



Highfield Health

Safeguarding Adults Policy

Multi-Agency Safeguarding Hub - MASH		
Opening Hours:	Mon—Thurs: 8.30am to 5pm	Fri: 8.30am to 4.30pm
Tel:	023 80 832300 (Professionals line)	
Email:	mash@southampton.gov.uk	
Address:	Southampton City Council, Southampton MASH Civic Centre, Southampton, SO14 7LY	
To contact the out of hours Emergency Duty Team, please call: 02380 233344		
The contact number for public use is: 023 80 833336		
If a child is in immediate danger, please call 999		

Adult Safeguarding Contact information:

- <https://www.southampton.gov.uk/health-social-care/adults/help-for-vulnerable-adults/>
- Email: adultsocialcareconnect@southampton.gov.uk or adultsocialcareconnect@southampton.gcsx.gov.uk
- Professional Helpline tel:023 8083 4307
Open 9am to 12noon, Monday to Friday

Safeguarding Guides Link:

- <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx>
- <http://4lscb.proceduresonline.com/southampton/index.html>

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This policy had been adapted from the Local Safeguarding Adults Boards (4LSAB) policy and guidance toolkit covering Hampshire and the Isle of White (Including Portsmouth and

Southampton) to meet the requirements of the Care Act 2014 and the Department of Health Statutory Guidance published in October 2014. It is designed to support current good practice in adult safeguarding and includes the arrangements which apply to the whole of the 4LASAB area.

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Living a life that is free from harm and abuse is a fundamental right of every person. When abuse or neglect does occur, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the concerns raised. In addition, the person must be at the centre of any safeguarding response and must stay as much in control of decision making as possible. The right of the individual to be heard throughout the process is a critical element in the drive to ensure more personalised care and support.

The Care Act 2014 creates a new legal framework for how Local Authorities and other parts of the system should work together to protect adults at risk of abuse or neglect. Partners must agree how they will work together and the roles they will play, to keep adults at risk safe. This policy, guidance and toolkit outline the local response to this requirement.

All staff, whatever the setting they work in have a key role in preventing harm or abuse occurring and for acting when concerns arise

Adult protection sources of advice and support

Responsible Leads	Contact information
Clinical Safeguarding Children Lead	Dr Ali ROBINS alirobins@nhs.net 07971 146121
Practice Clinical Safeguarding Children Deputy Lead	Dr Dave FOSKETT David.foskett@nhs.net
Practice Administrative Lead	Miss Summer ROBINSON summer.robinson@nhs.net

SOUTHAMPTON CITY CCG

SAFEGUARDING TEAM CONTACTS

Generic Inbox: soccg.safeguardingteam@nhs.net

Katherine Elsmore – Head of Safeguarding Designated Nurse for Safeguarding	Katherine.elsmore@nhs.net Mobile: 07827 245 318 Office: 02380 725 650
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Adults, Children & Looked after Children	
TBA – Associate Designated Nurse, Children & Looked after Children Works: Monday – Friday	Mobile: 07825 457 203 Office: 02380 725 650
Nina Silson – Named GP, Safeguarding Children CCG Days: Thursday	Nina.silson@nhs.net
Sarah Young – 1. Named GP, Safeguarding Adults & Quality Lead. 2. Designated Doctor – Looked after Children CCG Days: Thursday	Sarah.young4@nhs.net
Mike Roe – Designated Doctor, Safeguarding Children CCG Days: Thursday	Michealroe@nhs.net
Kim Brooks – Business Support Administrator, Safeguarding Adults & Children Monday – Fridays 8am – 1pm	Kim.brooks@nhs.net Office: 02380 725 630

➤ **Southampton Multi-Agency Safeguarding Hub – Children’s advice and Duty Services:**

Tel: 02380 83 23 00 (Professionals only, please do not give to members of the public)

Out of Hours / Emergency Duty Team Tel: 02380 23 33 44 or in an emergency dial 999

Email: mash.secure@southampton.gcsx.gov.uk

For further information on children’s services, referrals and enquiries please use this link: <http://southamptonlscb.co.uk/childrens-advice-and-duty-service-mash/>

➤ **Concerned about an adult? Call:**

Tel: 02380 83 30 03

Out of Hours: 02380 23 33 44

SCADS: 02380 83 33 36

If you think the situation is an emergency call 999

➤ **Domestic Abuse Advice and Support IRIS**

Senior IRIS Advocate/Educator for Southampton

Spiwe Samvura

spiwe@aurorand.org.uk or spiwe.samvura@aurorand.cjism.net

Office: 02381 20 47 44 / 02381 20 84 99

Mobile: 07538 913982

• **Secure Email Address:**

NHS.net

X.GSI.GOV.UK

GSC.GOV.UK

GSX.GOV.UK

CJSM.NET

SCN.GOV.UK

MOD.UK

GSI.GOV.UK

PNN.POLICE.UK

GCSX.GOV.UK

The Care Act 2014

The Care Act 2014 signifies a shift from existing duties on Local Authorities to provide particular services, to the concept of 'meeting needs'. In the Care Act 2014, adult safeguarding is established as a core function of the Local Authority care and support system. Chapter 14 of the Act introduces a new statutory framework for adult safeguarding which replaces the previous No Secrets Guidance issued in 2000.

1. Underpinning principles

The Care Act 2014 statutory guidance outlines many fundamental principles that must now underpin the care and support system including adult safeguarding. It also sets common expectations for how Local Authorities should approach and engage with people when assessing need and providing support as explained below:

- The principle of promoting wellbeing applies in all cases where a Local Authority is carrying out a care and support function, or deciding, in relation to a person, including the support provided in the context of adult safeguarding.
- The duty to promote wellbeing applies equally to those who do not have eligible needs but meet the system in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support, and have an ongoing relationship with the Local Authority.
- People must be supported to achieve the outcomes that matter to them in their life with practitioners focusing on the needs and goals of the person concerned.
- The importance of beginning with the assumption that the individual is best placed to make judgments about their own wellbeing. Building on the principles of the Mental Capacity Act 2005, practitioners should assume that the person themselves knows what is in their best interests in relation to outcomes, goals and wellbeing.
- Consideration of the person's views and wishes is critical to a person-centred system. Where views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their support, these should be considered. This is especially important where a person has expressed views in the past, but no longer has capacity to make decisions for them-selves.
- The importance of a preventive approach because wellbeing cannot be achieved through crisis management. By providing effective intervention at the right time, risk factors may be prevented from escalating.
- The importance of the individual participating as fully as possible in decisions about them and being given the information and support necessary to consider options and make decisions rather than decisions being made from which the person is excluded.
- Promoting participation by providing support that is co-produced with individuals, families, friends, carers and the community. 'Co-production' is when an individual influence the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. This approach promotes resilience of individuals and helps to develop self-reliance and independence, as well as ensuring that services reflect what the people who use them want.

- The importance of considering a person in the context of their family and wider support networks, considering the impact of an individual's need on those who support them, and take steps to help others access information or support.
- The need to protect people from abuse and neglect. In carrying out any care and support functions the Local Authority and its partner agencies should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case.
- The need to ensure that any restriction on the individual's rights or freedom of action is kept to the minimum necessary. Where action must be taken which places restrictions on rights or freedoms, the course followed must be the least restrictive necessary.

2. Statutory safeguarding duties

Clauses 42 – 45 of the Care Act 2014 constitute the statutory adult safeguarding framework in which Local Authorities are required to:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **Make enquiries, or request others to make them** when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **Establish Safeguarding Adults Boards** with the Local Authority, NHS and Police as core members and develop, share and implement a joint safeguarding strategy
- **Carry out a Safeguarding Adult Review** when someone with care and support needs dies because of neglect or abuse and there is a concern that the Local Authority or its partners could have done more to protect them
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

The Care Act 2014 creates new duties of co-operation between partners and establishes the importance of organisations sharing vital information related to abuse or neglect with the Local Safeguarding Adult Board. The Act also introduces the new role of Designated Safeguarding Adult Manager (DASM) to be responsible for the management, co-ordination and oversight of individual complex cases where allegations are made or concerns raised about a person employed in their organisation. The new statutory adult safeguarding framework requires a fundamental shift in approach to supporting adults at risk in which:

- Safeguarding is the responsibility of all agencies
- A whole system approach is developed
- Safeguarding responses are proportionate, transparent and outcome focused
- The adult's wishes are at the centre of safeguarding enquiries and these drive the process
- There is an emphasis on prevention and early intervention
- People are supported in their recovery from abuse or neglect.

3. Information and advice

Chapter 14 of the Care Act 2014 places a duty on Local Safeguarding Adults Boards to provide general information to support public knowledge and awareness of adult safeguarding. This includes information on how the Board works, the different types of abuse and neglect, how to keep physically, sexually, financially and emotionally safe and how to support people to keep safe. Local Safeguarding Adult Boards and their member organisations must also provide accessible information and advice on how to raise concerns about the safety or wellbeing of an adult who has needs for care and support and what will happen when such concerns are raised.

4. Advocacy

The Local Authority has a duty to arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or a safeguarding adult review if they would have 'substantial difficulty' to understand and take part in the enquiry or review and to express their views, wishes, or feelings. This provision relates to people with mental capacity. A person lacking capacity can access advocacy via existing provisions under the Mental Capacity Act 2005 in the form of Independent Mental Capacity Advocates (IMCAs). For people subject to the Mental Health Act 1983 advocacy support is available via Independent Mental Health Advocates (IMHAs).

5. Prevention

Prevention is critical to the vision of the Care Act 2014. The care and support system must work actively together to promote wellbeing and independence rather than waiting to respond once a person has reached a crisis point. Early intervention and support can help people to retain or regain their skills and confidence and to prevent or delay a deterioration in needs. This approach applies equally to adult safeguarding. Prevention is one of the core principles of the local multi- agency adult safeguarding policy and to support practice in this area.

This guidance highlights many essential building blocks for prevention and early intervention in adult safeguarding including:

- A well-trained workforce operating in a culture of zero tolerance of abuse
- People being informed of their rights to be free from abuse and supported to exercise these rights, including access to advocacy
- A sound framework for confidentiality and information sharing across agencies
- Access to good universal services, such as community safety services
- Needs and risk assessments to inform people's choices.
- Safeguarding involves achieving a balance between protecting people and preserving their right to make decisions for themselves
- Availability of a range of options for support to keep safe from abuse tailored to people's individual needs
- Public and community awareness of the issue

- Links with other strategic plans and forums to ensure a joined-up approach.

6. Six principles of adult safeguarding

In May 2013, the Department of Health published the government’s policy on adult safeguarding. This outlines six key principles for use by Local Safeguarding Adult Boards and member agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. These describe in broad terms, the outcomes for adult safeguarding, for both individuals and organisations. We will also use the six principles to benchmark existing adult safeguarding arrangements. The following principles have also been incorporated into the Care Act 2014 statutory guidance and should inform safeguarding practice at the local level:

Principle	Description	Outcome for adult at risk
Empowerment	Presumption of person led decisions and informed consent	<i>“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”</i>
Prevention	It is better to act before harm occurs	<i>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”</i>
Proportionality	Proportionate and least intrusive responses appropriate to the risk presented	<i>“I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed.” “I understand the role of everyone involved in my life.”</i>
Protection	Support and representation for those in greatest need	<i>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”</i>
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	<i>“I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”</i>
Accountability	Accountability and transparency in delivering safeguarding.	<i>“I understand the role of everyone involved in my life.”</i>

7. Mental capacity, consent and best interests

People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to make their own decisions. Where an adult is found to lack capacity to decide then any action taken, or any decision made for, or on their behalf, must be made in their best interests. Professionals and other staff have a responsibility to ensure they understand and always work in line with the

Mental Capacity Act 2005. In all safeguarding activity, due regard must be given to the Mental Capacity Act 2005. In all cases where a person has been assessed to lack capacity to decide, a best interest's decision must be made. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process.

8. Whose business is safeguarding?

The Care Act 2014 establishes that safeguarding is everybody's business with Local Authority, Police and NHS partners playing a key role in preventing, detecting, reporting and responding to abuse, neglect or exploitation. Partners must find ways of helping people protect them-selves and ways of protecting those least able to protect themselves.

Safeguarding ourselves from harm and knowing what we can do if we are experiencing harm is every adult's responsibility. Adults have fundamental rights to determine how they want to live their lives, so we need to strike a balance which supports an individual's right to make choices and be independent, while providing specialist support when this is needed.

Safeguarding must be built on empowerment so that it does not detract from other principles, such as self-determination and the right to family life. Sometimes people want help to consider the options, information and support available to them, to retain control and to make their own choices; a wide range of agencies and organisations have a role to play in considering or providing options and supporting choices.

Mechanisms and safeguards against poor practice, abuse, neglect and exploitation need to be an integral part in the delivery of care and support, as well as commissioning and awarding contracts and monitoring arrangements for services providing care. Any person at risk of abuse, neglect or exploitation should be able to get in touch with public organisations for support and to know that agencies will work together as needed.

The 4LSAB are statutory, multi-agency partnerships providing strategic leadership for adult safeguarding across their area. They have a critical role to play in terms of providing the strategic leadership and management of safeguarding across partner organisations and to work to ensure relevant agencies work together effectively to safeguard and promote the safety and well-being of adults at risk at the local level and to hold local agencies to account. The 4LSAB also have a key role in promoting awareness and understanding of abuse and neglect and to work to generate community interest and engagement in safeguarding to ensure "Safeguarding is Everyone's Business".

In terms of accountability, Safeguarding Adult Boards are required to produce a Safeguarding Plan setting out priorities for the coming year and to publish an Annual Report outlining progress against its objectives and highlighting on-going or new areas of focus for the coming year.

At a practice level, adult safeguarding work covers a wide range of activities and actions taken by many people. Adult safeguarding is concerned with those people who due to their circumstances would be defined as people 'with needs of care and support' who are experiencing or who are at risk of abuse, neglect or exploitation. The Care Act 2014 requires the Local Authority to make enquiries, or to ask others to make enquiries, where they

reasonably suspect that an adult in its area is at risk of abuse or neglect. The purpose of the enquiry is to establish with the individual and/or their representatives what (if any) action is needed in relation to the situation and to establish who should take such action.

The statutory safeguarding duty (section 42 enquiry) applies when a person with care and support needs (whether ordinarily resident in the Local Authority area or whether the Local Authority is meeting any of those needs) is experiencing or is at risk of abuse or neglect, and because of those needs, is unable to protect him/herself. Whilst the Local Authority is responsible for leading the safeguarding response, Police and NHS practitioners are legally bound to engage in this process.

9. Making Safeguarding Personal

Making Safeguarding Personal (MSP) is about responding in safeguarding situations in a way

Statutory guidance states that all safeguarding partners should “take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised” and that adult safeguarding should “be person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.”

(Care Act 2014, Statutory Guidance, Department of Health)

that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery. MSP is also about collecting information about the extent to which this shift has a positive impact on people’s lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

Taking a more creative approach when responding to safeguarding situations may help to resolve them more satisfactorily by helping the person achieve the outcomes they want. The MSP Toolkit (4th Edition, Local Government Association, 2015) located in Part 3 of this document, is designed to provide a resource for practitioners to develop a portfolio of responses they can offer to people who have experienced harm and abuse so that they are empowered and their outcomes are improved.

10. Aims of Safeguarding

The aims of the safeguarding process 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 to make choices and have control over their lives
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide accessible information and support 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
- Address what has caused the abuse or neglect
- Support the recovery from the abuse or neglect.

Safeguarding is **NOT** a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- Effective clinical and care governance processes
- Regulators ensuring that regulated providers comply with the expected standards of care and taking enforcement action where necessary
- Core duties of the Police and other agencies to prevent and detect crime and protect life and property.

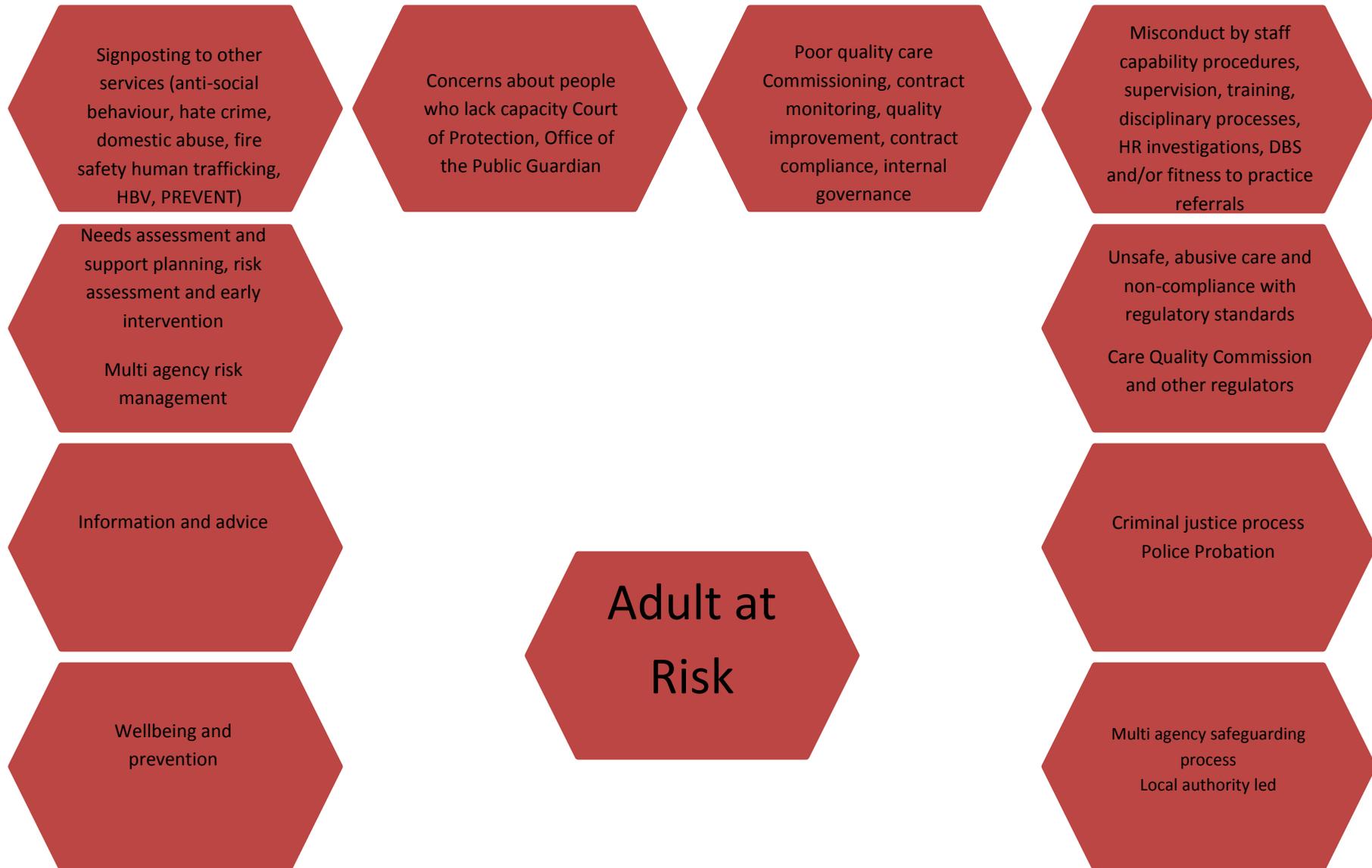
11. Whole system approach to safeguarding

This policy promotes a 'whole system' approach to adult safeguarding and recognises that there are different levels of safeguarding work which are often carried out on a day to day basis as part of an organisation's core business. The safeguarding arrangements are designed to provide a broad spectrum of responses in which safeguarding concerns are responded to in the most proportionate and least intrusive way and informed by the wishes of the adult at risk. The safeguarding process should provide a gateway to the mainstream community safety and crime prevention measures available to the rest of the community.

The multi-agency safeguarding process should be carried out in direct response to individuals experiencing abuse or neglect and where other approaches have not been able to resolve the presenting risks. In this context, multi-agency safeguarding arrangements are the exception rather than the norm and are used to respond to the critical few cases that cannot be resolved by other means or where the risks are very high. The aim of this policy, guidance and toolkit therefore, is to engage the organisation or body with the relevant responsibility and expertise to lead the safeguarding response and by doing so, put into practice the maxim that 'safeguarding is everybody's business'. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding support should empower the adult as far as possible to make choices and to develop their own capability to respond to them. The following diagrams illustrate the building blocks of the whole system approach:



12. Whole system approach to adult safeguarding (diagram)



13. Approaches to prevention and early intervention

This table outlines some of the approaches that professionals can use to promote wellbeing and prevention:

Prevention	<p>Ways to improve everyone’s general wellbeing, to help communities ‘look out for each other’ and help the public (and the full range of professionals and volunteers) know what to do if they think that someone may be experiencing abuse, neglect or exploitation.</p> <p>For example:</p> <ul style="list-style-type: none"> • Providing universal access to good quality information • Supporting safer neighbourhoods • Actively addressing hate crime or anti-social behaviour • Promoting healthy and active lifestyles • Reducing loneliness or isolation • Encouraging early discussions in families about potential future changes • Conversations about care arrangements if a family member becomes ill • Information about the role of the Court of Protection.
Early Intervention	<p>Acting to identify people at risk and to support them to protect themselves when they are at risk of, or experiencing, abuse, neglect or exploitation and finding ways of helping people manage risk and access mainstream services.</p> <p>For example:</p> <ul style="list-style-type: none"> • Identifying vulnerability factors and potential risks in needs assessment • Addressing these risks in the support planning process • Support plans to reduce loneliness or isolation • Personalised information and advice • Facilitating access to advocacy • Signposting people to the right services to help them.
Specific Safeguarding Responses	<p>Ensuring that where a person is or may be experiencing abuse, neglect or exploitation and are unable to protect themselves they are supported to resolve their situation through the section 42 safeguarding enquiry process.</p> <p>For example:</p> <ul style="list-style-type: none"> • Ensuring the person’s wishes and outcomes drive the process • Access to mainstream community safety services and criminal justice • Supporting the person on their recovery from the abuse or neglect • Access to personalised information and advocacy support

14. Definition of abuse

Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating “safety” measures that do not take account of individual well-being, as defined in Section 1 of the Care Act 2014.

Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person.

It may occur because of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent.

Abuse can occur in any relationship and any setting and may result in significant harm to or exploitation of, the individual.

In many cases abuse may be a criminal offence.

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual. Professionals and others need to look beyond single incidents or individuals to identify patterns of harm.

Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. To see these patterns, it is important that information is recorded and appropriately shared. Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

15. Types of abuse

Abuse can be done, or omitted from being done.

Types of abuse	Behaviours include
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Physical	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Sexual	Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
Psychological	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Financial or material	Theft, fraud, exploitation, pressure about wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Neglect and acts of omission	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
Discriminatory	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
Domestic abuse	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.
Organisational abuse	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice because of the structure, policies, processes and practices within a care setting.
Modern slavery	Encompassing slavery, human trafficking, forced labour and domestic servitude. 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.
Self-Neglect	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

16. Contexts in which abuse might take place

Abuse and crimes against adults may occur in different contexts. Actual or suspected abuse of persons at risk in any of the contexts set out below will trigger a safeguarding response in accordance with this policy.

Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or

disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Mate crime happens when someone is faking a friendship to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

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. 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." Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (*Association of Chief Police Officers 2004*). If one or both adults (including 16-17 year olds) involved can be regarded as an adult(s) at risk, then the safeguarding procedures should be used. If a person at risk is not involved, then these guidelines will not normally apply. The Local Government Association has published national guidance on Domestic Abuse and Adult Safeguarding (2nd Edition, 2015).

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Forced marriage is a term used to describe a marriage in which one or both parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a risk for people with learning difficulties and people lacking capacity.

Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure

may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003.

Multi-agency guidance on honour based violence and forced marriage has been developed locally (Pan Hampshire Domestic Abuse Management Group and Honour Based Violence Strategic Group, April 2013)

Human trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for exploitation”.

Exploitation by radicalisers who promote violence involves the exploitation of susceptible people who are drawn into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The Prevent Strategy, launched in 2007, seeks to stop people becoming terrorists or supporting terrorism. It is the preventative strand of the government’s counter-terrorism strategy, CONTEST.

Carers at risk of harm from the person to whom they are providing care and support - carers experiencing abuse by the person they offer care to can expect the same response as any person at risk of abuse. Carers also have a legal right to an assessment of their needs. A carer’s assessment should be part of the overall assessment process. Sometimes both the carer and the supported person may be at risk of harm. The needs of the person at risk who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing the harm.

Carers who cause harm - most carers strive to act in the best interests of the person they support. Occasionally however, carers may cause intentional or unintentional harm. Unintentional harm may be due to lack of knowledge, or since the carer’s own physical or emotional needs make them unable to care adequately for their relative. The carer may also have their own needs care and support. In this situation, the aim of any safeguarding response will be to support the carer to provide support and help to make changes to decrease the risk of further harm to the person they are caring for.

Abuse of trust - a relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.

Safeguarding concerns between people with needs of care and support – abuse can happen between adults at risk and organisations supporting these individuals have a responsibility to protect them from abuse as well as preventing them from causing harm to other adults. It is important the needs of the adult causing the harm are taken into consideration in the safeguarding responses for both parties.

Personal budgets, direct payments and self-directed care - people who direct their own care and support should be enabled to manage their personal budgets and direct payments in a safe way. A culture that promotes positive risk taking, based on appropriate person centred policies, supports this approach and seeks to enable and empower individuals.

17. Harm

In determining what justifies intervention and what sort of intervention is required the 4LSAB framework uses the concept of 'significant harm'. This refers to:

- Ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- The impairment of, or an avoidable deterioration in, physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer term harm, neglect or exploitation. The seriousness of harm or the extent of the abuse is not always clear at the point of the alert or referral. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under these arrangements. The actual or likelihood of harm may impact upon the person in one or more areas of their life:

- Exercising choice and control
- Health and well-being, including mental and emotional as well as physical health and well-being
- Personal dignity and respect
- Quality of life
- Freedom from discrimination
- Making a positive contribution
- Economic well-being
- Freedom from harm, abuse and neglect, taking wider issues of housing and community safety into account.

Significant harm varies between individuals and it requires careful assessment using as much information as available before a decision is made as to how to proceed and should include consideration of the possibility of future significant harm. The seriousness or extent of the abuse, neglect or exploitation is often not clear.

Some incidents may not have caused immediate significant harm but if they were to happen again, could lead to significant harm to the adult, other adults or children. If there are not well managed measures in place to prevent another incident, a situation which has a high likelihood of potential serious abuse, neglect or exploitation could cross the threshold for use of safeguarding procedures.

Not everyone who needs support to live their everyday lives needs such services, therefore it is important to target resources on those who do. Resources must also be used proportionately, some people will need the safeguarding adult procedures to be used to fully protect them, in other situations the safeguarding adults procedures can be used to enable a person to protect themselves in the present, or in future circumstances.

18. Self-Neglect

In most of cases where there are concerns of self-neglect by a vulnerable adult, the best route to provide an appropriate intervention is via community care assessments, care programme approach, and/or risk assessment, risk management and review.

Safeguarding arrangements will apply where a person at risk has been identified as experiencing serious self-neglect which could result in significant harm to themselves or others

and

There are concerns about the person’s capacity to make the relevant decisions, and/or they have refused an assessment

and

They have refused essential services, without which their health and safety needs cannot be met

and/or

The person has terminated services which had been arranged because of an assessment of health or social care needs

and

The care management process/care programme approach has not been able to mitigate the risk of this ‘serious self-neglect which could result in imminent significant harm’. In these circumstances, all agencies must consider a response under the local multi-agency safeguarding arrangements.

Every attempt must be made to include the person at risk in this process and to apply the principles set out in the adult safeguarding procedures.

There may be many factors which increase a person’s vulnerability to abuse, neglect or exploitation. A needs assessment will provide a useful insight into a person’s situation and any vulnerability factors and the support planning process is an opportunity to try and resolve these. The table below gives more information about this.

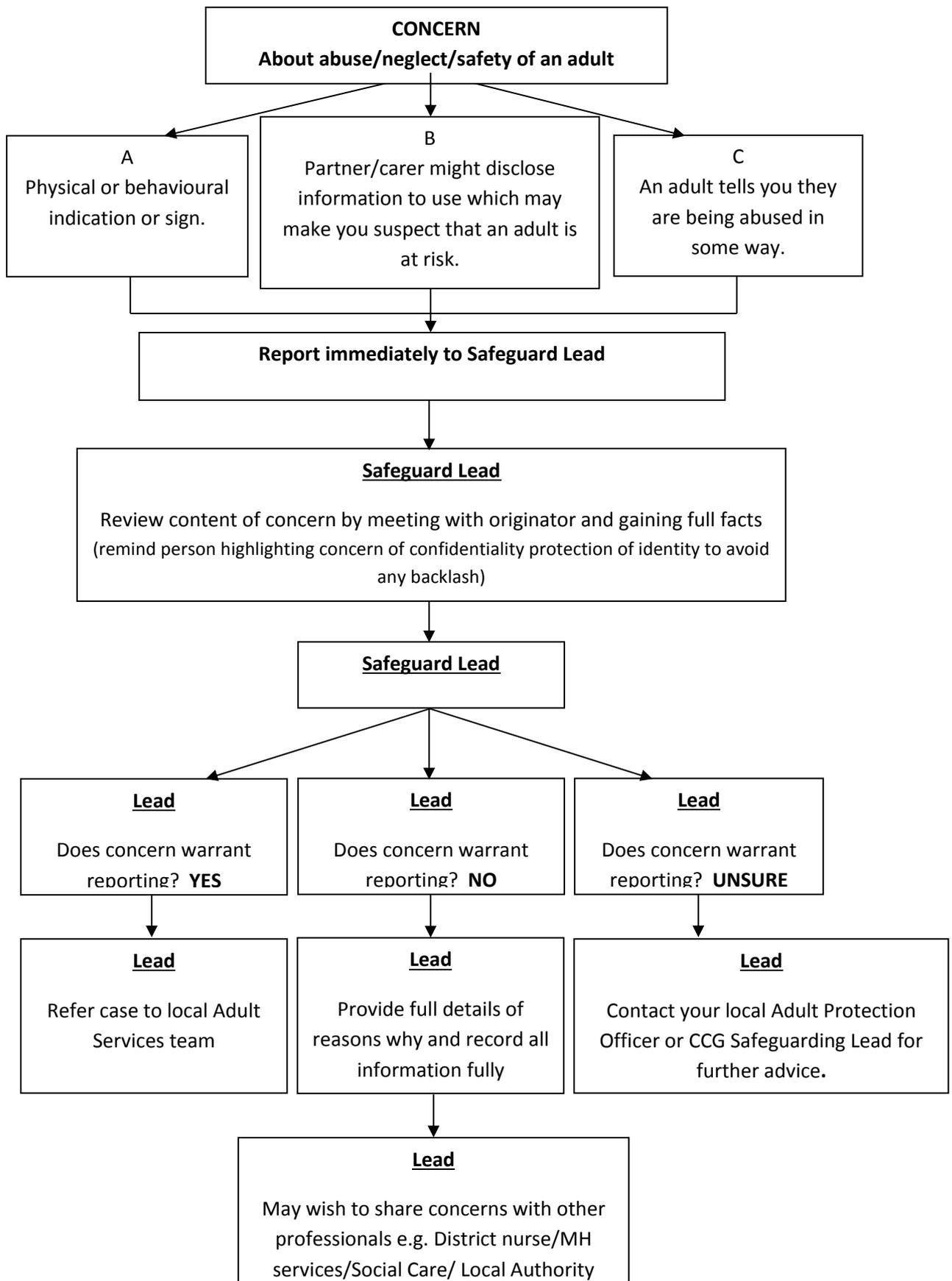
Personal characteristics of a person at risk that can increase vulnerability may include:	Personal characteristics of a person at risk that can decrease vulnerability may include:
<ul style="list-style-type: none"> • Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions • Communication difficulties • Physical dependency – being dependent on others for personal care and activities of daily life • Low self esteem • Experience of abuse 	<ul style="list-style-type: none"> • Having mental capacity to make decisions about their own safety • Good physical and mental health • Having no communication difficulties or if so, having the right equipment/support • No physical dependency or if needing help, able to self-direct care • Positive former life experiences • Self-confidence and high self-esteem

<ul style="list-style-type: none"> Childhood experience of abuse. 	
Social/situational factors that increase the risk of abuse may include: <ul style="list-style-type: none"> Being cared for in a care setting, that is, dependent on others Not getting the right amount or the right kind of care that they need Isolation and social exclusion Stigma and discrimination Lack of access to information and support Being the focus of anti-social behaviour. 	Social/situational factors that decrease the risk of abuse may include: <ul style="list-style-type: none"> Good family relationships Active social life and a circle of friends Able to participate in the wider community Good knowledge and access to the range of community facilities Remaining independent and active Access to sources of relevant information

20. Action in response to suspected or alleged abuse

DISCLOSURE OR EXPRESSION OF CONCERN
<p>Immediate Action to be taken by staff member</p> <ul style="list-style-type: none"> *Ensure the safety of the individual and if in immediate danger, contact the relevant emergency services e.g. police, ambulance, GP *Preserve evidence *Support and reassure the person, recording what is said and/or observed but avoid asking leading questions *Log nature of alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incidents (s) *Report concerns to (Dr Lowe) to evaluate seriousness of the situation and assess if it falls within the remit of Policy *Ensure all discussions and decisions are recorded immediately
<p>On-going Action for Highfield Health</p> <ul style="list-style-type: none"> *Participate in police and/or Adult Services investigation; *Attend strategy meeting, case conference and review meetings as required; *Ensure liaison between police and HR lead *Continue internal management investigation and seek HR advice on implications of Employment Legislation including ISA referral; *Ensure any staff member(s) implicated in the alleged abuse receive(s) necessary support.

21. FLOWCHART FOR NOTIFYING A CONCERN



22. Out of area referrals

In the case of a safeguarding alert for someone who is temporarily residing in a Local Authority area where they are not ordinarily resident the host authority will take the lead for the assessment and co-ordination of the safeguarding investigation. Examples include where someone is receiving hospital or residential care in another Local Authority. This includes care which is funded by the Local Authority or health and care which is paid for by individuals. Where there are repeat referrals of individuals in acute hospital settings the ordinary residence rule will apply and the person's usual authority will lead rather than the host authority. Where the nature of the allegation gives rise to a concern that the alleged abuse or neglect may be linked to systemic issues affecting the whole organisation, the host authority will lead the investigation service investigation.

23. Children

Local Authorities have specific duties under the Children Act 1989 in respect of children in need (*Section 17*) and children at risk of significant harm (*Section 47*). All those working with adults and children in health, social care and voluntary sector settings have a responsibility to safeguard children when they become aware of, or identify, a child at risk of harm. They should follow Local Safeguarding Children Board (LSCB) procedures which are based on the Government Guidance *Working Together to Safeguard Children 2015*. There is an expectation that health and social care professionals who meet children, parents and carers during their work are aware of their responsibilities to safeguard and promote the welfare of children and young people. Children identified as being placed at risk by the behaviour of their parents or carers should be referred by adult workers into Children's Services. This action is supported by detailed local guidance contained within the 4 LSCB *'Joint Working Protocol (Safeguarding children and young people whose parents / carers have problems with: mental health, substance misuse, learning disability and emotional or psychological distress)* 2014 adopted across Hampshire, Southampton, Portsmouth and the IOW. This protocol gives information about research and guidance for good practice.

24. Concerns about children and adults at risk of abuse

This framework recognises the importance of the 'think family' approach to safeguarding adults. Where it is identified through the safeguarding adults process that a child may be at risk, the concern must be referred immediately to Children's Services. Where it is identified by Children's Services in the context of their work with children and families that a person at risk is experiencing abuse, then the concern must be referred to Adult Services. A decision will be made as to who will lead the safeguarding process. Regardless of who takes the lead, there should be appropriate representation from both Adult and Children's Services within this joint process.

The Care Act 2014 statutory guidance stipulates that where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be

dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where appropriate, adult safeguarding services should involve the Local Authority's children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the case. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act 2014, or be receiving any service from the Local Authority, for the safeguarding duties to apply.

25. Transitions between Children's and Adult Services

Robust joint working arrangements between Children's and Adult Services need to be put in place to ensure that the medical, psychosocial, educational and vocational needs of children moving from Children's to Adult Services, including children with health or disability needs, or leaving care, are addressed as they move to adulthood and there are no gaps left in assessments of needs and service provisions. The care needs of the young person should be at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of care needs at this stage should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence and well-being and choice.

Good practice includes:

- Having policies and procedures which support effective transition processes
- Shifting the general view of risk as a potential danger for a child, to one of potential opportunity for an adult, but acknowledging there are still potential risks
- Managing risks as a phased process with awareness of the psychological and emotional issues
- Managing family expectations (being clear about the level of support and resources available)
- Taking time to get to know the young person and their family, especially if they have communication difficulties
- Acknowledging the rights of adults to take more responsibility for their decisions

26. Adult mental health services

The term Care Programme Approach (CPA) is used to describe the framework that supports and coordinates mental health care for people with severe mental health problems who are receiving treatment from mental health services. It is called an approach rather than a system because it covers:

- An assessment of health and social care needs
- A written care plan agreed with all those involved in the delivery of an individual's support
- The nomination of a care co-ordinator who acts as the main point of contact overseeing the delivery of an individual's care
- On-going and regular reviews of an individual's care plan and health and social care needs.

Where there is a concern that someone who is known to Adult Mental Health services has been abused or is at risk of neglect or abuse, CPA processes should be used if the CPA is the most appropriate means to address the concern.

27. Safeguarding in prisons and approved premises

Under the Care Act 2014, prisons and approved premises retain responsibility for adult safeguarding within these settings. Senior representatives of local prisons and/or the National Offender Management Service are included on the 4LSAB (where relevant) and so have an opportunity to contribute to the strategic development of adult safeguarding locally. Additionally, membership on the Safeguarding Adult Boards enables constructive dialogue and shared learning around safeguarding in prisons and approved premises and provides important links and access to the local expert body of professionals. A framework has been agreed locally outlining how safeguarding will be addressed within prisons and other custodial settings.

28. Information sharing

The Information Sharing Guidance recognises that information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation. In this context organisations could include not only statutory organisations but also voluntary and independent sector organisations, housing authorities and Crown Prosecution Service and organisations which provide advocacy and support where these organisations are involved in safeguarding enquiries, including raising an alert and participating in an investigation and/or contributing to Safeguarding Plans. Information will be shared within and between organisations in line with the principles set out below:

Adults have a right to independence, choice and self-determination. These rights extend to control over information about them-selves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.

The person's wishes should always be considered. However, when there is a concern of abuse, a general principle is that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved. Information given to an individual member is subject to the *Data Protection Act 1998*.

If there are concerns that a child may be at risk of significant harm; or an adult may be at risk of serious harm, then follow the relevant procedures without delay, seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

There will be occasions where practitioners believe it key that information is shared without consent or delay, such as in emergency or life-threatening situations (vital interests, *Data Protection Act 1998*). However, where similar circumstances arise but not in an urgent situation, the decision to share information without consent should only be

made after a risk assessment carried out by the organisation, rather than the individual practitioner. In all cases, the decision and rationale should be fully documented. This Policy and Guidance adopts the key principles of information sharing outlined below:

- Identify how much information it is appropriate to share
- Distinguish fact from opinion
- Ensure that the right information is being given to the right person
- Ensure information is shared securely
- Inform the data subject that the information has been shared if they are not already aware but only if this does not create or increase the risk of harm

29. Duty of Candour

The Duty of Candour requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. The Duty requires providers to offer an apology and state what further action the provider intends to take in this situation. In practice, this means that care providers are open and honest with patients when things go wrong with their care and treatment.

To meet the requirements a provider must:

- Make sure it has an open and honest culture across and at all levels within its organisation
- Tell service users in a timely manner when incidents have occurred
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigations that they will carry out
- Supply the patient or representative with the results of any further enquiries into the incident and to keep records of all correspondence and notifications in person
- Offer an apology in writing
- Provide reasonable support to the person after the incident

For NHS bodies, the incidents covered by the Regulations include not only cases of death and severe harm, but also "moderate harm" in line with providers' existing contractual duty under the NHS Standard Contract.

The regulations apply to the adult themselves and, in certain situations, to people acting on the person's behalf, for example when something happens to a child or to a person over the age of 16 who lacks the capacity to make decisions about their care.

If the provider fails to do any of the things above, CQC can move directly to prosecution without first serving a warning notice. This policy embraces this Duty in relation to safeguarding adults, and all section 42 enquiries and safeguarding processes must check that this duty has been fulfilled.

The regulations also include a more general obligation on CQC registered providers to "act in an open and transparent way in relation to service user care and treatment". This means that the default position should be to be open, honest and candid, unless there are justifiable reasons for not being so – for example because the service user actively says that they do not want further information about the incident. However, these circumstances should be the exception rather than the norm.

30. Safeguarding adults reviews

Section 44 of the Care Act 2014 requires Local Safeguarding Adult Boards to arrange a safeguarding adult review when an adult in its area dies because of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the person at risk. It places a duty on all Board members to contribute in undertaking the review, sharing information and applying the lessons learnt. The purpose of the safeguarding adult review is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

The purpose of conducting a safeguarding adult review is to establish whether there are any 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. The safeguarding adult review brings together and analyses the findings from individual agencies involved to make recommendations for future practice where this is necessary. The Safeguarding Adults Board is the only body that can commission a Safeguarding Adult Review and must arrange a safeguarding adult review of a case of an adult in its area with needs of care and support (whether the Local Authority was meeting those needs) if:

- The case involves an adult with care and support needs (whether the Local Authority was meeting those needs)
- There is reasonable cause for concern about how the Safeguarding Adult Board, its members or organisations worked together to safeguard the adult

AND

- The person died (including death by suicide) and the SAB knows/suspects this resulted from abuse or neglect (whether it knew about this before the person died)

OR

- The person is still alive but the Safeguarding Adults Board knows or suspects they have experienced serious abuse/neglect, sustained potentially life-threatening injury, serious sexual abuse or serious/permanent impairment of health or development.

prevent and reduce abuse and neglect of adults but which may not meet criteria for a

safeguarding adult review for example. The 4LSAB have agreed a shared Learning and Review Framework which operates across the area managed but this is managed within each area, in line with the governance arrangements of the individual Boards.

Appendix 1

Safeguarding Adults Competencies:


V1
safeguarding-adults-i


SG Adults Example
Staff Groups for Com


SG Adults Level 1
Competencies Trainin


SG Adults Level 2
Competencies Trainin


SG Adults Level 3
Competencies Trainin

Appendix 2

Contacts:

Location	Social Care Services	Police
SOUTHAMPTON	PROFESSIONAL LINES ONLY <u>Adult Services</u> 01329 255 378 OOH – 0300 555 1373	Police (Switchboard) and/or local Child Protection Unit
SOUTHAMPTON	PUBLIC NUMBERS <u>Adult Services</u> 023 8083 3003 OOH - 023 8023 3344	
	The professional and public numbers are open: 8.30am – 5pm, Monday to Thursday 8.30am – 4.30pm Friday.	
NSPCC National Helpline 0808 800 5000		