

Reference No: IN-040

**DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST  
SAFEGUARDING ADULTS POLICY AND PROCEDURES**

<b>AREA:</b>	Trust Wide	
<b>NAME OF RESPONSIBLE COMMITTEE / INDIVIDUAL</b>	Director of Nursing, Therapies and Quality	
<b>NAME OF ORIGINATOR / AUTHOR</b>	Safeguarding Adult Team	
<b>DATE ISSUED</b>	August 2008	
<b>REVIEW DATE</b>	April 2017	
<b>DUE FOR REVIEW:</b>	August 2021 and in response to any revisions of the Bournemouth, Poole and Dorset Multi Agency Safeguarding Adult Policy	
<b>RATIFIED BY:</b>	Joint Safeguarding Group	2 Nov 2018
	Joint Safeguarding Group	July 2016
	Joint Safeguarding Group	April 2015
	Executive Management Team	June 2011
<b>TARGET AUDIENCE / DISSEMINATED TO</b>	All staff - Trust wide	
<b>VERSION CONTROL :</b>	Version 13	
<b>Added to intranet by:</b>	Amanda Ponchaud	<b>Date added:</b> 15/11/2018
<b>Directorate:</b>	Corporate Services	

	<b>Contents</b>	<b>Page No</b>
	Executive Summary	4
1.0	Definitions	6
2.0	Introduction	7
3.0	Purpose and Scope	8
4.0	Duties	8
5.0	Risk Factors – Abuse from Others	11
6.0	The Clinical Management of the Risk of abuse from Others	11
7.0	Response to a Safeguarding Adult Disclosure	12
8.0	Mental Capacity and Raising a Safeguarding Adult Concern	14
9.0	Recording Information	15
10.0	PREVENT (Building Partnerships Staying Safe)	16
11.0	Domestic Abuse & Harm	17
12.0	Self-Neglect and Hoarding	17
13.0	Advocacy	19
14.0	Lasting Power of Attorney (LPAS) and Guardianship	19
15.0	Recognition of Limitations to Act	19
16.0	Nominated Enquirer Role	20
17.0	Confidentiality	21
18.0	Whistleblowing and Speaking Up	21
19.0	Escalation of Concerns	21
20.0	Safeguarding Adults Reviews and Domestic Homicide Reviews	22
21.0	Training	22
22.0	Monitoring Compliance	22
23.0	Dissemination and Implementation	23
24.0	Associated Documentation	23
25.0	References	23
26.0	Supporting Information References – Mental Health Act	24

## **Appendices**

Appendix A	How to Raise a Safeguarding Concern	25
Appendix B	Types of Harm and Indicators	26
Appendix C	Key Risk Factors	33
Appendix D	Information Sharing Flowchart	34
Appendix E	Body Map	35
Appendix F	Contact Details Local Authorities	36
Appendix G	Contact Details Dorset Police	37
Appendix H	Equality Impact Assessment Record	38

<b>POLICY TITLE</b>	<b>IN-040 SAFEGUARDING ADULTS POLICY AND PROCEDURES</b>
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### 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 The Local Authority) to promote outcomes focussed, person centred safeguarding practice.

<b>WHERE THIS POLICY APPLIES</b>	<b>WHERE THIS POLICY DOES NOT APPLY</b>
<p>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.</p> <p>The expected standard of professional conduct is included</p>	<p>This policy does not apply to children</p>

### 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 (IN-40c) and Safeguarding Adults Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole (IN-40a) 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 –07500 814558
- Safeguarding Adults Advisor, based at Shelly Road – 07920 530133
- Safeguarding Adults Advisor, based at Forston Clinic - 07825 897596

<b>DOCUMENTATION/ FORMS CONTAINED WITHIN THIS POLICY</b>
<ul style="list-style-type: none"><li>• Body Map</li></ul>



**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 and hoarding
- Internet and/ or cyber bullying
- County Lines
- Cuckooing

- 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.
- 1.6 Homelessness does not necessarily make people at risk and it is therefore not a defined category of harm. However circumstances such as homelessness may exacerbate other conditions and impact negatively upon an individual's ability to care for their health and to protect themselves.

## 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 IN-40c. Staff should also discuss their concerns with their line manager. The staff member will inform the appropriate Local Authority 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 from 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 IN-40c and Safeguarding Adults Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole IN-40a, both 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 Safeguarding Adult Team. Contact details are available on the Safeguarding pages on the Trust intranet.
- 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 IN-40c and Safeguarding Adults Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole IN-40a.
- 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 DHC that may place patients/ service users at risk of harm.

### **Director of Nursing, Therapies and Quality**

- 4.2 The Director of Nursing, Therapies 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, Therapies 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 IN-40c and Safeguarding Adults Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole IN-40a.
- 4.4 The Director of Nursing, Therapies and Quality 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 Managers should 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 & Development should ensure that training and education to support delivery of the safeguarding adult's policies and procedures are in place. Additionally they 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 IN-40c and Safeguarding Adults Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole IN-40a.

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, Therapies 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 Lead.

4.14 The Deputy Director of Safety, Improvement and Effectiveness 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.

4.15 The Safeguarding Adults Lead is co-chair of the Think Family Safeguarding Group. The purpose of which includes the dissemination of learning from Safeguarding Reviews, training requirements, compliance with local and National standards and updates on policies and procedures.

### **All Staff**

4.16 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.

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

4.18 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**

4.19 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.

4.20 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.

4.21 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 B.

## **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-riden 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.

### **Allegations of Historic Abuse or Where the Adult is no Longer at Risk**

- 7.10 One of the criteria for undertaking a Statutory Enquiry under the Care Act Section 42 duty is that the adult is “experiencing, or is at risk of, abuse or neglect”. Concerns relating to historic abuse e.g. historic child abuse (historic means not previously subject to an Enquiry/ followed

up) or neglect where the person is no longer at risk, will not be the subject of Statutory Enquiry under these procedures. Further action under different processes may be needed and may include criminal or other type of enquiry through parallel processes (e.g. complaints, inquests, regulatory, commissioning, health and safety investigations).

- 7.11 All such historic concerns will be considered, to determine whether they demonstrate a potential current risk of harm to other adults, children or young people; where appropriate these will be referred to the Police of Children's Services.
- 7.12 Where an adult safeguarding concern is received for an adult who has died, the same considerations will apply and an Enquiry will be made where there is a clear belief that other identifiable adults are experiencing, or are at risk of, abuse or neglect.
- 7.13 In cases where an adult has died, suffered serious abuse, neglect or harm, or the Safeguarding Adult Review (SAR) panel deem it appropriate to do so, a SAR may be considered. The local Business Manager for each Safeguarding Board can advise.
- 7.14 When deciding if a safeguarding adults concern should be raised with the Local authority, the adult's Mental Capacity to consent to this should be considered. Further guidance is provided in section 8 of this policy and in the Mental Capacity Act Code of Practice Chapter 4 and Consent to Examination or Treatment policy IN-229.

#### **Ensure Evidence is Retained or Preserved**

- 7.15 In the case of a criminal offence, ensure that the police are called immediately to investigate and collect any forensic evidence available.
- 7.16 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.
- 7.17 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**

- 7.18 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 the Local Authority or the Police.
- 7.19 Staff should inform their Line Manager/ Supervisor as soon as possible on the same day of an incident.
- 7.20 If the allegation is against the Line Manager/ Supervisor, then the next senior member of management should be informed.
- 7.21 Staff should note that concerns should be made to the authority where the incident allegedly took place, even if this is not the patient's 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.
- 7.22 Receipt of any concern by Social Services will be processed in accordance with the Bournemouth, Dorset and Poole multi-agency Safeguarding Adults policy (IN-40c) and Safeguarding Adults Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole (IN-40a).

## **Think Family**

- 7.23 Trust staff providing services for adults may be aware that problems faced by their clients can impact on their capacity to parent effectively and are required to share this information, without delay, with Children's Social Care, (CSC) and with other professionals and agencies working with the child and the family. This helps to ensure that opportunities are not missed to put preventative support in place. Information, however small, could help CSC and other professionals to gain greater clarity about a family's circumstances, to keep children safe and to offer additional help.

## **8.0 MENTAL CAPACITY AND RAISING A SAFEGUARDING ADULTS CONCERN**

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

- 8.1 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.
- 8.2 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.
- 8.3 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.
- 8.4 Where an adult at risk does not engage with offers of assistance or agree to consent for a concern to be raised with the Local Authority, staff must consider if there are other adults or children who are also at risk. In these cases a concern must be raised with the Local Authority and the adult informed that this will be done because of our duty of care to other vulnerable individuals.
- 8.5 Where an adult at risk does not engage with offers of assistance or consent for a concern to be raised and the staff has assessed that the adults' life is at risk, or that they are at risk of significant harm, then the staff member can raise a concern without the person's consent. The decision to do this must be recorded in the adults' records.
- 8.6 If the risk/ s continue 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**

- 8.7 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.

8.8 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 the Local Authority as soon as possible.

8.9 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.

8.10 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.

## **9.0 RECORDING INFORMATION**

9.1 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. 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.
- Who has been informed of the concerns.
- Details of when a concern has been raised, whom to and the details of the concern that has been raised.
- 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.

9.2 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 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.

9.3 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.
- If concerns are identified in a care home, the on-duty manager for the home should be informed of the concerns, unless this will increase the risk to the adult. The name and designation of the manager should be recorded in the adult's records and shared with the Local Authority when the concern is raised.

9.4 Minutes of Enquiry Planning and Review meetings 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.

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

## **10.0 PREVENT (BUILDING PARTNERSHIPS STAYING SAFE)**

10.1 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.

10.2 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.

10.3 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

10.4 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.

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

10.6 The Channel General Awareness e-learning can be accessed via this link: [http://course.ncalt.com/Channel\\_General\\_Awareness/01/index.html](http://course.ncalt.com/Channel_General_Awareness/01/index.html)

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

10.7 More detailed information is included in the Prevent Policy IN-484 available on the intranet.

## **11.0 DOMESTIC ABUSE & HARM**

11.1 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>

11.2 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.

11.3 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.

11.4 More information is available in the Guidance for Staff and Managers Dealing with Domestic Violence/ Abuse (Employees) IN-318 and Guidance for Staff on Domestic Violence/ Abuse and Abuse (Patients/ Service Users) IN-401 documents available on the Trust intranet.

## **12.0 SELF-NEGLECT AND HOARDING**

12.1 As from 1<sup>st</sup> April 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.

12.2 Self-neglect and hoarding differs from other safeguarding concerns in that there is no perpetrator of abuse, however abuse cannot be ruled out as a cause of the onset of self-neglect; part of the Care Act requirements are to address what is the root cause.

## Self-Neglect

- 12.3 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.
- 12.4 Where self-neglect is placing an adult at risk of harm, raising a safeguarding concern with the Local Authority should be considered. In cases where an adult makes a capacitous decision that a safeguarding concern should not be raised, actions to consider can still be taken, such as raising a concern, stating it is without the adults consent, or holding a multi-Agency Risk Management Meeting. Advice can be sought from DHC's Safeguarding Adults team and further information on Self-Neglect and the Self-Neglect and Hoarding Toolkit and guidance documents are available on the Trust intranet.

## Hoarding

- 12.5 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.
- 12.6 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.
- 12.7 Further information and the self-Neglect and Hoarding Guidance and Toolkit are available on the Trust intranet.

## Responses to Cases of Self-Neglect or Hoarding

- 12.8 There are essentially three possible ways for concerns to be addressed and these may be interchangeable dependent upon the circumstances and how the concern progresses:
- Multi-agency risk assessment and management (MARM): The majority of concerns about self-neglect or hoarding will be dealt with by the MARM process.
  - Case Management; an individual may be supported by a member of staff from Adult Social Care who is working with other agencies as and when necessary.
  - Section 42 Enquiry: most likely to be used where it is considered that the person is being seriously harmed or likely to be because of the actions or inactions of others or where there is a more serious concern about the extent to which the person is harming themselves because of their self-neglect or hoarding behaviour and there is a consensus that the formality of the safeguarding enquiry would be beneficial.

## **Multi-agency risk assessment and Management**

- 12.9 The fundamental purpose of the MARM is to bring together those who have knowledge of the specific concerns that have been raised. This should where possible involve the individual and their carer or representative. The MARM should be organised by the agency that is most involved and has raised the concerns.

Further guidance and templates are available on the Trust intranet and in the Multi-Agency Safeguarding Adults procedures (IN-40c) appendix 2 Self-Neglect and Hoarding Guidance.

- 12.10 During the MARM the assessment of risk and subsequent management plan should be completed and 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.

### **13.0 ADVOCACY**

- 13.1 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 staff are required to identify if an advocate may be required and share this information when making a safeguarding concern.
- 13.2 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 (Care Act 2014).
- 13.3 An independent advocate can be appointed for people who have the mental capacity to agree to a safeguarding adult's enquiry being undertaken.
- 13.4 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.

### **14.0 LASTING POWER OF ATTORNEY (LPAS) AND GUARDIANSHIP**

- 14.1 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.
- 14.2 The provision of Guardianship falls within the Mental Health Act and is therefore only applicable to a person with a mental disorder. A Guardian is a person with special powers to make decisions on behalf of a person with a mental disorder. The only legal power a Guardian has is to determine where an individual may live (and only then the nearest relative does not object). It may though be useful to consider this specific power if it is felt necessary to remove a person from a situation or set of circumstances where they are being caused harm.

### **15.0 RECOGNITION OF LIMITATIONS TO ACT**

- 15.1 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.

15.2 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 from 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.

## **16.0 NOMINATED ENQUIRER ROLE**

16.1 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.

16.2 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.

16.3 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. 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.

16.4 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.

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

16.6 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.

## **17.0 CONFIDENTIALITY**

- 17.1 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 and in accordance with the General Data Protections Regulations.
- 17.2 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 IN-40c.
- 17.3 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.
- 17.4 Please see Appendix E for the information sharing key questions flowchart.

## **18.0 WHISTLEBLOWING AND SPEAKING UP**

- 18.1 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 Freedom to Speak Up: Raising Concerns (Whistleblowing) policy IN-031. The Public Interest Disclosure Act 1998 offers some protection for whistleblowers.
- 18.2 Concerns can also be discussed with the Trust's Freedom to Speak Up Guardian and Associate Guardians; details can be found on the Trust intranet.

## **19.0 ESCALATION OF CONCERNS**

- 19.1 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.
- 19.2 If low level concerns do not meet the criteria for raising as a safeguarding concern, consideration must be given to sharing information with partner agencies and how best to do so. 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.

## **20.0 SAFEGUARDING ADULT REVIEWS and DOMESTIC HOMICIDE REVIEWS**

20.1 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.

20.2 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, available on the Safeguarding Adults Board Websites.

## **21.0 TRAINING**

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

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

## **22.0 MONITORING COMPLIANCE**

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

22.2 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.

22.3 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.

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

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

22.6 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.

## **23.0 DISSEMINATION AND IMPLEMENTATION**

- 23.1 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.
- 23.2 The content of this document will also be disseminated and implemented via the Trust's programme of induction and refresher safeguarding training.
- 23.3 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 Trust intranet. All Serious Case Reviews are published, lessons learnt and action taken by the Safeguarding Adults Boards on their websites.

## **24.0 ASSOCIATED DOCUMENTATION**

- 24.1 This document should be read in conjunction with:
- Bournemouth, Dorset and Poole multi-agency Safeguarding Adults policy IN-40c
  - Consent to Examination or Treatment policy IN-229
  - Freedom to Speak Up: Raising Concerns (Whistleblowing) policy IN-031
  - Guidance for Staff on Domestic Violence/ Abuse and Abuse (Patients/ Service Users) IN-401
  - Guidance for Staff and Managers Dealing with Domestic Abuse (Employees) IN-318
  - Guidance on Managing Allegations against people who work with Children and Adults at Risk IN-037
  - Investigation Of Incidents, Complaints And Claims policy IN-174
  - Managing Clinical Risk in Mental Health Settings Policy and Supporting Guidance IN-172a
  - Management of Close Interpersonal Relationships Between Service Users Within Trust Services policy IN-346
  - Mental Capacity And Advance Decisions Policy IN-048
  - Prevent Policy IN-484
  - Safeguarding Adults Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole IN-40a
  - Safeguarding Children Policy IN-041
  - Bournemouth And Poole Safeguarding Adults Board Dorset Safeguarding Adults Board, Personal Information Sharing Agreement (PISA) available on Doris safeguarding adults pages under safeguarding policies.

## **25.0 REFERENCES**

- 25.1 ADASS Making Safeguarding Personal. Available from:  
[http://www.local.gov.uk/publications/journal\\_content/56/10180/3961573/PUBLICATION](http://www.local.gov.uk/publications/journal_content/56/10180/3961573/PUBLICATION)
- 25.2 Department of Health, *No Secrets*, 2000. Available from:  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008486](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486)
- 25.3 HMSO (2005) Mental Capacity Act. Available from:  
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
- 25.4 HMSO (1976) Race Relations Act. Available from:  
<http://www.legislation.gov.uk/ukpga/2000/34/contents>

- 25.5 HMSO (1975) Sex Discrimination Act. Available from:  
<http://www.legislation.gov.uk/uksi/2003/1657/contents/made>
- 25.6 HMSO (1998) Human Rights Act. Available from:  
<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- 25.7 HMSO (1995) Disability Discrimination Act. Available from:  
<http://www.legislation.gov.uk/ukpga>
- 25.8 HMSO (2010) Equality Act. Available from:  
<http://www.legislation.gov.uk/ukpga/2010/15/contents>
- 25.9 HMSO (2014) The Care Act Available from:  
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

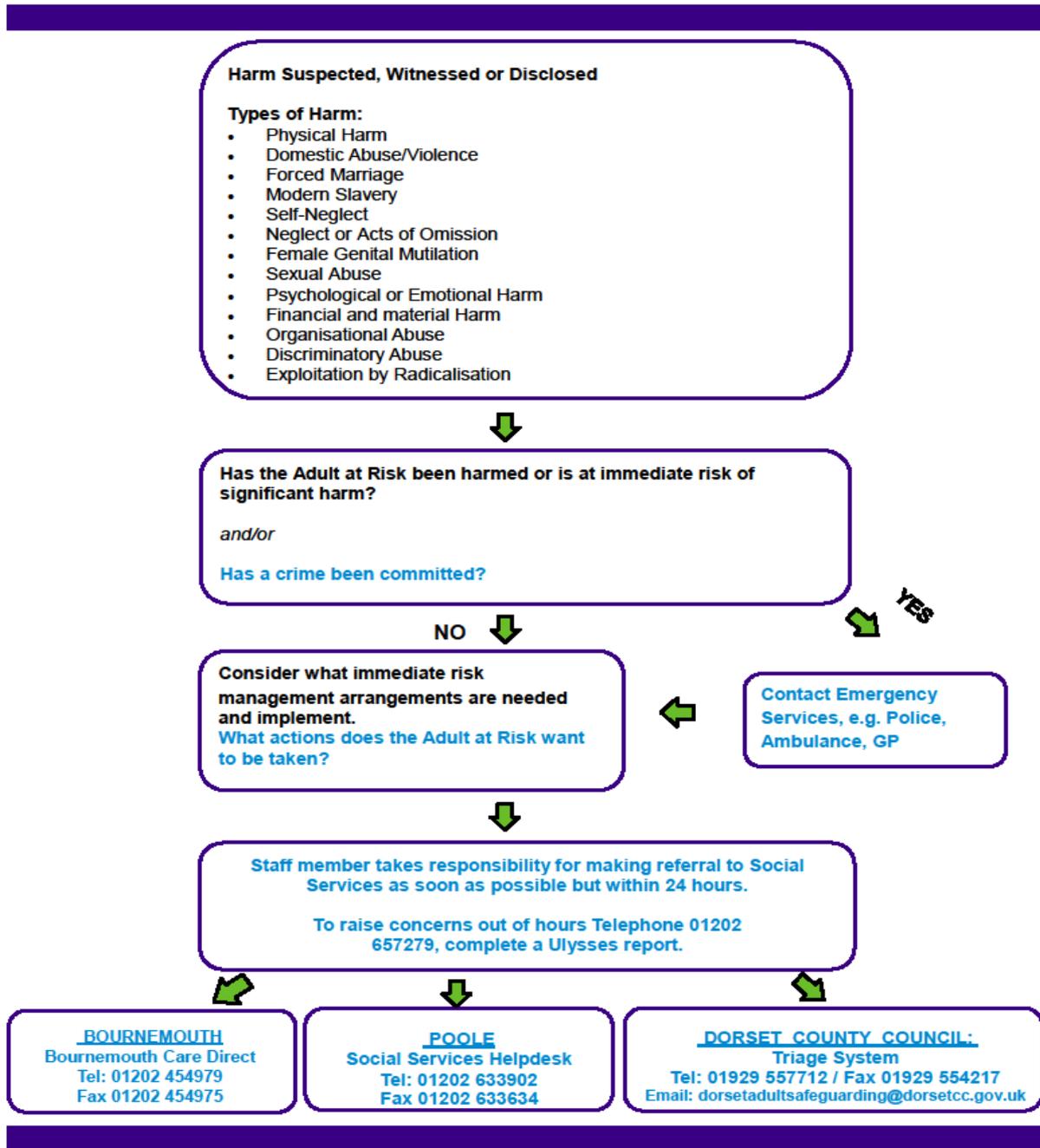
## **26.0 SUPPORTING INFORMATION REFERENCES – MENTAL HEALTH ACT**

- 26.1 HMSO (1983) Mental Health Act. Available from:  
<http://www.legislation.gov.uk/ukpga/2007/12/contents>
- 26.2 HMSO (1985) Enduring Power of Attorney Act. Available from:  
<http://www.legislation.gov.uk/uksi/2013/506/contents/made>
- 26.3 HMSO (2000) Care Standards Act. Available from:  
<http://www.legislation.gov.uk/ukpga>
- 26.4 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.

APPENDIX A  
HOW TO RAISE A SAFEGUARDING ADULTS CONCERN

# How to raise a Safeguarding Adult Concern



October 2015

## 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	<p>Non-accidental harm to the body. Can range from careless rough handling to direct physical violence.</p> <p>Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are also physical harm. See paragraph 2.3.3 &amp; 2.3.4 of the Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures.</p>	<p>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.</p>	<ul style="list-style-type: none"> <li>• History of unexplained falls or minor injuries</li> <li>• Bruising which is characteristic of non-accidental injury – hand slap marks, pinch marks, grip marks</li> <li>• Black eyes/injuries to the face</li> <li>• Marks made by implements</li> <li>• Bruising to buttocks, lower abdomen, thighs</li> <li>• Bite marks</li> <li>• Burns/scalds</li> <li>• Individual flinches at physical contact</li> <li>• Reluctant to undress or uncover body</li> <li>• Loss of weight</li> </ul>
Domestic abuse	<p>A wide range of behaviours involved beyond physical violence.</p> <p>“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”</p> <p>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.</p>	<p>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.</p>	<p>See indicators under psychological, physical, sexual, financial or emotional harm</p> <ul style="list-style-type: none"> <li>• Appears to be afraid of partner / of making own choices</li> <li>• Behaves as though she/he deserves to be hurt or mistreated</li> <li>• May have low self-esteem or appear to be withdrawn</li> </ul>
Forced Marriage	<p>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 coercive and controlling means.</p>		
Exploitation by	<p>The Home Office leads on the anti-terrorism strategy, CONTEST, and</p>		

<b>TYPE OF HARM</b> (all may apply to carers)	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>WHAT ARE THE SIGNS OF HARM?</b> (not exclusive)
Radicalisation	<p>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.</p> <p>A referral should be made to the Dorset Police Safeguarding Referral Unit regarding any individuals identified that present concern regarding violent extremism.</p>		
Sexual	<p>Direct or indirect involvement in sexual activity without capacity and/or consent. Individual did not fully understand or was pressured into consenting.</p> <p>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.</p>	<p><i>Non-contact:</i></p> <p>Inappropriate looking, pornography, photography, indecent exposure, harassment, serious teasing or innuendo, coercion to watch sexual activity.</p> <p><i>Contact:</i></p> <p>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</p>	<p>Physical signs may apply to a male or female and may include</p> <ul style="list-style-type: none"> <li>• Urinary tract infections, vaginal, penal or anal infection, sexually transmitted disease</li> <li>• Pregnancy in a women unable to give consent</li> <li>• Difficulty in walking or sitting with no apparent explanation</li> <li>• Torn, stained or bloody underclothes or bedding</li> <li>• Bleeding, bruising, torn tissue or injury to the rectal, anal and/or vaginal area</li> <li>• Bruising to thighs and/or upper arms</li> </ul> <p>Behavioural changes</p> <ul style="list-style-type: none"> <li>• Uncharacteristic sexually explicit/seductive behaviour</li> <li>• Promiscuity</li> <li>• Use of explicit language</li> <li>• Self-harm</li> <li>• Obsession with washing</li> <li>• Fear of pregnancy may be exaggerated</li> </ul> <p>Remember individuals may partially disclose using repeating phrases like “it’s a secret” or “shut up” or “I’ll hurt you”</p>
Psychological/emotional	<p>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.</p> <p>Wilful infliction of mental suffering by a</p>	<p>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 -</p>	<p>Indicators may include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Loss of interest, withdrawn, anxious or depressed</li> <li>• Appear to be frightened, fearful or avoiding eye contact</li> <li>• Irritable, aggressive or challenging behaviour, unexplained sleep disturbance</li> <li>• Poor concentration</li> <li>• Self-harm, refusing to eat, deliberate soiling</li> </ul>

<b>TYPE OF HARM</b> (all may apply to carers)	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>WHAT ARE THE SIGNS OF HARM?</b> (not exclusive)
	<p>person in a position of trust and power.</p> <p>Psychological harm may present with other forms of harm.</p> <p>Behaviour which deliberately causes serious psychological and emotional harm may constitute a criminal offence.</p>	<p>expression, deprivation of contact, undermining self-esteem, isolation and over-dependence.</p> <p>Treating a person in a way which is inappropriate to their age and/or cultural background.</p>	<ul style="list-style-type: none"> <li>Eating problems, unusual weight gain or loss</li> </ul>
Neglect/acts of omission	<p>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.</p> <p>Reference to S44 MCA</p> <p>Neglect can be intentional or unintentional.</p> <p>It is intentional if the neglectful individual is aware of the consequences and potential for harm resulting from lack of actions.</p> <p>Unintentional may result from failure to understand the needs, not knowing about available services or possible effect of lack of action or because their own needs prevent giving the care needed to the adult at risk.</p>	<p>Failure to provide</p> <ul style="list-style-type: none"> <li>Appropriate and adequate food and drink</li> <li>Shelter</li> <li>Heating</li> <li>Clothing</li> <li>Medical care</li> <li>Educational services</li> <li>Hygiene</li> <li>Personal care</li> <li>Inappropriate use or withholding of medication/over medication</li> <li>Repeated deprivation of medical or physical or social care</li> <li>Failure to intervene in behaviour which is dangerous/failure to report harm</li> <li>Being prevented from receiving visitors or interacting with others</li> <li>Not meet basic standards of care</li> </ul>	<p>This form of harm may be identified within a person's accommodation, their physical presentation or in the standard and care provided.</p> <p>Indicators may include</p> <ul style="list-style-type: none"> <li>Inadequate heating and lighting</li> <li>Neglect of accommodation</li> <li>Poor physical condition (e.g. leg ulcers or ulcerated bed sores)</li> <li>Clothing or bedding in poor condition including being wet or soiled</li> <li>Failure to ensure access to health or social care</li> <li>Weight loss or gain through inadequate or unsuitable food</li> <li>Medication not given as prescribed</li> <li>Failure to ensure appropriate privacy and dignity</li> </ul>
Financial & Material	<p>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.</p> <p>Factors that may increase vulnerability</p>	<ul style="list-style-type: none"> <li>Misuse of enduring power of attorney, lasting power of attorney or appointeeship.</li> <li>Money and possessions stolen</li> <li>Misappropriating money, valuables or property</li> <li>Forcing changes to will</li> </ul>	<p>The following situations or observations may indicate financial harm</p> <ul style="list-style-type: none"> <li>Unexplained or sudden inability to pay bills</li> <li>Power of Attorney obtained and misused when a person lacks or does not lack mental capacity to understand</li> <li>Unexplained withdrawal of money with no benefits</li> <li>Person lacking goods or services that they can afford</li> <li>Extortionate demands for payments for services</li> </ul>

<b>TYPE OF HARM</b> (all may apply to carers)	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>WHAT ARE THE SIGNS OF HARM?</b> (not exclusive)
	<ul style="list-style-type: none"> <li>• Person unable to manage own money</li> <li>• Person isolated in community</li> <li>• Person is dependent on others to handle finances</li> <li>• Person has no independent advocates</li> </ul> <p>Financial harm is a crime.</p>	<ul style="list-style-type: none"> <li>• Denying the adult at risk the right to access personal funds, property possessions or inheritance</li> <li>• Unauthorised disposal of property or possessions</li> <li>• Being asked to part with money on false pretences</li> <li>• Stealing</li> <li>• Misuse of funds</li> <li>• Fraud</li> </ul>	
Modern Slavery	<p>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.</p>	<ul style="list-style-type: none"> <li>• slavery,</li> <li>• human trafficking,</li> <li>• forced labour</li> <li>• domestic servitude.</li> </ul>	
Organisational abuse	<p>Involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of service to adults at risk.</p> <p>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.</p> <p>Can occur in any setting providing health and social care.</p> <p>It is most likely to occur when employees:</p> <ul style="list-style-type: none"> <li>• Receive little or no support from management.</li> <li>• Are inadequately trained.</li> <li>• Are poorly supervised and poorly supported in their work.</li> <li>• Receive inadequate guidance.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of individualised care</li> <li>• Inappropriate confinement or restriction</li> <li>• Sensory deprivation</li> <li>• Inappropriate use of rules</li> <li>• Custom and practice</li> <li>• No flexibility on bedtimes or waking times</li> <li>• Dirty clothing or bed linen</li> <li>• Lack of personal possessions or clothing</li> <li>• Deprived environment or lack of stimulation</li> <li>• Misuse of medical Procedures</li> <li>• Medication errors</li> <li>• Dietary needs not met</li> <li>• Poor moving and handling</li> </ul>	<ul style="list-style-type: none"> <li>• Unacceptable practice encouraged, tolerated or left unchanged</li> <li>• Organisational standards not meeting those laid down by regulatory bodies</li> <li>• Service users not treated with dignity and respect</li> <li>• Diverse needs not recognised and valued in terms of age, gender, disability, ethnic origin, race or sexual orientation</li> <li>• Services not flexible</li> <li>• Organisation do not promote choice and individual focus</li> <li>• Communication discouraged</li> <li>• Whistle blowing policy not in place and accessible</li> <li>• Insufficient employees training and development.</li> </ul>

<b>TYPE OF HARM</b> (all may apply to carers)	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>WHAT ARE THE SIGNS OF HARM?</b> (not exclusive)
	<p>The risk of harm is also greater in institutions:</p> <ul style="list-style-type: none"> <li>• With poor management.</li> <li>• With too few employees.</li> <li>• Which use rigid routines and inflexible practices.</li> <li>• Which do not use person-centred care plans.</li> <li>• Where there is a closed culture.</li> </ul> <p>The behaviour is cultural to the Institution and not specific to particular members of employees</p> <p>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.</p>		
Discriminatory harm  Includes "hate crimes"	<p>Exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.</p> <p>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.</p> <p>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</p> <p><b>Hate crime</b> is any criminal offence committed against a person or property</p>	<ul style="list-style-type: none"> <li>• Verbal harm</li> <li>• Harassment or similar treatment</li> <li>• Unequal treatment</li> <li>• Deliberate exclusion from services such as education, health, justice and access to services and protection</li> <li>• Harmful or derisive attitudes</li> <li>• Inappropriate use of language</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of respect for an individual's beliefs and cultural background</li> <li>• Unable to eat culturally acceptable foods</li> <li>• Religious observances not encouraged or anticipated</li> <li>• Isolation due to language barriers</li> <li>• Signs of sub-standard service offered to minority groups or individuals</li> <li>• Repeated exclusion from rights afforded to citizens such as health, education, employment and criminal justice</li> </ul>

<b>TYPE OF HARM</b> (all may apply to carers)	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>WHAT ARE THE SIGNS OF HARM?</b> (not exclusive)
	<p>that is motivated by an offender's hatred of someone because of one or more of the above.</p> <p>Forced marriages are harm of an individual's human rights</p>		
Self-Neglect	<p>this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings</p>	<p>Hoarding Declining health care</p>	
County Lines	<p>In July 2017, the Home Office issued "Criminal Exploitation of children and vulnerable adults: County lines guidance", providing detailed explanations and examples. county lines is the term used by Police forces when gangs supply drugs to suburban areas and market and coastal towns using mobile phone lines. It involves criminal exploitation as gangs use children, young people and adults at risk to move drugs and money. Gangs establish a base in towns, typically by taking over the homes of local vulnerable adults by force or coercion. This is known as cuckooing.</p> <p>County lines is a major, cross cutting issue involving drugs, violence, gangs, safeguarding, criminal and sexual exploitation, modern slavery and missing persons.</p> <p>The response to tackle it involves the Police, the National Crime Agency, and a wide range of Government departments.</p>		
Cuckooing	<p>Refers to the relatively recent identification of a new type of controlling and coercive</p>		

<b>TYPE OF HARM</b> (all may apply to carers)	<b>DEFINITION</b>	<b>EXAMPLES</b> (not exhaustive)	<b>WHAT ARE THE SIGNS OF HARM?</b> (not exclusive)
	criminal activity. This involves gangs using adults at risk (and children and young people) to move, store and deliver drugs.		
Internet/ Cyberbullying	The use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive.	Nasty text image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or virtual abuse during an online multiplayer game.	

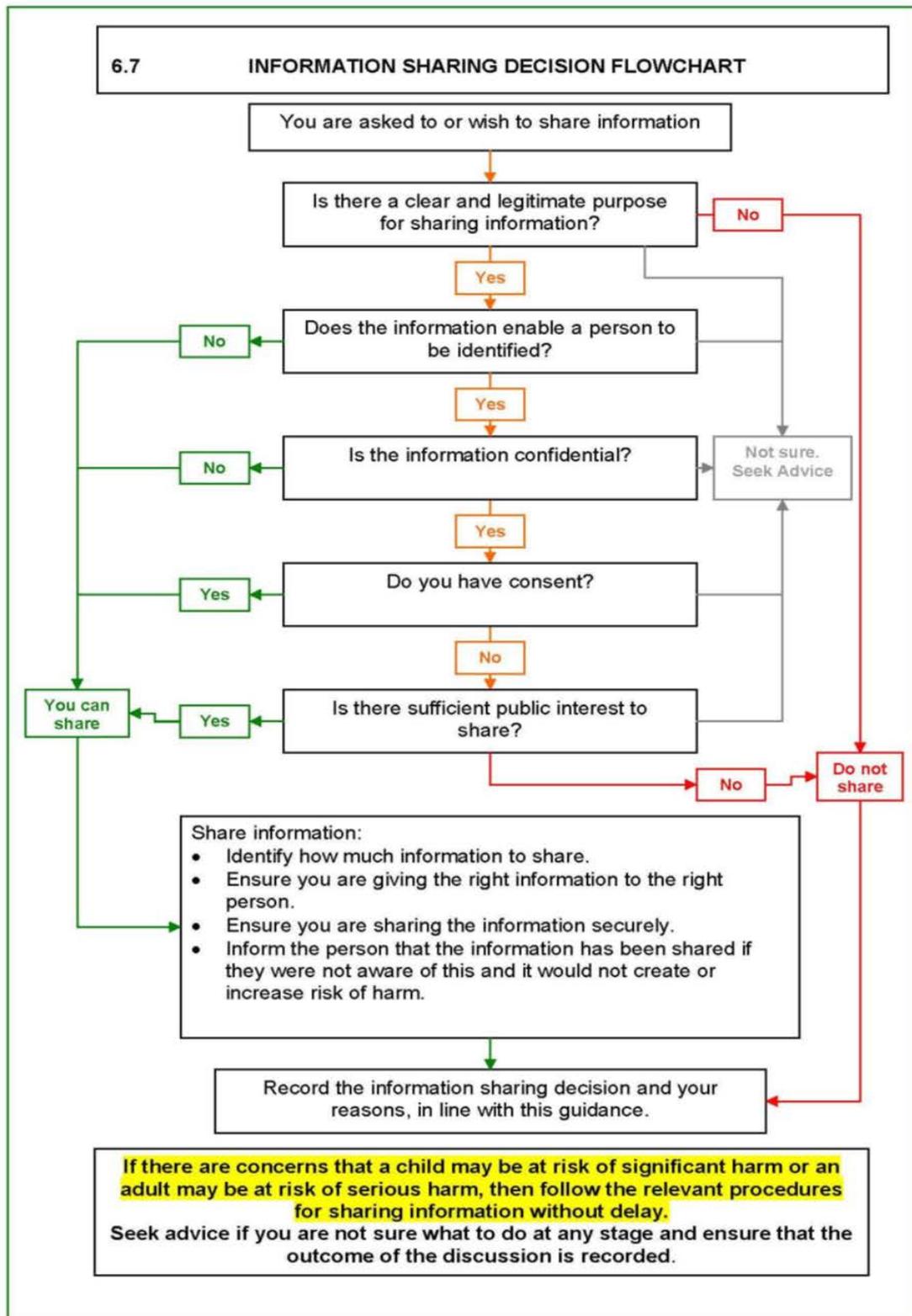
## APPENDIX C

### 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 carer (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 D

INFORMATION SHARING FLOWCHART



## APPENDIX E

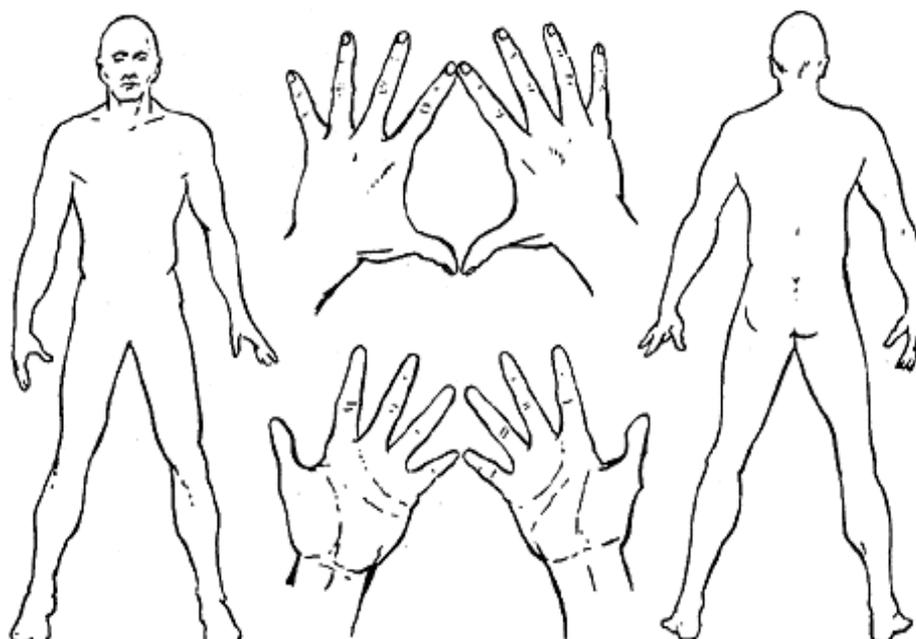
### BODY MAP

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:

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Hospital No. (if appropriate):</b>	
<b>Name of GP:</b>	



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

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

## APPENDIX F

### CONTACT DETAILS – LOCAL AUTHORITIES

#### **BOURNEMOUTH SOCIAL SERVICES**

**Main referral point for Bournemouth Social Services Directorate - Care Direct**

**Email:** Bmth.CareDirect@Bournemouth.gov.uk

**Tel 01202 454979**

Customer Contact Centre  
St Stephen's Road  
Bournemouth  
BH2 6EB

#### **POOLE SOCIAL SERVICES**

Adult Social Services (Commissioning)

Email: adultsocialcaretriage@poole.gov.uk

**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

## APPENDIX G

### 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 MASH@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 222229. 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.

**APPENDIX H****Equality Impact Assessment Record**

Version number and date/s <b>V13.0 November 2018</b>							
<b>Policy / Practice / Plan / Project Title and overview - Safeguarding Adults Policy</b>							
Who will be affected? Staff/Patients/ <b>Both</b>							
Protected Characteristic	Is it relevant to this policy? y/n	Equality Duty (Equality Act 2010)			Evidence for your decision including details of consultation	Resulting actions	Description of remaining Impact
		Eliminate unlawful discrimination? y/n	Advance equality of opportunity? y/n	Foster good relations? y/n			
Age	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low
Disability	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low
Gender Reassignment	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low
Race	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low
Religion or Belief	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low
Sex	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low

Sexual Orientation	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low
Pregnancy and Maternity	Y	Y	Y	Y	Policy ensures process is in place to protect all adults at risk	No further action required	Low
Marriage and Civil Partnership	Y	Y			Policy ensures process is in place to protect all adults at risk	No further action required	Low