however if this is refused then staff must consider if sharing the information is in the public interest. If so, the information should be shared on a need to know basis, in the best interests of the adult at risk.

16.2 Further advice can be sought from your line manager in the first instance, the Trust Caldecott Guardian or found within the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.

16.3 Principles of confidentiality designed to safeguard and promote the interests of patients should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the interests of patients. If it appears to an employee that such confidentiality rules may be operating against the interests of adult at risks then a duty arises to make a full disclosure in the public interest.

16.4 Please see Appendix E for the information sharing key questions flowchart.

17.0 WHISTLEBLOWING AND SPEAKING UP

17.1 In some cases it may not be appropriate to share concerns of harm with your line manager (e.g. where he or she is the alleged perpetrator or your concerns

are not taken seriously). In such circumstances, follow the Dorset HealthCare University NHS Foundation Trust's policy on "Whistle-blowing and Speaking Up". The Public Interest Disclosure Act 1998 offers some protection for whistle-blowers.

18.0 ESCALATION OF CONCERNS

18.1 If a safeguarding concern has been raised with the Local Authority and it is deemed not to meet the criteria for a Section 42 Safeguarding Enquiry, DHC's Safeguarding Adults team can request a rationale for the decision of the Local Authority to provide clarity to the referring staff member.

18.2 If low level concerns do not meet the criteria for raising as a safeguarding concern that consideration must be given on how best to share the information with partner agencies. Examples include:

- Failure of a care provider to supply pressure relieving equipment should be shared with the Local Authority's contract department
- Failure of a care provider to train staff to undertake procedures should be raised with the Local Authority's contract department
- Training has been provided to staff but they fail to demonstrate compliance should be raised with the Local Authority's contract department

Advice can be sought from the Safeguarding Adults team on such concerns.

19.0 SAFEGUARDING ADULT REVIEWS and DOMESTIC HOMICIDE REVIEWS

19.1 The purpose of having a Safeguarding Adult Review (SAR)or Domestic Homicide Review (DHR) is not to reinvestigate or to apportion blame, it is:

- To establish whether there are lessons to be learnt from the circumstances of the case about the way in which local professionals and agencies work together to safeguard adults at risk.
- To review the effectiveness of procedures (both multi-agency and those of individual organisations).
- To inform and improve local inter-agency practice.
- To improve practice by acting on the lessons from Serious Case Reviews and thereby developing best practice.
- To prepare or commission an overview report which brings together and analyses the findings of the various reports from agencies in order to make recommendations for future action.
- To prevent Domestic Violence Homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

19.2 For further information on the criteria and process of SAR's and DHR's please refer to Dorset Safeguarding Adults Board and Bournemouth and Poole Safeguarding Adults Board Serious Case Review / Domestic Homicide Review Protocol

https://www.dorsetforyou.com/article/406421/Safeguarding-Adults---Safeguarding-Adults-Reviews

20.0 TRAINING

20.1 All new staff will receive a Safeguarding Children and Adults awareness within the Trust Induction Programme. Safeguarding Adults training is also incorporated into other training such as Prevent awareness.

20.2 Requirements for additional safeguarding training are detailed in the Mandatory Training Schedule.

21.0 MONITORING COMPLIANCE

21.1 Any safeguarding adult concerns that are raised should be recorded on the Trust On- line Incident Reporting form.

21.2 The Safeguarding Adult Lead reviews incident data which report potential adult safeguarding issues and liaises with clinical areas to ensure that concerns are made as appropriate.

21.3 The Safeguarding Lead compares data of concerns raised via incident reporting with each of the three Local Authority Safeguarding Adult Leads' data on a quarterly basis. This consists of number of concerns, status and learning from resulting action plans.

21.4 A quarterly report to the Joint Safeguarding Group is produced by the Safeguarding Adults Lead on Safeguarding Adult Incidents.

21.5 Reports from the Trust Training database on attendance at safeguarding training will be reviewed by the Joint Safeguarding Group on a quarterly basis.

21.6 Inpatient Satisfaction Surveys ask if patients felt safe, the results of which are included in a monthly report to DHC's Board as a means of monitoring compliance from a service user perspective.

22.0 DISSEMINATION AND IMPLEMENTATION

22.1 This document will be disseminated to all staff via the Trust email system and will be available on the Trust intranet. Line Managers are expected to discuss the content of this document with their staff.

22.2 The content of this document will also be disseminated and implemented via the Trust's programme of induction and refresher safeguarding training.

22.3 Dissemination of this document will also occur via the Trust Safeguarding Intranet page which is accessible by all staff, as well as the Lessons learnt

Booklet available via the intranet. All Serious Case Reviews are published, lessons learnt and action taken by the Safeguarding Adults Boards on their websites.

23.0 ASSOCIATED DOCUMENTATION

23.1 This document should be read in conjunction with:

- The Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures
- Guidance on Managing Allegations against people who work with Children
- Policy For The Investigation Of Incidents, Complaints And Claims
- The Clinical Risk Policy – Mental Health And Learning Disability
- The Safeguarding Children Policy
- The Domestic Violence Guidelines (Staff)
- The Domestic Violence Guidelines (Service Users)
- Whistleblowing policy
- Mental Capacity And Advance Decisions Policy
- The Prevent Policy (found under Integrated Policies; Strategy Documents)
- Managing Inter Personal Relationships Between Service Users
- Bournemouth And Poole Safeguarding Adults Board Dorset Safeguarding Adults Board, Personal Information Sharing Agreement (PISA) https://www.dorsetforyou.com/dorsetsafeguardingadultsboard

24.0 REFERENCES

24.1 ADASS Making Safeguarding Personal. Available from: http://www.local.gov.uk/publications/journal_content/56/10180/3961573/PUBLICATION

24.2 Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures, available on the Trust intranet.

24.3 Department of Health, *No Secrets*, 2000. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

24.4 HMSO (2005) Mental Capacity Act. Available from: http://www.legislation.gov.uk/ukpga/2005/9/contents

24.5 HMSO (1976) Race Relations Act. Available from: http://www.legislation.gov.uk/ukpga/2000/34/contents

24.6 HMSO (1975) Sex Discrimination Act. Available from: http://www.legislation.gov.uk/uksi/2003/1657/contents/made

24.7 HMSO (1998) Human Rights Act. Available from: http://www.legislation.gov.uk/ukpga/1998/42/contents

24.8 HMSO (1995) Disability Discrimination Act. Available from:
http://www.legislation.gov.uk/ukpga

24.9 HMSO (2010) Equality Act. Available from:
http://www.legislation.gov.uk/ukpga/2010/15/contents

24.10 HMSO (2014) The Care Act Available from:
http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

25.0 SUPPORTING INFORMATION REFERENCES – MENTAL HEALTH ACT

25.1 HMSO (1983) Mental Health Act. Available from:
http://www.legislation.gov.uk/ukpga/2007/12/contents

25.2 HMSO (1985) Enduring Power of Attorney Act. Available from:
http://www.legislation.gov.uk/uksi/2013/506/contents/made

25.3 HMSO (2000) Care Standards Act. Available from:
http://www.legislation.gov.uk/ukpga

25.4 HMSO (2007) Mental Health Act. Available from:
http://www.legislation.gov.uk/ukpga/2007/12/contents

For further information please contact the Mental Health Act Office.

26.0 LINKS TO SAFEGUARDING ADULTS BOARDS WEBSITES

26.1 Bournemouth and Poole Safeguarding Adults Board
http://www.bpsafeguardingadultsboard.com/

26.2 Dorset Safeguarding Adults Board
https://www.dorsetforyou.com/dorsetsafeguardingadultsboard

26.3 Devon Safeguarding Adults Board
https://new.devon.gov.uk/devonsafeguardingadultsboard/

APPENDIX A – HOW TO RAISE A SAFEGUARDING ADULTS CONCERN

Dorset HealthCare NHS
University NHS Foundation Trust

How to raise a Safeguarding Adult Concern

Harm Suspected, Witnessed or Disclosed

Types of Harm:

- Physical Harm
- Domestic Abuse/Violence
- Forced Marriage
- Modern Slavery
- Self-Neglect
- Neglect or Acts of Omission
- Female Genital Mutilation
- Sexual Abuse
- Psychological or Emotional Harm
- Financial and material Harm
- Organisational Abuse
- Discriminatory Abuse
- Exploitation by Radicalisation

↓

Has the Adult at Risk been harmed or is at immediate risk of significant harm?

and/or

Has a crime been committed?

YES → **Contact Emergency Services, e.g. Police, Ambulance, GP**

NO ↓

Consider what immediate risk management arrangements are needed and implement.
What actions does the Adult at Risk want to be taken?

↓

Staff member takes responsibility for making referral to Social Services as soon as possible but within 24 hours.

To raise concerns out of hours Telephone 01202 657279, complete a Ulysses report.

↓

BOURNEMOUTH
Bournemouth Care Direct
Tel: 01202 454979
Fax 01202 454975

POOLE
Social Services Helpdesk
Tel: 01202 633902
Fax 01202 633634

DORSET COUNTY COUNCIL:
Triage System
Tel: 01929 557712 / Fax 01929 554217
Email: dorsetadultsafeguarding@dorsetcc.gov.uk

October 2015

APPENDIX B - TYPES OF HARM AND INDICATORS

TYPE OF HARM (all may apply to carers)	DEFINITION	EXAMPLES (not exhaustive)	WHAT ARE THE SIGNS OF HARM? (not exclusive)
Physical	Non-accidental harm to the body. Can range from careless rough handling to direct physical violence. Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are also physical harm. See paragraph 2.3.3 & 2.3.4 of the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.	Hitting, slapping, pinching, shaking, pushing, scalding, burning, dragging, kicking, physical restraint, locking an individual in a room or a car, harassment, enforced sedation, inappropriate use of medication, catheterization of a patient for management ease, inappropriate sanctions, exposure to heat or cold, not giving adequate food or drink, inappropriate physical sanctions.	• History of unexplained falls or minor injuries • Bruising which is characteristic of non-accidental injury – hand slap marks, pinch marks, grip marks • Black eyes/injuries to the face • Marks made by implements • Bruising to buttocks, lower abdomen, thighs • Bite marks • Burns/scalds • Individual flinches at physical contact • Reluctant to undress or uncover body • Loss of weight
Domestic abuse	A wide range of behaviours involved beyond physical violence. “Any incident of threatening behaviour, violence or harm (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality” It is rarely a one-off incident and should be seen as a pattern of harmful and controlling behaviour through which the harmer seeks power over the victim.	See individual examples under psychological and emotional, physical, sexual, neglect, financial and material. Controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.	See indicators under psychological, physical, sexual, financial or emotional harm • Appears to be afraid of partner / of making own choices • Behaves as though she/he deserves to be hurt or mistreated • May have low self-esteem or appear to be withdrawn
Forced Marriage	A marriage in which one or both spouses do not (or in the case of adults with LD or physical disabilities, cannot) consent to marriage, but are forced to do so by		

TYPE OF HARM (all may apply to carers)	DEFINITION	EXAMPLES (not exhaustive)	WHAT ARE THE SIGNS OF HARM? (not exclusive)
	coercive and controlling means.		
Exploitation by Radicalisation	The Home Office leads on the anti-terrorism strategy, CONTEST, and PREVENT is part of the overall CONTEST strategy, aiming to stop people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for adult safeguarding. A referral should be made to the Dorset Police Safeguarding Referral Unit regarding any individuals identified that present concern regarding violent extremism.		
Sexual	Direct or indirect involvement in sexual activity without capacity and/or consent. Individual did not fully understand or was pressured into consenting. Consent is defined as not given when a person has mental capacity but does not want to give consent, a person lacks mental capacity and is therefore unable to give consent, a person feels coerced into activity because the other person is in a position of trust, power of authority or the other party is a close relative and the action would be classed as incestuous.	*Non-contact:* Inappropriate looking, pornography, photography, indecent exposure, harassment, serious teasing or innuendo, coercion to watch sexual activity. *Contact:* Coercion to touch e.g. of breasts, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers and or other objects	Physical signs may apply to a male or female and may include • Urinary tract infections, vaginal, penal or anal infection, sexually transmitted disease • Pregnancy in a women unable to give consent • Difficulty in walking or sitting with no apparent explanation • Torn, stained or bloody underclothes or bedding • Bleeding, bruising, torn tissue or injury to the rectal, anal and/or vaginal area • Bruising to thighs and/or upper arms Behavioural changes • Uncharacteristic sexually explicit/seductive behaviour • Promiscuity • Use of explicit language • Self-harm • Obsession with washing • Fear of pregnancy may be exaggerated

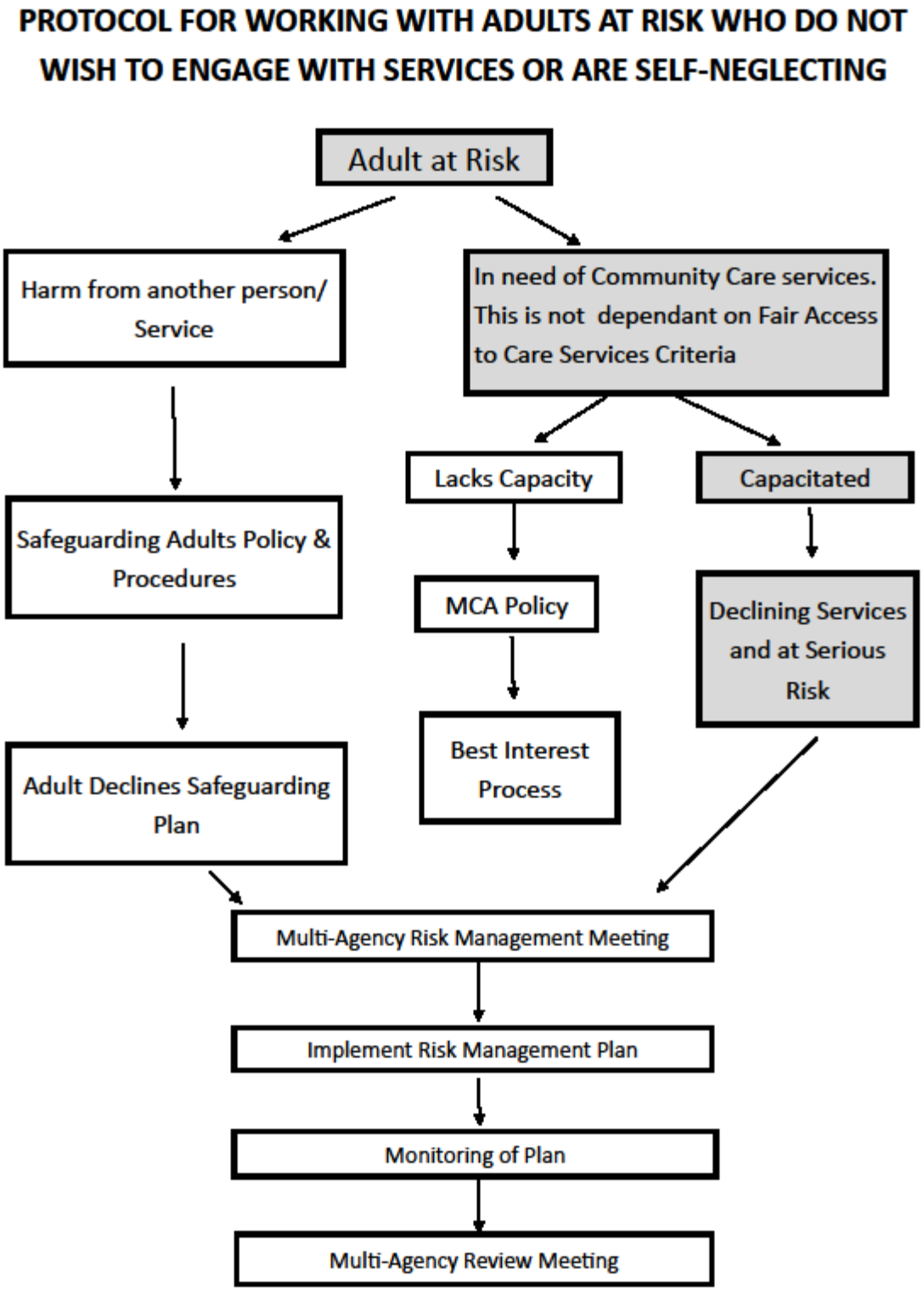
TYPE OF HARM (all may apply to carers)	DEFINITION	EXAMPLES (not exhaustive)	WHAT ARE THE SIGNS OF HARM? (not exclusive)
			Remember individuals may partially disclose using repeating phrases like "it's a secret" or "shut up" or I'll hurt you"
Psychological/emotional	Behaviour which has a harmful effect on an individual's emotional well-being, causing mental distress undermining their self-esteem and affecting individual's quality of life. Wilful infliction of mental suffering by a person in a position of trust and power. Psychological harm may present with other forms of harm. Behaviour which deliberately causes serious psychological and emotional harm may constitute a criminal offence.	Shouting, controlling, coercion, bullying, blaming, swearing, insulting, ignoring, threats of harm or abandonment, intimidation, harassment, humiliation, depriving an individual of the right to choice and their privacy, dignity, self - expression, deprivation of contact, undermining self-esteem, isolation and over-dependence. Treating a person in a way which is inappropriate to their age and/or cultural background.	Indicators may include one or more of the following: • Loss of interest, withdrawn, anxious or depressed • Appear to be frightened, fearful or avoiding eye contact • Irritable, aggressive or challenging behaviour, unexplained sleep disturbance • Poor concentration • Self-harm, refusing to eat, deliberate soiling • Eating problems, unusual weight gain or loss
Neglect/acts of omission	Failure of any person who has responsibility for the charge, care or custody of an adult at risk to provide the amount and type of care or treatment that a responsible person could be expected to provide. Reference to S44 MCA Neglect can be intentional or unintentional. It is intentional if the neglectful individual is aware of the consequences and potential for harm resulting from lack of actions. Unintentional may result from failure to understand the needs, not knowing about	Failure to provide • Appropriate and adequate food and drink • Shelter • Heating • Clothing • Medical care • Educational services • Hygiene • Personal care • Inappropriate use or withholding of medication/over medication • Repeated deprivation of medical or physical or social care • Failure to intervene in	This form of harm may be identified within a person's accommodation, their physical presentation or in the standard and care provided. Indicators may include • Inadequate heating and lighting • Neglect of accommodation • Poor physical condition (e.g. leg ulcers or ulcerated bed sores) • Clothing or bedding in poor condition including being wet or soiled • Failure to ensure access to health or social care • Weight loss or gain through inadequate or unsuitable food • Medication not given as prescribed • Failure to ensure appropriate privacy and dignity

TYPE OF HARM (all may apply to carers)	DEFINITION	EXAMPLES (not exhaustive)	WHAT ARE THE SIGNS OF HARM? (not exclusive)
	available services or possible effect of lack of action or because their own needs prevent giving the care needed to the adult at risk.	behaviour which is dangerous/failure to report harm • Being prevented from receiving visitors or interacting with others • Not meet basic standards of care	
Financial & Material	The unauthorised taking (theft) or misuse of any money, income, assets, personal belongings or property or any resources of an adult at risk without their informed consent or authorisation. Factors that may increase vulnerability • Person unable to manage own money • Person isolated in community • Person is dependent on others to handle finances • Person has no independent advocates Financial harm is a crime.	• Misuse of enduring power of attorney, lasting power of attorney or appointeeship. • Money and possessions stolen • Misappropriating money, valuables or property • Forcing changes to will • Denying the adult at risk the right to access personal funds, property possessions or inheritance • Unauthorised disposal of property or possessions • Being asked to part with money on false pretences • Stealing • Misuse of funds • Fraud	The following situations or observations may indicate financial harm • Unexplained or sudden inability to pay bills • Power of Attorney obtained and misused when a person lacks or does not lack mental capacity to understand • Unexplained withdrawal of money with no benefits • Person lacking goods or services that they can afford • Extortionate demands for payments for services
Modern Slavery	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.	• slavery, • human trafficking, • forced labour • domestic servitude.	
Organisational abuse	Involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of service to	• Lack of individualised care • Inappropriate confinement or restriction • Sensory deprivation	• Unacceptable practice encouraged, tolerated or left unchanged • Organisational standards not meeting those laid down by regulatory bodies • Service users not treated with dignity and respect

TYPE OF HARM (all may apply to carers)	DEFINITION	EXAMPLES (not exhaustive)	WHAT ARE THE SIGNS OF HARM? (not exclusive)
	adults at risk. Occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of adults at risk. Can occur in any setting providing health and social care. It is most likely to occur when employees: • Receive little or no support from management. • Are inadequately trained. • Are poorly supervised and poorly supported in their work. • Receive inadequate guidance. The risk of harm is also greater in institutions: • With poor management. • With too few employees. • Which use rigid routines and inflexible practices. • Which do not use person-centred care plans. • Where there is a closed culture. The behaviour is cultural to the Institution and not specific to particular members of employees	• Inappropriate use of rules • Custom and practice • No flexibility on bedtimes or waking times • Dirty clothing or bed linen • Lack of personal possessions or clothing • Deprived environment or lack of stimulation • Misuse of medical Procedures • Medication errors • Dietary needs not met • Poor moving and handling	• Diverse needs not recognised and valued in terms of age, gender, disability, ethnic origin, race or sexual orientation • Services not flexible • Organisation do not promote choice and individual focus • Communication discouraged • Whistle blowing policy not in place and accessible • Insufficient employees training and development.

TYPE OF HARM (all may apply to carers)	DEFINITION	EXAMPLES (not exhaustive)	WHAT ARE THE SIGNS OF HARM? (not exclusive)
	See also Abuse of Trust relating to individual misuse of power paragraph 2.3.5 of the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.		
Discriminatory harm Includes "hate crimes"	Exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. Principles of discriminatory harm are provided by legislation, includes Race Relations Act 1976, Disability Discrimination Act 1995, Sex Discrimination Act 1975, Equality Act 2010 and Human Rights Act 1998. Consists of harmful or derisive attitudes or behaviour based on a person's gender, sexuality, ethnic origin, race, culture, age, disability, faith or belief or any other discriminatory harm, includes hate crimes **Hate crime** is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of one or more of the above. Forced marriages are harm of an individual's human rights	• Verbal harm • Harassment or similar treatment • Unequal treatment • Deliberate exclusion from services such as education, health, justice and access to services and protection • Harmful or derisive attitudes • Inappropriate use of language	• Lack of respect for an individual's beliefs and cultural background • Unable to eat culturally acceptable foods • Religious observances not encouraged or anticipated • Isolation due to language barriers • Signs of sub-standard service offered to minority groups or individuals • Repeated exclusion from rights afforded to citizens such as health, education, employment and criminal justice
Self-Neglect	this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings	Hoarding Declining health care	

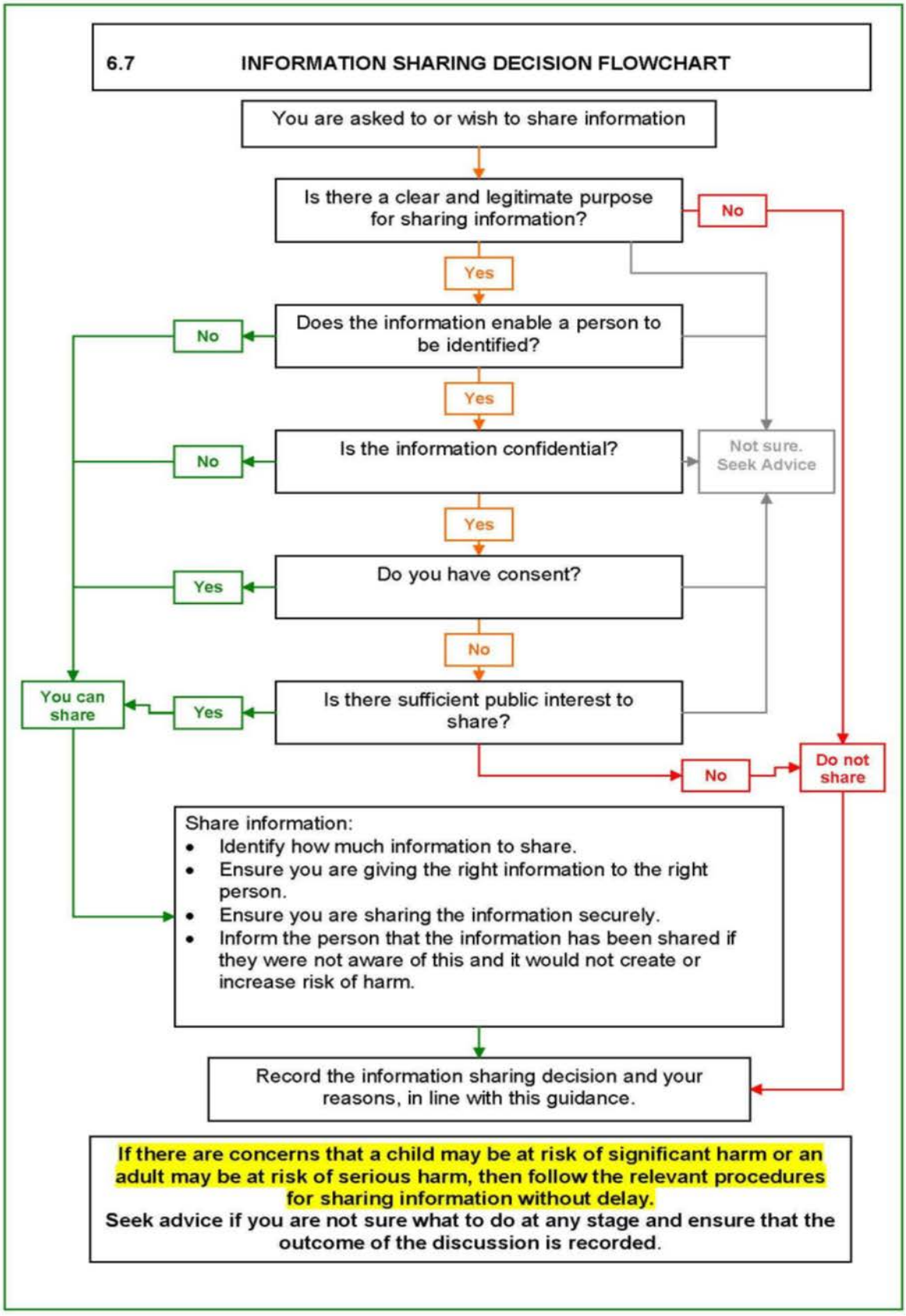
APPENDIX C – Protocol For Working With Adults At Risk Who Do Not Wish To Engage With Services And Are Or May Become At Serious Risk Of Harm.



APPENDIX D - Key Risk Factors

Situation of unequal power	Carer has other dependents and responsibilities
Person lives alone and is socially isolated	A reversal of role between the carer and the adult at risk
The adult at risk suffers from a chronic, progressive and disabling condition (including dementia and other mental impairment) requiring help beyond the ability of the carer to cope, especially if this affects intellect or memory, control of bladder or bowels, and causes severe immobility	Carer is emotionally and socially isolated or has personal difficulties or is at risk themselves (including physical or mental illness, drug or alcohol addiction)
Person has lack of insight into the problems of the carer or lacks capacity to express concern	Communication difficulties between the adult at risk and the care given, caused by e.g. deafness or mental impairment
Person will only accept care from one particular person	Dependent person disturbs the carer at night
Adult at risk is dependent on the harmer (for finance, accommodation or emotional support)	Poor relationship between the dependent and the carer
Poor living conditions or financial problems	Carer is stressed and/or exhausted and lacks support or practical help
Family history of violent behaviour, alcoholism, substance misuse or mental illness	Carer lacks the appropriate knowledge of the illness or skills to provide care
Family history of harm – sexual, physical, psychological or emotional harm or neglect	Carer perceives the dependent person as being deliberately awkward
Carer has been forced to substantially change their lifestyle	Carer has been harmed or exploited by the dependent in the past
Carer has negative / ageist views of adult at risk	Carer is young, immature and behaviour indicates own dependency needs have not been met

APPENDIX E – Information Sharing Flowchart

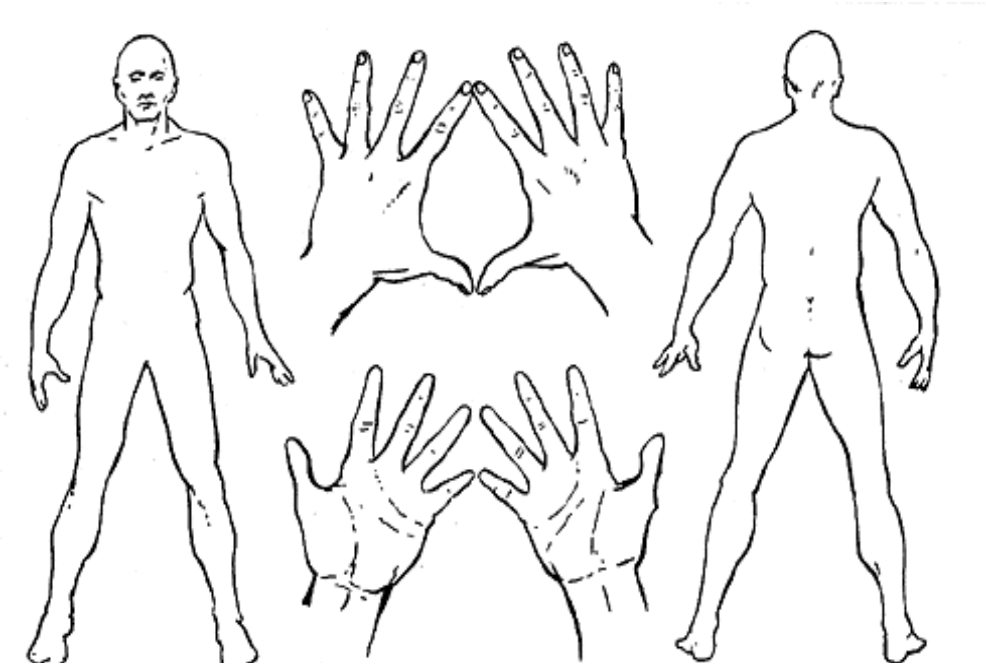


APPENDIX F - Body Map

The Body Map tool can be used at the point of an incident / post incident to make a record of any injuries sustained.
The Body Map for services using RiO as the clinical record can be found under "Core Assessment", "Body Map Annotations".
For services not using RiO, the body map form can be found on the Trust intranet and is as below:

BODY MAP

Name:	
Date of Birth:	
Address:	
Hospital No. (if appropriate):	
Name of GP:	



PLEASE INDICATE AREA OF INJURY AND GIVE DETAILS OF TYPE OF INJURY i.e. pain, bruise, laceration, fracture

Date and Time of examination/ observation:	
Examined by (print name):	

APPENDIX G - CONTACT DETAILS - SOCIAL SERVICES

BOURNEMOUTH SOCIAL SERVICES

Main referral point for Bournemouth Social Services Directorate - Care Direct
Tel 01202 454979 and Fax 01202 454974
Wallisdown Heights
Canford Ave
BH11 8SH

POOLE SOCIAL SERVICES

Adult Social Services (Commissioning) **Telephone 01202 633902**
Help Desk
Civic Centre Annexe
Park Road, Poole
Dorset
BH15 2RT

DORSET ADULT AND COMMUNITY SERVICES

Triage Service
Tel: 01929 557712
Fax 01929 554217
Email: dorsetadultsafeguarding@dorsetcc.gcsx.gov.uk

OUT OF HOURS for Bournemouth, Poole and Dorset -
Telephone 01202 668123

DEVON SOCIAL SERVICES

Phone 0845 1551 007 Out of Hours 0845 6000 388
Devon Safeguarding Adults Board

https://new.devon.gov.uk/devonsafeguardingadultsboard/

APPENDIX H - Contact Details - Dorset Police

The Police should be informed if it is suspected that a crime has been committed to person or property. This does not however remove the requirement to notify the Social Care and Health local office (Social Services) of any actual or suspected harm as previously described.

When contacting the police, staff must make it clear whether they are reporting a crime or suspected crime, or seeking advice. **In an emergency call the Police on 999.**

Partner agencies should contact the Safeguarding Referral Unit via email SRU@dorset.pnn.police.uk. This office is staffed 0800 to 1700 Monday to Friday. Once the referral is sent then a telephone discussion can take place by phoning 01202 222777. The Safeguarding Referral Unit will facilitate early strategy discussions which will decide if the referral is suitable for joint Adult Social Services and Police investigation or single agency action.

A specially trained police officer will be responsible for arranging any forensic examination that is required. Where sexual assault is suspected, this will normally be conducted at a sexual assault referral centre. However, if it is not appropriate for a client to be taken by police to a sexual assault referral unit, the officer will make arrangements for the examination to be facilitated elsewhere.

Dorset HealthCare NHS
University NHS Foundation Trust

APPENDIX I Equality Impact Assessment (Stage One) – Screening

1. Policy/Service	Directorate	New or existing?	Date of Assessment
Key Details For Dorset Healthcare University NHS Foundation Trust Staff on Bournemouth, Dorset And Poole Multi Agency Safeguarding Adults Policy and Procedures	**Nursing and Quality Directorate**	**Existing**	**26/2/15**

2. Briefly describe the purpose of the Policy/Service:

This key details document aims to provide clear guidance to staff as to their responsibilities in relation to the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.

3. Legislation Check

Equality Area	Key Equalities Legislation	Is the policy/service relevant to this equality area? Yes/No	Assessment of Potential Impact: High/ Medium/ Low/ Not Known		Required Actions
			Positive (+)	Negative (-)	
Gender	**Sex Discrimination Act 1975 Equal Pay Act 1970 Equalities Act 2006 Gender Recognition Act 2004**	**Yes**	**Low**		Policy ensures process is in place to protect all adults at risk. No action required.
Race	**Race Relations Act 1976 Race Relations (Amendment) Act 2000**	**Yes**	**Low**		Policy ensures process is in place to protect all adults at risk. No action required.

Disability	**Disability Discrimination Act 1995 & 2005**	**Yes**	Low		Policy ensures process is in place to protect all adults at risk. No action required.
Age	**Age Regulations 2006**	**Yes**	Low		Policy ensures process is in place to protect all adults at risk. No action required.
Equality Area	**Key Equalities Legislation**	**Is the policy/service relevant to this equality area? Yes/No**	**Assessment of Potential Impact: High/ Medium/ Low/ Not Known**		**Required Actions**
			Positive (+)	**Negative (-)**	
Lesbian, Gay, Bisexual, Transgender	**Equalities Act 2006**	**Yes**	Low		Policy ensures process is in place to protect all adults at risk. No action required.
Religion	**Equalities Act 2006**	**Yes**	Low		Policy ensures process is in place to protect all adults at risk. No action required.
Other	**Human Rights Act 1998**	**Yes**	Low		Policy ensures process is in place to protect all adults at risk. No action required.
4. Is this Policy/Service likely to have a positive impact on one or more minority/under represented or community groups? If so, who may be affected and why? Or is it clear at this stage that it will be equality ''neutral''? i.e. will have no particular effect on any group.					

Impact will be neutral
5. Is this Policy/Service likely to have an adverse impact on one or more minority/under represented or community groups? If so, who may be affected and why? Or is it clear at this stage that it will be equality ''neutral''? **Impact will be neutral**
6. Is the Impact of the Policy/Service (whether positive or negative) significant enough to warrant a more detailed assessment? **No**
7. If not, explain how the Policy/Service will be monitored and reviewed to assess the impact over time. Briefly give reasons and bullet point any steps you are taking to address particular issues, including any consultation with staff or external groups. **Policy will be reviewed every four years or earlier at request of management or staff side or in light of new legislation or guidance.**

8. Full EIA Required (Y/N):	**N**		
9. Screening Completed By:	**Fiona Holder Safeguarding Adults Lead**		
Policy Approval Group:		**Review Date:**	