



East London
NHS Foundation Trust

Safeguarding Adults Policy and Procedures

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3.0	November 2012	Janet Boorman	Revised	Review required following publication of Pan London safeguarding adults policy.
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5.0	April 2016	Janet Boorman	Final	Rewriting of policy and procedures required following acquisition of services in Luton & Bedfordshire and following the publication of the revised London Multi-Agency Adults Safeguarding Policy and Procedures.
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Executive Summary

East London Foundation Trust (ELFT) has endorsed the principle that 'safeguarding is everyone's business' across all of its services. This will continue to be implemented across all levels of the organisation including the active participation of senior management at Local Safeguarding Adults Boards (SAB) to the routine activities of staff to minimise the risk of harm to all service users and their families.

This document sets out the roles and responsibilities of ELFT staff in working together with other professionals and agencies in promoting the welfare of Adults with Care and Support needs and safeguarding them from abuse and neglect.

The policy complies with the Care Act 2014 (l) and has been reviewed in line with Local Safeguarding Board's Multi-Agency Policy and Procedures across London and Luton and Bedfordshire.

1.0 Introduction

1.1 'The think family approach recognises and promotes the importance of a whole family approach by all service (including family friends and careers). All services working with families should consider all adults and children in the family and how family circumstances may impact on health and well-being. Practitioners should build on family strengths and work in partnership to improve outcomes for adults and children.' ELFT staff have a duty to report concerns that they may have for any members of the family.

1.2 Safeguarding Adults is everyone's responsibility and this Safeguarding Adults Policy provides guidance for all ELFT staff who are concerned that a service user is experiencing or is at risk of abuse or neglect. All ELFT staff are required to complete training about indicators of abuse, and be able to understand their role in addressing and sharing any concerns that they have about a service user who is at risk of harm. Additionally, designated ELFT staff will have additional responsibilities to undertake safeguarding enquiries or to manage the safeguarding decision making process.

1.3 ELFT is committed to the safeguarding adult's agenda and believes that the welfare of service users is a priority at all times. Service users have a right to feel safe and protected from any situation or practice that result in them being harmed or at risk of harm. The main objective of this Trust wide safeguarding adult policy is to provide guidance for staff to enable adults using services to be kept safe from abuse or neglect.

1.4 This policy applies to those staff working across all settings and should be read in conjunction with the relevant Local Authority Safeguarding Adult Boards' policy and procedures.

1.5 This policy relates to all those ELFT service users aged 18 years or over, who are experiencing abuse or are at risk of harm. This policy should be read in conjunction with the Safeguarding Children Policy.

Safeguarding forms and additional guidance is available via the trust intranet or local authority websites.

Tower Hamlets: www.towerhamlets.gov.uk
https://www.towerhamlets.gov.uk/lqnl/health_social_care/ASC/Adults_Health_and_Wellbeing/Staying_safe/Safeguarding_Adults_Board.aspx

Newham: www.newham.gov.uk
<https://adultsocialcare.newham.gov.uk/Pages/safeguarding-adults.aspx>

City & Hackney: www.hackney.gov.uk
<https://www.hackney.gov.uk/safeguarding-vulnerable-adults>

Luton: www.luton.gov.uk
https://www.luton.gov.uk/Health_and_social_care/safeguarding/safeguarding_adults/Pages/I%20think%20abuse%20is%20taking%20place.aspx

Central Bedfordshire: www.centralbedfordshire.gov.uk
<http://www.centralbedfordshire.gov.uk/health-social-care/protection/report-abuse.aspx>

Bedford Borough: www.bedford.gov.uk
http://www.bedford.gov.uk/health_and_social_care/help_for_adults/safeguarding_adults.aspx

Richmond: www.richmond.gov.uk
http://www.richmond.gov.uk/safeguarding_adults

City of London: <https://www.cityoflondon.gov.uk/services/adult-social-care/Pages/safeguarding-adults.aspx>

1.5 All relevant Safeguarding forms and information including the contact details of the safeguarding adult's teams are also available from the Trust Safeguarding intranet site at: http://elftintranet/sites/common/Private/Community_View.aspx?id=404&pageid=4498

1.6 Having policies and procedures to safeguard adults is a legal requirement under the Care Act 2014

2.0 Purpose

2.1 It is the responsibility of all ELFT staff to recognise and report, suspected or actual abuse and to take appropriate action in line with local and national procedures.

2.2 The dignity, safety and wellbeing of individuals must be given priority. Support provided to service users should be appropriate to that person's physical, mental ability, culture, religion, gender and sexual orientation.

2.3 The policy and procedures provides a framework to ensure a proportionate, timely and a professional approach is taken by all ELFT staff and volunteers, including, trainees and service user representatives.

2.4 ELFT recognises the local Safeguarding Adults Boards (SAB) lead role in working to ensure that the agencies or organisations supporting adult's experiencing or at risk of harm or neglect will:

- Develop a culture that does not tolerate abuse, neglect and exploitation.
- Raises awareness about safeguarding adults and the types of abuse
- Prevents abuse, neglect and exploitation from happening wherever possible.

2.5 The Care Act 2014 establishes the **six** principles below that staff should be implemented in all aspects of safeguarding work. The Care Act emphasises that the focus should be on promoting the wellbeing of the person at risk of abuse.

Principles	Policy & Procedures	Making Safeguarding Personal
Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

3.0 Making Safeguarding Personal (MSP)

ELFT is committed to the principles of Making Safeguarding Personal (MSP). MSP aims to ensure that safeguarding work is entirely person-centred and focusses on the outcomes that the person wants to achieve. Practitioners should ensure that MSP underpins all their work.

In order to ensure we work in such a way, professionals will have:

- a broader participation strategy
- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- advocacy
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach
- strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture.

Care Act 2014

4.0 Duties

4.1 This policy applies to all ELFT staff and volunteers (including, trainees and service user representatives (permanent or temporary) and those people who perform work on behalf of the Trust. It explains how they should respond to a safeguarding concern or disclosure of harm about a service user at risk.

4.2 This policy complements all professional or ethical rules, guidance and codes of professional conduct on Safeguarding Adults such as; Nursing and Midwifery Professional Standards of Practice and Behaviour for nurses, midwives, and nursing associations, Health & Care Professionals Council (III) and the General Medical Council Standards including Ethics Guidance for Doctors in raising and acting on concerns about service user safety.

5.0 Definitions

5.1 Safeguarding is defined as '*protecting an adult's right to live in safety, free from abuse and neglect,*' (Care and Support statutory guidance 2016). Safeguarding adult duties apply to any adult who

- has care and support needs, and
- is experiencing, or at risk of experiencing, abuse and neglect,
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

5.2 For the purposes of this document, the terms „service user“ or “adult at risk“ will be used to denote a person who meets the definition of an adult where safeguarding duties will apply. It should be noted that any volunteer or staff member employed by the Trust would not be subject to safeguarding procedures as an “adult at risk“ as any concerns they might have about employment or personal safety issues should be addressed under separate Trust Health and Safety policies.

5.3 Abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering or harm. This includes behaviour towards a person that either deliberately or unknowingly causes harm.

5.4 Abuse can be passive or active; it can be an isolated incident or repeated. It may occur as a result of a failure to undertake action or carry out appropriate care tasks. Failure to tackle issues of poor standards of care could amount to abuse.

5.5 Anyone can be a perpetrator of abuse or neglect. Abuse can occur in any familiar relationship, as well as from complete strangers and can be caused by an individual, a group or an organisation. Neglect of a person, whether intentional or unintentional, can have a significant impact on an individual's health and wellbeing.

6.0 Indicators and Categories of Abuse.

6.1 The Care and Support statutory guidance identifies types of abuse, but also emphasises that organisations should not limit their view of what constitutes abuse or neglect. The specific circumstances of an individual case should always be considered.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. In most safeguarding concerns there is usually an element of the misuse of power and control by one person to another. This makes it important to look beyond the single incident or breach of standards to the underlying dynamics and patterns of harm. There are ten categories of abuse including physical, sexual, psychological/emotional, financial, neglect, discriminatory, organisational, domestic abuse modern slavery and self-neglect. Other recognised types of abuse are Female Genital Mutilation (FGM) Honour Based Violence (HBV), Forced Marriage and Radicalisation (Prevent).

6.1.1 Physical Abuse:

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

6.1.2 Sexual Abuse:

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons

- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

6.1.3 Psychological/Emotional Abuse:

- Enforced social isolation - preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

6.1.4 Financial or Material Abuse:

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

6.1.5 Neglect and Acts of Omission:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs

- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

6.1.6 Discriminatory Abuse:

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as '[protected characteristics](#)' under the [Equality Act 2010](#))
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

6.1.7 Organisational Abuse:

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

6.1.8 Modern Slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to
- [National Modern Slavery Helpline 0800 0121700](#) or contact the police if the service user is in danger.

6.1.9 Self Neglect

Self-neglect is an umbrella term that covers a wide range of types of behaviour: neglect of self; neglect of the domestic environment including hoarding and risky lifestyle behaviour. This may also pose a risk to others. Self-neglect may arise from inability or unwillingness to care for oneself.

Neglecting oneself may be due to bereavement, a long standing psychological condition, isolation and inadequate support including accommodation and finances.

Possible causes and indicators, with multiple factors may exist with one person:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Self-neglect alone may not necessitate a safeguarding response. However, there are high risk situations, such as hoarding where the multi-agency safety planning approach may be the best way to minimise risks to the individual and others affected. Each case will need its own risk assessment.

Individual local authorities have developed their own responses to high risk self-neglect cases, often via a multi-agency panel, and staff should ensure they are aware of those local arrangements.

6.1.10 Domestic Abuse

The serious Crime Act 2015 describes domestic abuse as any incident or pattern of incidents of controlling, coercive or threatening behavior, 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 definition reflects the significance of a power dynamic within some intimate relationships and the correlation to high risks of serious harm affecting both the physical and/or mental health of the other person.

Domestic abuse is likely to become a pattern of behaviour that can escalate over time. Both men and women can be victims of domestic abuse though a greater proportion of women experience all forms of abuse, and are at higher risk of serious injury and/or death by their partner or ex-partner.

People often remain with an abusive partner for many years whilst suffering abuse. They may be more afraid of the consequences of leaving than staying in the relationship, or feel too demoralised to believe that they are able to make these decisions. Staff should be aware that leaving an abusive relationship might prompt a very high risk of serious or fatal repercussions by the person they have left. Staff should always listen to disclosures of domestic abuse, give information and contact details of local services and complete a safety plan or risk assessment which may involve a referral to the Multi-agency risk assessment conference (MARAC).

If there are children in the household a referral to children's services **must** be made. Please refer to your local authority website for further information and local resources.

Where an interpreter is required, **never** use a family member as in cases of honour based violence there is a high likelihood that this will increase the risk of serious harm to the victim and any children in the household.

6.1.11 Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving the partial or total removal of the external female genitalia or any other injury to the female genital organs for non-medical reasons. The Female Genital Mutilation Act 2003 outlawed the practice in this country and staff must report to the safeguarding adults or children team should they become aware of this being a risk, or having occurred, to an adult or child. Please refer to the national guidance for more information.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585083/FGM_safeguarding_and_risk_assessment.pdf

6.1.12 Honour Based Violence

Violence committed against someone who is perceived to have brought shame or dishonour on a family or even a community which usually involve a criminal offence must be reported to the police. Incidents that have preceded honour killings have included:

- Unsuccessful attempts to separate or divorce
- Threats to kill
- Pressure to go abroad and forced marriage

Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community.

6.1.13 Forced Marriages

Forced marriage differs from an arranged marriage. Forced Marriages is a marriage in which one or more of the parties is married without his or her consent and against his or her will. This includes service users who do not have the capacity to give consent. The pressure put on service users may include emotional or psychological threats and the perceived notion 'of bringing shame on the family'.

Signs may include:

- Absence from regular activity, work or college
- Fear of forthcoming visits to their country of origin
- Surveillance by family members especially siblings

As there may be a very short window to support a person at risk, prompt action may be needed once staff are aware of the risk of forced marriage.

Staff can find information on the Forced Marriage website, or contact the Forced Marriage Unit on 020 7008 0151, fm@fco.gov.uk

7.0 Prevent

All adults including those with mental health issues or learning disabilities may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use persuasive rhetoric in a manner similar to grooming or by making the person feel important or special. These are some of the methods charismatic individuals use 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 individuals of the legitimacy of their cause.

The Home Office leads on the anti-terrorism strategy PREVENT which aims to stop people becoming terrorists or supporting violent extremism. Following the Counter Terrorism and Security Act 2015 there is now a duty on health, social care staff, and those in education, to pass on any concerns that a person may be at risk of radicalisation to an extremist cause that promotes violence.

The Trust has incorporated this agenda into the safeguarding procedures for both adults and children. In situations where ELFT staff have a concern about a service users being vulnerable to exploitation to violent extremism, in the same way as other concerns about abuse, they must share this concern with their manager or Prevent lead in their directorate. The ELFT Prevent policy has further guidance.

Please see the Prevent policy for further information.

http://elftintranet/download/c32bb075-abc4-4bef9cd73e103e23bef/f/ELFT_Prevent_Policy_2017.pdf

8.0 Mental Capacity

Staff should read this in conjunction with the ELFT policy on Mental Capacity Act 2005

8.1. Mental Capacity is the ability to:

- Understand the information relevant to a specific decision
- Retain that information for long enough in order to make the decision.
- Use or weigh up that information
- Communicate the decision by talking, sign language or any other method.

8.2 Unless a person can achieve all four elements, they lack capacity to make a particular decision. This decision may be regarding any aspect of their health and personal welfare needs, or regarding their property and financial affairs.

8.3 The five principles of the Mental Capacity Act 2005 include:

- A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- Individuals must retain the right to make what might be seen as eccentric or unwise decisions.

- Best interest - any decision made on behalf of people without capacity, must be made in their best interests.
- Least restrictive intervention – before anything is done for or on behalf of people without capacity regard should be had to whether the outcome can be achieved in a less restrictive way.

8.4 Further protection to a person without capacity may be provided by:

Lasting Powers of Attorney (LPA) people with capacity may appoint an attorney to make decisions regarding their welfare or property on their behalf when they lose capacity. An LPA must be registered with the Office of the Public Guardian.

An advance decision to refuse specific medical treatment is a statutory right for a person with capacity to make decisions about their personal and medical care at a later time when capacity has been lost.

8.5 Independent Mental Capacity Advocate

An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocate introduced by the Mental Capacity Act (2005) and is appointed to support a person who lacks capacity if there are no family members or relevant others to act in their best interests.

Where a person who lacks capacity is alleged to have been abused or to have abused another person, consideration must be given to the appointment of an IMCA in line with the local Mental Capacity Act policy.

The Court of Protection can make orders relating to the health and personal welfare of a person lacking capacity as well as their property and financial affairs. The Court may appoint a Deputy to act for them.

Staff should recognise service users who may lack the capacity to make their own decisions, or protect themselves or their assets, and risk becoming vulnerable to abuse or exploitation.

The Mental Capacity Act introduced a criminal offence of ill treatment or wilful neglect of a person lacking capacity. The offence carries a penalty of a prison sentence of up to five years, which can potentially affect informal family carers, or health and social care staff.

All people have the right to follow a course of action that others judge to be unwise including one which may lead to them being abused. Where a person has mental capacity and chooses to live with a risk of abuse the safeguarding plan should **with their consent** include access to services that help minimise the risk.

Where a service user has capacity and requests not to engage in a safeguarding Enquiry, staff must consider if undue pressure is placed on the service user to make certain decisions.

Where a service user with capacity decides to live with a risk which places other vulnerable adults or children at risk of harm, staff should consider appropriate safeguarding intervention for the protection of the other individuals in the public interest.

8.6 Safeguarding and Assessment of Capacity

Mental Capacity must be considered in all aspects of Safeguarding. A capacity assessment must be undertaken where there are concerns that a person has not got capacity to make a specific decision.

The person undertaking the actual capacity assessment may not be the decision maker, but the decision maker is responsible for ensuring that the service user does in fact lack the capacity to make the decision. The decision maker must act in the person's best interest and any relevant family and friends must be consulted and involved.

An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005. An IMCA must be appointed for those service users who have been assessed as not having capacity and where there are no appropriate family or friends to represent the service user's best interest. An IMCA can challenge the decision maker on behalf of the service user lacking capacity if necessary.

The Trust can instruct an IMCA to support and represent a person who lacks capacity where:

- It is alleged that the person has been abused or neglected by another person
- It is alleged that the person is abusing or has abused others

In any situation where a service user or patient is assessed to lack the mental capacity to make decisions regarding their health or welfare, or their finances, and a member of their family disagrees with the Multi-Disciplinary Team about a decision then there is a need to discuss with their manager or contact the safeguarding lead for support about how to progress. It would usually prompt a Best Interests meeting if there appear to be potentially high risks to the service user and the IMCA should be invited to this meeting. This is essential should the case eventually need to be placed before the Court of Protection in the future.

8.7 Deprivation of Liberty Standards (DOLS)

8.7.1 The Government has added provisions to the Mental Capacity Act (2005) called the Deprivation of Liberty Safeguards. The standards do not apply to those people detained under the Mental Health Act but do apply to those people in a hospital or care home who have been assessed as not having capacity to make decisions regarding health and welfare decisions, including treatment.

8.7.2 The safeguards focus on those people who for their own safety and in their own best interests need to be accommodated within a care and treatment regime that may have the effect of depriving them of their liberty.

8.7.3 Staff should consult and apply the standards in the Trust Deprivation of Liberty policy to apply for authorisation from the Local Authority to deprive a person of their liberty. A copy of the application should also be sent to elft.DOLS@nhs.net.

9.0 Advocacy

The Care Act statutory guidance states the following on Advocacy:

9.1 Local authorities must arrange an independent advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, as well as in safeguarding enquiries and SARs if 2 conditions are met. That if an independent advocate were not provided then the person would have substantial difficulty in being fully involved in these processes and second, there is no appropriate individual available to support and represent the person's wishes who is not paid or professionally engaged in providing care or treatment to the person or their carer. The role of the independent advocate is to support and represent the person and to facilitate their involvement in the key processes and interactions with the local authority and other organisations as required for the safeguarding enquiry or SAR.

10.0 Responding to Disclosures or Allegations

10.1 It is often very difficult for a person to disclose abuse, for reasons of fear, shame, or concern they will not be believed. All staff therefore, are encouraged to regularly ask their services users about their past or present concerns about abuse, including domestic abuse, as part of a routine assessment. This demonstrates staff awareness of the impact that abuse has on a person's well-being.

- All members of the Trust, either paid staff or volunteers, must discuss any safeguarding concerns or disclosures with their line manager or a member of the safeguarding team.
- Staff should be able to recognise signs of abuse and be able to encourage a disclosure, and report any concerns. They should not ask many questions or try to determine whether a disclosure is based on fact but aim to record verbatim what has been disclosed.
- Every effort should be made to ensure that adults at risk are afforded appropriate protection under the law and have full access to the criminal justice system when a crime has been committed.
- Depending on the degree and seriousness of potential abuse, staff should consider the immediate safety of the person and assess the level of continued risk to others, and in particular if any children may be at risk of harm and respond appropriately. This must then be recorded on the electronic clinical case file.

11.0 When the person who may cause harm is a service user

11.1 Whilst the protection of the person who may have been abused remains paramount, ELFT staff also have responsibilities to those service users who are perpetrators of abuse.

11.2 On occasions service users or patients may be at risk of abuse from another service user or patient. This can occur in environments such as hospital wards, residential or nursing homes or supported living accommodation etc. A safeguarding response should be considered for all such situations by holding a multi-disciplinary meeting and implementing an immediate safety plan to minimise the risk of any future abuse.

11.3 In these cases it will be necessary to consider the needs of the alleged victim and the perpetrator separately. Some of the issues that may need to be examined include:

- The extent to which the alleged perpetrator is able to understand his or her actions.
- The perceived or stated level of risk of serious harm to the alleged victim.
- The likelihood of the alleged perpetrator further abusing the victim, other service users, children or members of the public.
- The effectiveness of any plans put in place to protect service users and additional plans to prevent a service user harming others.

11.4 Where a criminal offence appears to have been committed and the perpetrator is a service user, an 'Appropriate Adult' under the terms of the Police and Criminal Evidence Act 1984 (PACE) procedures and a legal representative must be provided when the alleged perpetrator is interviewed by the Police.

12.0 Procedural Requirements

12.1 Under the Care Act 2014, there are four stages where staff have responsibilities to take actions or make decisions, each of which have a form produced by the local authority which should be completed. Staff should familiarise themselves with local practice in their particular borough for each Experiencing or at risk of abuse of the following stages.

Tower Hamlets: www.towerhamlets.gov.uk

https://www.towerhamlets.gov.uk/ignl/health_social_care/ASC/Adults_Health_and_Wellbeing/Staying_safe/Safeguarding_Adults_Board.aspx

Newham: www.newham.gov.uk

<https://adultsocialcare.newham.gov.uk/Pages/safeguarding-adults.aspx>

City & Hackney: www.hackney.gov.uk

<https://www.hackney.gov.uk/safeguarding-vulnerable-adults>

Luton: www.luton.gov.uk

https://www.luton.gov.uk/Health_and_social_care/safeguarding/safeguarding_adults/Pages/I%20think%20abuse%20is%20taking%20place.aspx

Central Bedfordshire: www.centralbedfordshire.gov.uk

<http://www.centralbedfordshire.gov.uk/health-social-care/protection/report-abuse.aspx>

Bedford Borough: www.bedford.gov.uk

<https://www.bedford.gov.uk/social-care-health-and-community/help-for-adults/safeguarding-adults/>

Richmond: www.richmond.gov.uk

http://www.richmond.gov.uk/safeguarding_adults

City of London: <https://www.cityoflondon.gov.uk/services/adult-social-care/Pages/safeguarding-adults.aspx>

12.2 Stage 1 should be followed by all staff, and Stages 2, 3 and 4 undertaken by ELFT staff with a designated safeguarding role and who have undertaken the relevant training. Please refer to the relevant local authority guidelines for completing the correct paperwork.

12.3 In some situations staff will become aware of abuse that may have occurred to a service user outside their own local area. The Local Authority where the abuse occurs will have overall responsibility for co-ordinating the safeguarding adult's arrangements (the host authority). The placing authority (i.e. the authority with funding/commissioning responsibility) will have a continuing duty of care to the adult at risk.

12.4 Where a service user discloses abuse that has occurred outside the Trust area staff should contact the Local Authority in the area the abuse took place within the ELFT timescales and support the subsequent Enquiry by offering relevant information and supporting the service user.

13.0 Suspected Crime

13.1 If a potential crime has been alleged, the local police team should be contacted and a Concern form should be completed. A criminal investigation by the Police takes priority over all other lines of enquiry within the Safeguarding process. In many situations however these two processes may be able to run concurrently if agreement to do this is reached with the police.

13.2 Staff should respect that where a service user has mental capacity they may not want the abuse investigated. In situations where a service user does not want the police involved a judgement must be made as to whether there are sufficient grounds under best interest, vital interest or public interest to override this consent.

13.3 Where the service user states a wish that the alleged abuse is not investigated, this should not prevent staff from continuing to offer support and advice. Staff should be aware that the service user may change their mind at a later date and should be supported to report the incident to the police.

13.4 Staff should consider if a services user maybe under undue pressure or coercion when deciding that they do not want action taken with regard to the abuse.

13.5 The following steps must be adhered to if a crime has been alleged in a potential crime scene:

- Do not interview the adult at risk or the person who may have caused harm
- Obtain only enough information to be able to tell police what is believed to have happened
- Do not touch or remove any items that may be used as evidence by police
- Dial 999 for emergency situations;
- A medical examination and treatment should be arranged if indicated, and a body map completed where required.

- In the case of an observed or discovered incident - note down what happened, describe the whereabouts in the room, for example people, relevant objects, weapons etc. Describe what the whole scene looked like.
- In the case of an allegation or disclosure, record the disclosure in the persons own words.
- You may be required to make a statement at a later date, ensure that all records are signed by you and dated and retained for reference.
- **Do not** start the investigation yourself, do not contact the alleged abuser, and do not move any potential evidence.

13.6 For Safeguarding concerns outside normal working hours, staff should contact the Manager on call.

14.0 Allegations against staff members

14.1 Staff working with adults at risk, have an individual responsibility to raise concerns about practices or individual members of staff through their line manager.

http://elftintranet/sites/common/private/search_quick21.aspx?q=allegations%20against%20staff&orderby=0

14.2 Staff should refer to the Whistle Blowing Policy for guidance should they wish to raise concerns confidentially, including those concerns about the management of a service. The rights of staff members who raise concerns in good faith via Whistleblowing procedures are protected by law and will not be at risk of a counter investigation. Where an anonymous allegation has been made, whistleblowing procedures will be invoked, although it will not be possible to give feedback to the whistle-blower.

14.3 Staff can contact the trust speak up guardian should they wish to raise any concerns.

15.0 Confidentiality & Information Sharing

15.1 Staff should obtain the consent of the service user for the sharing of information as part of the safeguarding enquiry. Where an individual is not mentally capable of giving consent staff must follow the requirements of the Mental Capacity Act 2005 where there may be a duty to share information in the person's best interests.

15.2 Staff cannot give assurance of confidentiality where there are concerns about abuse or the risk of serious harm or where other people or children may be at risk of serious harm.

15.3 It is the staff members' responsibility to raise a safeguarding concern if they believe an adult identified at risk is suffering or likely to suffer abuse or neglect, and/or are at risk to themselves or another. It is expected that the member of staff with the concern or having received a disclosure is responsible for completing the concern and submitting it with the support of their manager.

15.4 If there is any doubt about whether information must be shared then please seek advice from your manager or the safeguarding team. Staff should also be familiar with the seven golden rules of information sharing:

1. Remember that the General Data Protection Regulation (GDPR) is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.

5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

16.0 Safeguarding Links With Serious Incidents Complaints & Patient Advice & Liaison Service (PALS)

16.1 All safeguarding adults concerns will be reported to the Trust's Assurance Department via the Datix system. The Safeguarding Adults Team, Assurance Department and Complaints Department work closely together to ensure a consistent approach to enquiries.

16.2 Serious Incidents involving abuse of an adult may meet the criteria for reporting as a Safeguarding concern as a Serious Incident. Such incidents are likely to include; however this is not an exhaustive list:-

- death or injury to a service user or adult identified at risk, where abuse or neglect is suspected to be a factor;
- where a service user or adult identified at risk has suffered harm as a result of staff failing to follow agreed procedures or acceptable practice;

- Other situations may be considered including Grade 3 /4 pressure ulcer and multiple grade 2 pressure ulcers or if the pressure ulcer has arisen as a result of poor practice, suspected neglect/abuse or an act of omission

16.3 All complaints or concerns including those reported directly to the Complaints and PALs service where there are safeguarding concerns will be sent to the Safeguarding Adults Team for advice and support.

16.4 Where there is an allegation against staff the Trust Safeguarding Adults Team and the Human Resources (HR) will meet to decide the effective planning of an enquiry. The Safeguarding Adults team will focus on the needs of the service user whilst the HR department focuses on the appropriate process for the staff member. A communication pathway will be established between the Safeguarding Enquiry Lead and HR department to ensure all matters are dealt with in a timely and effective manner. Please refer to the Staff allegations policy for further guidance.

17.0 Reporting Arrangements to the Care Quality Commission (CQC)

17.1 The Trust Safeguarding Adults Team in conjunction with the Senior Management team ensure that local arrangements are in place to inform the appropriate local authority of all relevant information on safeguarding cases in compliance with the reporting framework.

17.2 Decisions to contact the CQC will be made by the individual directorate and local authority.

18. Training

18.1 The Care Act (2014) clearly states that agencies should provide training for staff and volunteers on the policy, procedures and professional practices that are in place with regard to the adult safeguarding process.

18.2 The Trust endeavours to equip its staff with the requisite knowledge, skills and competence relating to adult safeguarding. In doing so the Trust ensures that it is mindful of the guidance in the 'Intercollegiate Document – 'Adult Safeguarding: Roles and Competencies for Health Staff'. This document sets out to give guidance relating to knowledge and competencies relating to role and within the context of adult safeguarding. These are detailed 1 to 5 within that guidance. Consequently, the Trust has carried out a comprehensive training needs analysis of its entire staff and their adult safeguarding training requirements. All ELFT staff are 'mapped' according to their role and requisite training provided according to level. Training is delivered in both E Learning / Face to Face formats. ELFT training packages will be subject to change. This will be to facilitate lessons learnt, thematic emphasis, national trends and national/ local policy guidance.

18.3 Whilst the provision of adult safeguarding training (up to and including level 3) is delivered 'in house', to meet the needs of the majority of ELFT staff, it is recognised that there may be some additional 'regional' adult safeguarding training demands. The latter demands particularly relate to 'Adult Safeguarding Enquiry Training' and are specific to local contractual/ commissioning arrangements. The expectation is that such additional demands will be met locally. This will be via commissioning arrangements or internally via bespoke training package.

19.0 Supervision

19.1 Safeguarding supervision is a framework for safeguarding service users, it promotes good standards of practice and scrutinises and evaluates work carried out in a supportive format. There are several functions of safeguarding supervision, including:

- Ensuring that practice is soundly based and consistent with local and national policies.
- Ensuring the focus remains on the service user
- Ensuring that practitioners fully understand their roles and responsibilities
- Help to identify training and development needs of the practitioner

Supervision can take place in a one to one or group setting.

19.2 Safeguarding supervision should be an integral part of practice for all health care practitioners (staff members who provide care to service users). It is also expected that practitioners will discuss safeguarding cases in their clinical supervision and document the actions/outcomes in the appropriate notes.

19.3 It is the Line manager's responsibility to identify where additional support is necessary for staff, for example during a Safeguarding Enquiry. The safeguarding team will provide expert advice and support where required.

19.4 The corporate Safeguarding Adults Team will provide and keep a record of all group supervision sessions. Cases and themes discussed will be documented. Safeguarding supervision is not a substitute for management oversight and action.

20.0 Staff Recruitment

20.1 The Trust is required to comply with the Disclosure and Barring Scheme (DBS) which aims to ensure that unsuitable people do not work with service users on a paid or voluntary basis. The Trust has a statutory duty to refer to the DBS to make decisions regarding safe recruitment.

20.2 All Trust staff working with children and adults will undergo a DBS check on a regular basis, and are notified of this via HR.

20.3 All job descriptions contain a statement regarding staff responsibility for adhering to Trust policies and informing their employers of any incidents which may affect their ability to work with adults or children at risk.

21.0 Roles and Responsibilities

21.1 The Chief Nurse has overall responsibility for the safeguarding arrangements in the Trust, and for the performance of the Trust in supporting the work of the local Safeguarding Adults Boards. Representation at the Safeguarding Adults Boards may be delegated to other senior managers as required.

21.2 The Associate Director for Safeguarding Adults and Domestic Abuse is the Trust Lead for Safeguarding Adults and takes responsibility for Governance systems and the organisational focus on safeguarding. This role covers the training and reporting needs for Trust services.

21.3 Operational Director has delegated authority from the Chief Executive to report directly to the Director of Social Services on matters relating to the partnership agreement and the delegated statutory duties of a Director of Social Services.

21.4 Operational directors and relevant senior staff including the safeguarding team are responsible for representing the Trust at meetings and working groups of the local Safeguarding Adults Boards to maintain and develop joint working arrangements and provide information to those networks in respect of services provided by the Trust.

21.5 Managers will be responsible for ensuring that staff have appropriate knowledge and skills, and give support in dealing with safeguarding adults concerns.

22.0 Monitoring and Review

22.1 The Associate Director for Safeguarding Adults and Domestic Abuse Lead is responsible for the overall monitoring and review of this policy.

22.2 This policy should be reviewed in conjunction with the procedures and any additional multi agency safeguarding adults' guidelines from the Safeguarding Adult Boards across all ELFT boroughs.

22.3 A formal report on Safeguarding activity and review of this policy will be presented to the Trust Board on an annual basis, and to local multi-agency Safeguarding Adults Boards, to ensure that the policy continues to comply with relevant legislation, best practice and national standards.

23.0 References

Care Act (2014). Available at:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Nursing & Midwifery Council, Professional Standards of practice and behaviour for nurses and midwives and nursing associates (Updated October 2018). Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

Health & Care Professionals Council Code of Conduct Available at: <http://www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf>

Care and Support Statutory Guidance (2016).

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Mental Capacity Act (2005). Section 44. Available at:

<http://www.legislation.gov.uk/ukpga/2005/9/section/44>

Mental Capacity Act Code of Practice. Available at:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

General Medical Council (2018). Domain 2: Safety and quality

https://www.gmc-uk.org/guidance/good_medical_practice/respond_to_risks.asp

Serious Crime Act (2015).

https://www.legislation.gov.uk/ukpga/2015/9/pdfs/ukpga_20150009_en.pdf

London Multi Agency Safeguarding policy and procedures
2016
ADASS

<http://londonadass.org.uk/wp-content/uploads/2015/02/Pan-London-Updated-August-2016.pdf>

The Multi Agency Adult Safeguarding Policy, Practice and Procedures (2017)
https://www.bedford.gov.uk/health_and_social_care/help_for_adults/safeguarding_adults/idoc.ashx?docid=d9d40720-4128-4bf1-bfab-ad3f9998220a&version=-1

Equality Act (2010).
https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Adult Safeguarding, Roles and Competencies For health Care Staff 2018 (first ed)
Royal college of Nursing

24.0 Associated Documentation

The following policies can be found on the Trust intranet site and should be referred to as appropriate.

ELFT: [Safeguarding Children Policy](#)

ELFT: [Allegations against Staff Policy](#)

ELFT: [Whistleblowing Procedures](#)

ELFT: [Mental Capacity Act Policy](#)

ELFT: [Deprivation of Liberty Policy](#)

ELFT: [Prevent Policy](#)

ELFT: [Domestic Abuse Policy](#)