SAFEGUARDING ADULTS AT RISK

Policy

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SAFEGUARDING ADULTS AT RISK REFERRAL PROCESS

Immediate/urgent risk of harm:
- Take appropriate risk management action + consider individual’s capacity in relation to risks identified; liaise with family if appropriate
- Contact police on 999
- Consider referral to Children Social Care (if safeguarding children concerns identified) OUT OF HOURS: contact Somerset Direct 0300 123 2224 / Musgrove ED contact On-Call paediatric registrar via switchboard, Bleep 2439
- Phone Somerset Direct on 0300 123 2224 (Out of hours: contact Adult EDT/ AMHP Hub 0300 123 2327)
- Complete Safeguarding referral form within 24hrs + email to safeguarding@sompar.nhs.uk
- Cross reference actions taken in patient’s paper/ electronic records, update Risk Alerts and Risk Information.

No imminent risk of harm:
- Consider individual’s capacity in relation to risks identified, take appropriate action to remove harm
- Consider contacting the police on 101- non emergencies
- Consider referral to Children Social Care
- Complete Safeguarding referral form and email to safeguarding@sompar.nhs.uk

Safeguarding or not safeguarding?
- Upon receipt of the Safeguarding referral form, the Trusts’ Safeguarding Service will review / quality assure the referral and forward it onto Somerset Direct on the same day (if received before 4pm)
- Somerset Direct will triage referral, make threshold decision + inform referrer of decision outcome.
- Trusts Safeguarding Service, will liaise and support the appropriate Trust staff if they are tasked with s42 enquiry work, agree how and when this work will be undertaken, and in what format this will be collated
- Every enquiry must ensure the views of the adult at risk are fully considered, recorded and revisited throughout the safeguarding work. This may require an independent advocate to assist. Swan Advocacy 033 3344 7928

PLEASE NOTE: SCC Safeguarding team retain the statutory lead responsibility and oversight of all the work done throughout the process for safeguarding adults

At the end of your enquiry work
- Trust staff to complete S42 paperwork with outcome of their enquiry work within agreed timescale and send to SCC Safeguarding and cc in Trust Safeguarding Service safeguardingadultsteam@sompar.nhs.uk
- Trusts’ Safeguarding service will track completion of work for data reporting purposes

On receipt of completed enquiry work, SCC safeguarding will decide whether any further action or enquiries are required and notify Trusts’ Safeguarding Service safeguarding@sompar.nhs.uk of the conclusion. Trusts’ Safeguarding Service will upload final outcome to Electronic Patient Records, notify relevant team who completed the safeguarding work.
2.0 INTRODUCTION

2.1 Safeguarding is everybody’s business and is the responsibility of everyone; statutory, independent and voluntary organisations, and members of the public. Safeguarding ensures working together to protect adults with care and support needs from abuse and neglect.

2.2 Safeguarding Adults applies to people who are 18 years of age and over and meet the criteria for a statutory safeguarding duty (as per Care Act 2014). The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and:
- Is experiencing, or at risk of, abuse or neglect, and:
- As a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect (care and support statutory guidance DOH, March 2016).

2.3 Doing nothing is NOT an option. If staff know or suspect that an adult at risk is suffering, or at risk of, abuse, they will do something about it and ensure that their work is correctly recorded and shared in a timely way (Somerset Multi-agency Safeguarding Policy, 2018).

2.4 THINK FAMILY. In all adult safeguarding work, staff working with the person at risk must establish whether there are children in the family, and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk or the person alleged to have caused harm (SCC, 2018).

2.4.1 Abuse within families reflects a diverse range of relationships and power dynamics which may affect the causes and impact of abuse. These can challenge professionals to work across multi-disciplinary boundaries in order to protect all those at risk.

2.4.2 Together, the Children and Families Act 2014 and the Care Act 2014 create a new comprehensive legislative framework for transition when a child turns 18 (Mental Capacity Act applies once a person turns 16).

2.4.3 The duties in both Acts lay with the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult’s policy and procedures work in conjunction with those for children and young people. See Trusts’ Safeguarding Children at Risk Policy and Somerset Think Family Strategy, both can be found on Trusts’ intranet/internet pages. (see Appendix A1).

2.5 Professional Curiosity

2.5.1 Professionals/staff through the course of their work will come into contact with adults, and children, at times of vulnerability to harm and risk. Professional curiosity is a communication skill used to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.

2.5.2 Professional curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means not taking a single source of information and accepting it at face value. It means testing out your professional assumptions about different types of situations and concerns and checking out your assumptions about different types of families in order to be as objective as possible when assessing and managing risk. (see appendix A2).
2.6 Purpose and Scope

2.6.1 This Policy:

- Ensures all Trust staff are provided with clarity regarding their duties and responsibilities to safeguard adults at risk;
- Provides detailed guidance on the process for both the identification and the reporting of adults at risk of abuse concerns;
- The ultimate aim is to provide the safest possible care for adults at risk of abuse, through consistent application by all staff of the principles within this document;
- Reinforces the importance of inter-agency and multi-agency working with the aim of achieving the best possible outcomes for those who we are aiming to protect from risk of abuse;
- Aims to ensure that each adult at risk maintains choice and control, self-determination, safety, health, quality of life, dignity and respect.

2.6.2 Practice Guidance and Safeguarding information referred to in this Policy is available on the Trust's Safeguarding Adults intranet pages. All relevant reporting and recording forms are available within the Forms Section under Safeguarding.

2.7 The Care Act (2014)

2.7.1 Safeguarding Adults underwent a significant change in April 2015 with the implementation of the Care Act (2014), which gave legislative status to safeguard adults at risk for the first time, and bought safeguarding adults more in line with Safeguarding Children legislation.

2.7.2 The Care Act replaced the Department of Health's 'No Secrets' Guidance (2001), and sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse and neglect.

2.7.3 The Care Act does not give powers for Police or Local Authorities to remove an adult at risk from an abusive situation (as with the Emergency Police Protection Orders under the Children Act 1989/2007).

3.0 DEFINITIONS

3.1 Safeguarding means protecting a person'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, whilst ensuring that the adult's wellbeing is promoted, including having regard to their views, wishes, feelings and beliefs in deciding on any action (Care and Support Statutory Guidance DoH March 2016). An adult's wellbeing should always be promoted within their safeguarding arrangements.

3.2 People can have complex lives and complex interpersonal relationships, therefore being safe can be just one of the things they want for themselves. They may be ambivalent or unclear about their personal circumstances (DOH, 2014). 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 (14.8).

3.3 Abuse “is a violation of individual human and civil rights by any other person or persons” (DOH&SC, 2014, 2018). Abuse includes singular or repeated acts, or mistakes. Patterns of abuse can be:

- Serial abusing in which the perpetrator seeks out and grooms individuals. Sexual abuse and domestic abuse can fall into this pattern of abuse, in addition to financial abuse;
• Long-term abuse as in the context of ongoing family relationship difficulties such as domestic abuse (including interfamilial abuse), persistent or psychological abuse, coercive and controlling behaviour;
• Opportunistic abuse such as theft, for example if money or jewellery has been left unattended.

3.4 'Well-being' is defined in Section 1 of the Care Act (2014) as follows:
“Well-being”, in relation to an individual, means that individual’s well-being so far as relating to any of the following:
• Personal dignity (including treatment of the individual with respect);
• Physical and mental health and emotional well-being;
• Protection from abuse and neglect;
• Control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
• Participation in work, education, training or recreation;
• Social and economic well-being;
• Domestic, family and personal relationships;
• Suitability of living accommodation;
• The individual’s contribution to society.

3.5 Making Safeguarding Personal

The response to safeguarding concerns must be personal to the individual. Making safeguarding personal means it should be person-centred 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. It’s an approach that views people as experts in their own lives (LGA, 2014).

Some examples of the outcomes people might want to achieve are:
• Feel safer;
• Maintain a key relationship;
• Get new friends;
• Have help to recover;
• Have access to justice or an apology, or to know that disciplinary or other action has been taken;
• Know that this won’t happen to anyone else;
• Maintain control over the situation;
• Be involved in making decisions;
• Have exercised choice;
• Be able to protect themselves in the future;
• Know where to get help.

MSP guidance can be accessed via the following web address

3.6 The Local Authorities new safeguarding duties under the Care Act 2014, mean that they must:
• 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, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy;
• Carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result 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.

3.7 The Trust’s responsibilities in relation to safeguarding concerns/enquires:

• We must co-operate with the local authority, in the exercise of their functions relevant to care and support including those to protect adults;
• We must have mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multiagency intervention.

3.8 The following **six key principles**, as set out in many national Safeguarding Adults documents - most recently the Care and Support Statutory Guidance (2014), must underpin all adult safeguarding work.

<table>
<thead>
<tr>
<th>Empowerment</th>
<th>People being supported and encouraged to make their own decisions and informed consent.</th>
<th>“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”</th>
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<tr>
<td>Prevention</td>
<td>It is better to take action before harm occurs.</td>
<td>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”</td>
</tr>
<tr>
<td>Proportionality</td>
<td>The least intrusive response appropriate to the risk presented.</td>
<td>“I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”</td>
</tr>
<tr>
<td>Protection</td>
<td>Support and representation for those in greatest need.</td>
<td>“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”</td>
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<tr>
<td>Partnership</td>
<td>Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.</td>
<td>“I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”</td>
</tr>
<tr>
<td>Accountability</td>
<td>Accountability and transparency in delivering safeguarding.</td>
<td>“I understand the role of everyone involved in my life and so do they.”</td>
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3.9 **Human Rights Act (1998)**

Abuse can be caused by violating a person’s human rights, as defined by the Articles within the Human Rights Act (1998). A person’s Human Rights are intrinsically linked to Safeguarding Adults, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards policy covers issues within the Right to Liberty and Security.

Whilst all Human Right’s Articles are relevant for all citizens, within Safeguarding, Article’s 2, 3, 4, 5, 8 and 14 can intrinsically apply to Safeguarding interventions.

- Article 2: Right to Life
- Article 3: Prohibition of torture (no one shall be subjected to torture or inhuman or degrading treatment or punishment. This applies irrespective of the conduct of the victim)
- Article 4: Prohibition of Slavery and Forced Labour (relative to the UK’s Modern Slavery Act 2015)
- Article 5: Right to Liberty and Security (links with Mental Capacity Act, Mental Health Act and Deprivation of Liberty Safeguards)
- Article 8: Right to Respect for Private and Family Life (e.g. having the capacity to refuse treatment/intervention)
- Article 14: Prohibition on Discrimination (discrimination is a category of abuse under the Care Act, 2014)

For a summary of these and other Articles within the Human Rights Act (1998), see appendix A3.

3.10 **Mental Capacity Act (2005)**

Patients who lack the capacity for some decision making are at greater risk of abuse. The Mental Capacity Act (2005) outlines **five statutory principles** that underpin the work with an adult who may lack mental capacity:

1. A person must be presumed to have capacity unless it is established that they lack capacity;
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success;
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision;
4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests;
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.

3.10.1 If there is a concern about capacity, please refer to the ‘Using the Mental Capacity Act’ policy for guidance. If support is required, please contact the Trust’s MCA/DoLS/consent lead via the Trust’s safeguarding service single point of contact 0300 323 0035.

3.11 **Mental Health Act (1983/2007)**

Where a patient is subject to the Mental Health Act 1983 (as amended in 2007), all aspects of the care and treatment required for their mental disorder will be coordinated by their responsible clinician. The responsible clinician will, therefore, have a significant role to play in any safeguarding process.
3.11.1 The Safeguarding Service and Care Coordinators will work closely with responsible clinicians to ensure that responsible clinicians are aware of any safeguarding concerns, and can take them into account when exercising their powers under The Mental Health Act (i.e. when making decisions about granting leave and imposing conditions on the leave). For further advice and guidance staff should contact the Mental Health Act Coordination Lead for the Trust or the Safeguarding Service.

4.0 ROLES and RESPONSIBILITIES

4.1 Safeguarding is everybody's business and is the responsibility of everyone; statutory, independent and voluntary organisations, and members of the public. Safeguarding ensures working together to protect adults with care and support needs from abuse and neglect.

4.2 Doing nothing is NOT an option. If staff know or suspect that an adult at risk is suffering, or at risk of, abuse, they will do something about it and ensure that their work is correctly recorded and shared in a timely way (Somerset Multi-agency Safeguarding Policy, 2018).

4.3 All Trust staff must ensure that they, follow the Think Family approach (see 2.04) and engage professional curiosity (see 2.08) in addition ensuring that they:

- Act professionally in accordance with their specific codes of conduct and in confidence when concerns are raised regarding individuals who are recognised as adults at risk and where there is evidence of potential abuse (in line with their duty of care);
- Have a high level of awareness, understanding the implications of identifying people at risk, how to manage each case individually and professionally, seeking appropriate levels of consent and respecting the person’s confidentiality and dignity when managing cases of concern;
- Ensure their practice reflects a ‘Think Family’ approach and considers adults and children;
- Follow the Trust procedure (as set out in this document and available on the Trust Intranet) when reporting any concern;
- Are aware of the safeguarding adults referral pathway and understand their role within it;
- Ensure that when a referral is made that requires police involvement, that the actions they take do not compromise the police investigation and that any potential evidence is preserved;
- Staff have a duty to ensure that all safeguarding concerns are acted upon. Therefore, staff must follow up any concern raised, and gain assurance that action has been taken to ensure the safety and welfare of the adult at risk;
- Seek support through their line management/matrons when there are difficulties with a case or they need to seek advice in the management of a case;
- Inform their line managers/matrons when they feel they do not have the necessary skills to identify potential abuse and the reporting mechanisms so that appropriate training and support can be offered;
- Take every opportunity to update their knowledge and understanding in relation to Safeguarding Adults through completion of training available at appropriate level as identified in the Safeguarding training strategy.

4.4 The Trusts’ Board has ultimate responsibility for:

- All aspects of the safeguarding of adults at risk within the Trust;
- The allocation of resources to ensure compliance with this policy;
- Ensuring managers and staff are aware of their responsibilities and implement this policy.
4.5 The Chief Nurse is the Executive Lead for Safeguarding Adults within the Trust.

- The Trust Board is advised of the effectiveness of this policy via the Joint Safeguarding Committee;
- The Trust is represented on the Multi Agency Safeguarding Adults Board and in Safeguarding Adults Reviews (SARs – previously known as Serious Case Reviews SCRs);
- The Trust is represented in sub groups of the Multi-Agency Safeguarding Adults Board;
- A Trust strategy for the management of adults at risk of harm or abuse is in place that conforms to legislation, national policy and guidance.

4.6 The Trust has a Non-Executive Director for Safeguarding who has an open invitation to attend the Trust Joint Safeguarding Committee.

4.7 The Director of Safeguarding is responsible for ensuring this policy is reviewed at least every two years or more frequently if there are changes in legislation:

- Attending and contributing to County wide Multi Agency Safeguarding Adults board meetings and Trust Adults at Risk Working Group;
- Work in partnership with the Associate Director of Safeguarding and Named Professional for Safeguarding Adults in devising the audit programme each year;
- Leading internal investigations and reviewing SARs internally and externally to the organisation for recommendations and organisational learning;
- Ensuring monitoring information and an annual report is provided to the board of directors.

4.8 The Associate Director of Safeguarding has responsibility for attending and contributing to the Trusts' Board in relation to safeguarding adults:

- Supporting the Director of Safeguarding in the undertaking of internal investigations and reviewing SARs internally and externally to the organisation for recommendations and organisational learning;
- In relation to managing allegations against staff, will liaise with the Director of Safeguarding who will work in partnership with the Trust HR team and where required the Local Authority Designated Officer (LADO) (child - related concerns).

4.9 The Named Professional for Safeguarding Adults is responsible for:

- Assisting the Trust in meeting its statutory duties and responsibilities relating to adult safeguarding;
- Working closely with the Named Nurse for Safeguarding Children to ensure that a ‘Think Family’ approach is embedded within Trust policies and practice;
- Interpreting national and local policy and best practice and advise the Trust accordingly;
- Contributing to the strategic planning of the Trust safeguarding arrangements;
- Ensuring the Trust can provide rigorous evidence that demonstrates compliance with CQC standards;
- Attending the Somerset Safeguarding Adults Board sub group meetings as required;
- Assisting Associate Director for Safeguarding on provision of information, training and policy;
- Auditing compliance of the Safeguarding Adults policy;
- Attending the Joint Safeguarding Committee;
• Working in partnership with the Trust Associate Director of Safeguarding in devising the audit programme each year and then take the lead in conducting the planned audits;
• Support the Associate Director of Safeguarding in overseeing the investigating and response to Serious Incidents that relate to safeguarding, ensuring timescales are met and learning is cascaded;
• Leading and coordinating safeguarding case management and internal Management Reviews;
• Provide individual or group supervision as requested by service managers.

4.10 The Safeguarding Service is a support and advisory service for Trust staff and provides a single point of contact for staff requiring safeguarding adult’s (and safeguarding children’s) advice and guidance. They will ensure operational managers:

• Undertake additional training to assist them in their role to support local staff;
• Ensure their staff apply the Safeguarding Adults policy and procedures;
• Ensure that all members of staff within their department / ward are aware of their individual responsibilities towards their patients and are aware of what to do if they suspect a patient within their care is a victim of abuse;
• Ensure that all staff in their area of responsibility attend mandatory training to ensure that all staff are aware of the policy, and updates for staff;
• Contact police in cases where a criminal activity is suspected;
• Ensure their staff report any incident relating to the abuse of adults at risk and are provided with guidance and support;
• Monitor reported cases and ensure the management of it remains person centred;
• Ensure that all staff in their area of responsibility attend mandatory training to ensure that all staff are aware of the policy, and updates for staff;
• Contact police in cases where a criminal activity is suspected;
• Provide health information to inform Somerset County Council’s S42 enquiry decision making and ensure appropriate attendance at Multi-Agency Safeguarding Adults at Risk Case Conferences.

Please see Safeguarding intranet pages for up to date contact numbers.

Non–urgent enquiries only should be made via Single Point Of Contact (SPOC) Tel: 03003230035 / email: safeguarding@sompar.nhs.uk (this service is solely for Trust staff).

4.11 The Trust Joint Safeguarding Committee undertakes a strategic and development role across the Trusts and report to the Integrated Quality Assurance Board according to the Trusts assurance reporting arrangements. Representatives from key divisions / departments are represented on the Safeguarding Committee. The group will:

• Ensure the organisation works within the Somerset Safeguarding Adults Board framework for adults at risk of abuse and neglect;
• Ensure that a ‘Think Family’ approach is embedded within all safeguarding policies and practice;
• Implement, scrutinise and maintain systems and procedures for safeguarding adults at risk. Assess the effectiveness of those systems and procedures and to seek their continuous improvement;
• Monitor the performance of the Trust to ensure that the necessary governance processes are in place to provide assurance to the Trust Board;
• Lead the development of local policy and to ensure representation from the Trust on committees in relation to Safeguarding Adults at Risk;
• Lead the implementation of this policy and the Somerset Safeguarding Adults Policy within the Trust;
• Lead the development of training on this policy within the Trust, ensuring that the training emphasises legislative requirements, and that it is developed in partnership with the core lead members represented on the above committee;
• Ensure appropriate response to Safeguarding Adults Reviews;
• Review all adult safeguarding related matters and take appropriate action as necessary.

4.12 All staff must work within the Somerset Information Sharing Protocol, available via the safeguarding intranet pages.

5.0 PROCESS DESCRIPTION

5.1 Referral pathway for safeguarding adults at risk

Prior to referrals being made, it is an expectation that staff will seek advice and guidance from their line manager and/or the Trust Safeguarding Service, and that immediate action to mitigate immediate risk and safeguard people is taken; to enlist a Think Family response by considering adults and children within families.

5.2 Raising a safeguarding adult concern

If abuse / harm is suspected the member of staff should identify, assess and report:

5.2.1 IDENTIFY: If abuse of an adult at risk is suspected, advice should be sought from your line manager, senior member of staff or the Trusts Safeguarding Service. The aim is to identify individuals who are at risk of harm by an individual(s), and who are unable to protect themselves from harm.

5.2.2 ASSESS: An immediate assessment of the individual’s safety should be made. This should include a risk assessment of the situation to ensure the immediate safety and protection of the individual. This may involve prevention/delay of discharge, until measures are taken to reduce the risks.

5.2.3 REPORT: Safeguarding concerns should be discussed with the Trust safeguarding service who will advise whether a Safeguarding Referral should be completed. The Safeguarding Referral or an electronic referral are available on the Safeguarding intranet pages.

5.2.4 If an urgent safeguarding referral is needed (for example from ED or MIU), as it is felt that SCC Safeguarding intervention is required the same day, then a telephone referral may be completed (via Somerset Direct Tel: 0300 123 2224) with the electronic referral being completed within 24 hours. Please discuss with the Trust Safeguarding Service if possible prior to making any urgent telephone referral.

5.2.5 Following the identification of a safeguarding adult concern, staff must update the Electronic Patient Records risk alert/flag, risk screening and risk information / record within patients paper records the identified risk and immediate action taken to address the risk.

5.2.6 Electronic Patient Record progress note entry / paper record entry must be completed outlining action taken and listing specifically what information has been shared and with whom.
5.3 **Out of office hours**

- Adult safeguarding concerns can be discussed with the Adult Emergency Duty Team (EDT)/ Approved Mental Health Practitioner (AMHP) Hub via 0300 123 2327.
- If safeguarding children concerns are identified via a safeguarding adult concern, safeguarding children concerns can be discussed via Somerset Direct 0300 123 2224 (children's EDT), or for Musgrove Emergency Department Staff (only) contact On-Call paediatric registrar via switchboard, Bleep 2439.

5.4 **Statutory Section 42 Safeguarding Enquiry**

Following changes introduced in the Care Act 2014 and as set out in Section 14.63 of the Care and Support Statutory Guidance (2014): “Local authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult who is, or is at risk of, being abused or neglected”.

5.4.1 These enquiries are made under Section 42 of the Care Act 2014. Further information of what these Section 42 enquiries encompass can be found in the Care and Support Statutory Guidance (2014) document (Chapter 14 Safeguarding).

5.4.2 Staff, at times, will be asked by the local authority to carry out an enquiry on their behalf. Further information about this process is available via the Somerset Safeguarding Adults Board website and on the Trust intranet pages. The Trust Safeguarding Service will provide advice and guidance for Trust staff tasked with s42 enquiry work. It is staffs' responsibility to check with the Trust Safeguarding service that they are aware that a s42 enquiry has been asked of Trust staff. The Trust safeguarding service will then provide advice and support to the staff member completing this work.

5.4.3 Care Act (2014) guidance states “Whilst work with the adult may frequently require the input of a social worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores”.

5.5 **Criteria for safeguarding section 42 enquiry:**

The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

(Care and Support Statutory Guidance DoH March 2016)

5.5.1 An adult at risk may be a person who:

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

This list is not exhaustive.
5.6 Discharge Planning

Where there are active safeguarding enquiries/concerns, prior to a patient being discharged, ensure that the Police and/or the Local Authority are happy with the discharge plan. However, in this situation a patient’s capacity regarding the discharge would need to be taken into consideration. If the patient lacks capacity and a Best Interest Decision is made to keep them in hospital, a DOLs application will need to be made. If the patient has capacity and wishes to be discharged, they cannot be held in hospital against their will (Article 5, Human Rights Act); unless via Mental Health Act (1983/2007) or Mental Capacity Act (2005), therefore a robust risk management plan must be included in the discharge planning. A professionals meeting may need to be considered prior to discharge. Advice and guidance regarding discharge planning when safeguarding concerns have been identified can be provided by the Trust Safeguarding service.

5.7 Police Involvement

Some abuse is a criminal offence and must be reported to the police as soon as possible, either directly or through a senior staff member. If a perpetrator is identified, all serious / violent crimes should be reported to the police. If staff are unsure about what to do with a disclosure of recent / historical violent / serious crime then a discussion should be had with their line manager and the Trusts Safeguarding Service.

- **IMMEDIATE RISK:** If there is an immediate risk of harm to the adult at risk, staff or public, staff must call 999 for urgent police assistance;
- **NON-URGENT POLICE ADVICE:** email /telephone The Trusts Safeguarding Service, who will liaise with the Police Lighthouse Safeguarding Unit for advice or guidance on potential criminal activity, possible offences or public risk;
- If a criminal act is suspected then care must be taken not to contaminate potential evidence. Ensure police involvement is recorded within the Trusts incident reporting system.

5.8 Safeguarding Adult Reviews (SAR)

The Safeguarding Adults Board (SAB) must arrange a safeguarding adult review when:

- An adult in its area has died as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult;
- An adult is its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect;
- The onus of a SAR is to implement a culture of continuous learning and practice improvement where needed, across organisations to ensure the safety and wellbeing of patients.

5.9 Carers and Safeguarding

If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding referral is undertaken and other agencies are informed/involved as appropriate.

5.9.1 Circumstances in which a carer (for example, a family member or friend) could be involved in a situation that may require a safeguarding response include:

- A carer may witness or speak up about abuse or neglect.
• A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with.
• A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others (DOH, 2014, 2018).

5.9.2 The wellbeing of both carer and the adult they care for must include consideration of each individual’s wellbeing. Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing. Therefore a carer’s assessment is an important opportunity to explore the individuals’ circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring (DOH, 2014, 2018).

5.9.3 Carer’s can be referred for a Carer’s Assessment of Need via Somerset Direct via 0300 123 2224. A referral can be made by a staff member, family member, carer or the carer themselves. Carer’s need to be asked if they would like to be referred for a carer’s assessment, prior to the assessment being made. If you are uncertain about whether a carer’s assessment needs to be made/offered, please contact the Safeguarding Service via the SPOC tel: 03003230035 / email: safeguarding@sompar.nhs.uk to discuss.

5.10 Categories of abuse
The Care Act (2014) identifies ten categories of abuse in relation to safeguarding adults, these being:
• Physical
• Sexual
• Financial
• Psychological/Emotional
• Neglect
• Organisational
• Discriminatory
• Self-neglect
• Domestic Abuse
• Modern Slavery

See Appendix 4 for more in depth detail regarding the above stated abuse types.

5.11 Cuckooing/County Lines
5.11.1 County Lines is a very serious issue involving criminal gangs setting up a drug dealing operation in a place outside of their usual operating area. Gangs will move their drug dealing from big cities (e.g. London, Manchester, Liverpool etc) to smaller towns in order to make more money. This can have a significant impact on the community who live there and bring with it serious criminal behaviour.

5.11.2 Cuckooing is when drug gangs take over the home of a vulnerable person through violence, intimidation and/or coercive controlling behaviour, using the vulnerable person’s home as their base for selling/manufacturing drugs.

5.11.3 Signs that may indicate that a person is the victim of cuckooing include:
• An increase in people coming and going
• An increase in cars or bikes outside
• Litter outside
• Signs of drugs use
• You haven’t seen the person who lives there recently or when you have, they have been anxious or distracted.

5.12 **Modern Slavery** - encompasses 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.

5.13 **Domestic Abuse** – There is currently no statutory definition of domestic violence, although the Government has said it will include one in the forthcoming Domestic Violence and Abuse Bill.

5.13.1 However, there is a non-statutory cross-government definition. In March 2013, the Home Office extended this definition. As a result the definition includes young people aged 16 to 17 (to raise awareness that young people can be victims) and coercive or controlling behaviour.

5.13.2 The current non-statutory definition of domestic violence and abuse is:

"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

5.13.3 This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage (see below for further information), and is clear that victims are not confined to one gender or ethnic group.

5.14 **Controlling Behaviour**

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.

5.15 **Coercive 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.

5.15.1 The Home Office Briefing Paper: domestic violence in England and Wales, states:

"Section 76 of the Serious Crime Act 2015 came into force in December 2015 and criminalises patterns of coercive or controlling behaviour where they are perpetrated against an intimate partner or family member. Several other criminal offences can apply to cases of domestic violence. These can range from murder, rape and manslaughter through to assault and threatening behaviour."

"Civil measures include non-molestation orders, occupation orders and domestic violence protection orders (which can mean that suspected perpetrators have to leave their houses). The Protection from Harassment Act 1997 (as amended) provides both civil and criminal remedies. These include non-harassment and restraining orders" (Home office, p.5, 2018)
5.16 **Impact of Domestic Abuse on Children**
The Adoption and Children Act 2002 extended the definition of significant harm to include ‘impairment suffered from seeing or hearing the ill-treatment of another’. This recognises the fact that witnessing domestic violence can have serious implications for children’s development. Therefore, staff must consider the wider impact of domestic abuse within a family setting and make the appropriate referrals accordingly. THINK FAMILY.

5.16.1 In line with the Think Family Strategy, staff also need to consider the potential impact that domestic abuse could have in relation to an elderly relative living within an abusive family, and safeguarding adult referral may need to be considered.

5.16.2 Staff and Line managers also need to be mindful that Trust employees may also be the victims and/or perpetrators of domestic abuse (or other Abuse), and may require support/advice in their own right.

5.17 **Female Genital Mutilation (FGM)**
FGM is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother, and/or death.

5.17.1 FGM is a criminal offence – it is child abuse and a form of violence against women and girls and should be treated as such. It is illegal in England and Wales under the Female Genital Mutilation Act 2003. As amended by the Serious Crime Act 2015, the Female Genital Mutilation Act 2003 now includes:

- An offence of failing to protect a girl from the risk of FGM.
- Extra-territorial jurisdiction over offences of FGM committed abroad by UK. nationals and those habitually (as well as permanently) resident in the UK.
- Lifelong anonymity for victims of FGM.
- FGM Protection Orders which can be used to protect girls at risk, and
- A mandatory reporting duty which requires specified professionals to report known cases of FGM in under 18s to the police.

5.17.2 All cases of identified FGM in girls under 18 years of age, should be reported to the Sompar Safeguarding service who will provide advice, guidance and signposting to relevant specific support agencies. This information will also need to be reported to the Police.

5.17.3 If an adult woman has had FGM, the patient’s right to confidentiality must be respected if she does not wish any action to be taken. This applies also to domestic violence and rape. In these circumstances, Children’s Social Care or the Police cannot be informed of the woman’s FGM status.

5.17.4 However, if by virtue of identifying through health routes that a woman has had or is at risk of FGM, then the risk to her children must be considered (including the unborn) and a referral to CSC made. Ideally the woman should be informed of this unless she is considered to be a flight risk.

5.17.5 This information should be read in conjunction with the Management of Girls and Young Women at Risk of Female Genital Mutilation: Paediatric Guideline. This guidance applies to children and young people who are at risk of or known victims of FGM.
5.18 **Forced Marriage**

Forced marriage is a term used to describe a marriage in which one or both of the 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.

5.18.1 In a situation where there is concern that an adult at risk is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the Safeguarding Adults process. In this case action will be co-ordinated with the police and other relevant organisations.

5.18.2 This scenario must always be discussed with the Sompar Safeguarding service. The police must also always be contacted in such cases as urgent action may need to be taken.

5.19 **Domestic Abuse and Safeguarding**

The Joint Safeguarding Adults at Risk Policy explains the links between domestic abuse and safeguarding. The Multi-Agency Risk Assessment Conferences (MARAC’s) explained in the Joint Safeguarding Adults at Risk policy are an important part of the Trust's work. The MARAC process is currently under review by the Safer Somerset Partnership. Updates in relation to this will be reflected in the Trusts Domestic Abuse Policy.

5.19.1 The Trust has Domestic Abuse Policies for both patients and colleagues, which are available on the Trusts safeguarding intranet pages. All staff have a duty to ensure the safety of anyone suspected of experiencing domestic abuse. All staff must ensure that they undertake specific risk assessments and make appropriate referrals as specified within the Domestic Abuse Policy. Further information, risk assessments and referral details are available on the Trust safeguarding intranet pages. For further advice and guidance staff should contact the Trusts Safeguarding Service.

5.20 **PREVENT – Preventing radicalisation to extremism**

The Prevent strategy forms part of the UK’s Counter Terrorism and Security Act (2015). The Government’s revised Prevent strategy was launched in June 2011 with its key objectives being to challenge the ideology that supports terrorism and those who promote it, Prevent people from being drawn into terrorism, and work with 'specified authorities' where there may be risks of radicalisation.

5.20.1 The scope of the Prevent Duty covers terrorism and terrorist related activities, including domestic extremism and non-violent extremism. The aim is to work with partner agencies, primarily the police, to divert people away from what could be considered to be linked to terrorist activity.

5.20.2 Prevent defines extremism as: “vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism, calls for the death of members of our armed forces.”

5.20.3 Radicalisation is defined by the UK Government within this context as “the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.”

5.20.4 Channel is a multi-agency programme which provides support to individuals who are at risk of being drawn into terrorism. Channel provides a mechanism at an early stage, for assessing and supporting people who may be targeted / or radicalised by violent
extremists. The Trusts Safeguarding Service ensures appropriate staff representation at Channel Panel case meetings. The Trusts Associate Direct of Safeguarding is the Prevent Lead for the Trusts.

5.20.5 Information on the Prevent Referral process with The Trust can be found on the Trust Intranet Safeguarding Adults pages. All Prevent related issues should be discussed with a member of the Trusts Safeguarding Service via the SPOC Tel: 03003230035 or email: safeguarding@sompar.nhs.uk

5.20.6 The Trust Prevent Lead is The Associate Director of Safeguarding is the Prevent Lead for the Trust and is responsible for reporting Prevent related data quarterly to Somerset CCG and NHS Digital.

5.21 Multi-Agency Public Protection Arrangements (MAPPA) and Safeguarding

MAPPA is designed to ensure that there is a co-ordinated approach to the management of dangerous offenders and sexual offence offenders. The safeguarding intranet pages contain information and guidance for staff regarding the management of offenders. For further advice and guidance staff should refer to the Trust MAPPA policy and contact the Trust Safeguarding Service.

5.22 Whole Service Concerns

Relate to care settings where there are safeguarding concerns for more than one individual. The Trusts Safeguarding Service are represented at regular inter-agency meetings where whole service concerns are discussed and a ‘Managed Placements Memo’ is updated. This is available to operational managers when considering placements. Whole Service Concerns are managed by Somerset County Council Safeguarding Team colleagues. For Whole Service Concerns please contact the Safeguarding Service and/or Named Professional for Safeguarding Adults.

5.23 Raising concerns / whistleblowing

The Trust’s Whistleblowing policy (found on the Trust intranet) is available to enable staff to report that something is wrong, has happened, or may happen and to support staff in raising genuine concerns which will be treated seriously, promptly and fairly. In addition, the Trust runs the See Something/ Say Something campaign, which complements the whistleblowing policy.

5.23.1 Staff are often the first to realise that there may be something seriously wrong within the Trust, their department or service. However, they may not say anything because they feel that speaking up would be disloyal to their colleagues or to the Trust. Raising a concern does not mean the individual has to provide proof of the problem – the individual only needs a genuine belief that something may be wrong and could need looking into.

5.23.2 Whistleblowing is relevant to safeguarding where there are concerns of abuse due to the actions of another staff member in the Trust. In this instance, information should be shared with the Director / Associate Director of Safeguarding.

5.24 Allegations against Trust staff

Where the allegation of abuse involves a Trust staff member, this should be raised as a matter of urgency to the staff member’s manager. An incident form should be completed ensuring that the Director / Associate Director of Safeguarding are included in the notification list.
5.24.1 The Director/Associate Director of Safeguarding will coordinate any subsequent safeguarding related actions or investigations required. This will be done in accordance with the Managing Allegations Protocol. Further guidance and advice should also be provided by HR.

5.25 Disclosure and Barring Service (DBS)

The DBS manages barred lists, barring certain people from regulated activity with children and vulnerable adults. As an NHS and social care provider of services the Trust is known as a regulated activity provider for the purposes of the scheme. The Trust has a duty to refer relevant information as it is a provider of both regulated activity and controlled activity. Please refer to the Disclosure and Barring Service Policy. Also the DBS website provides guidance on when employers should make a referral to them. HR will be involved in any decision to refer a member of staff to DBS.

6.0 TRAINING/COMPETENCE REQUIREMENTS

6.1 The Trust is committed to ensuring all staff are appropriately trained in line with the Trust Safeguarding Training Plan.

6.2 All staff have a responsibility to ensure they remain up to date with their required level of knowledge and understanding of Safeguarding adults as specified in the Safeguarding Training Plan.

6.3 There are currently three levels of safeguarding adults training (Level's 1-3 including Prevent related training at level 1 and 2), which relate to staff specific roles in line with the intercollegiate document ‘Adult Safeguarding: Roles and Competencies for Health Care Staff’. All staff are expected to complete mandatory training on a three yearly basis.

7.0 MONITORING

7.1 Methodology to be used for Monitoring

- Periodic reports to the Somerset Safeguarding Adults Board for inclusion in the Safeguarding Adults Board annual report;
- Annual domestic abuse self-audit to the Safer Somerset Partnership for inclusion in their Annual Report;
- Statistical quantitative and qualitative data to the Somerset Safeguarding Adults Board Quality Assurance sub-group;
- Serious incidents requiring investigations review group reporting;
- Attendance and contribution to Safeguarding Adults Board and sub-groups;
- Trusts Combined Safeguarding Committee.

7.2 Frequency of Monitoring (currently, but may change with merger of Trusts)

- Annual report to Somerset Safeguarding Adults Board.
- Updates provided to the Somerset Safeguarding Adults Board, minimum annually.
- Annual reports to the Quality Assurance Group / Committee.
- Quarterly updates to the Trusts Joint Safeguarding Committee.
### 7.3 Process for reviewing results and ensuring improvement in performance occur

The Somerset Safeguarding Adults Board discusses multi-agency safeguarding adults at risk matters. This includes deciding the safeguarding agenda for developing safeguarding in Somerset in line with national and local directives, identifying good practice, highlighting areas for improvement, discussing Safeguarding Adults Reviews and lessons learnt. Lessons learnt from the Safeguarding Adults Reviews are fed into the Trust via the internal safeguarding groups.

#### 7.3.1 Lessons learnt and significant risks identified are discussed at the Joint Safeguarding Committee and appropriate follow up actions are agreed and monitored until completed or risk is mitigated against.

#### 7.3.2 Lessons Learnt and significant changes and developments are shared in targeted correspondence with Directorate leads, Professional Heads of Services, Heads of Divisions and relevant staff groups as well as in the “Communications” staff newsletter to ensure all staff are well informed.

<table>
<thead>
<tr>
<th>Element of policy for monitoring</th>
<th>Monitoring method - Information source (eg audit)/ Measure / performance standard</th>
<th>Item Lead</th>
<th>Monitoring frequency / reporting frequency and route</th>
<th>Arrangements for responding to shortcomings and tracking delivery of planned actions</th>
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<tr>
<td><strong>Safeguarding referral process, raising concerns and referrals for high risk cases (s42)</strong></td>
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| 5.5 5.4 5.4.2 | Audit: High risk (s42) cases – effectiveness safeguarding referral process - timescale requirements regarding s42 enquiries - check response rates - appropriate application of thresholds | Named Professional safeguarding adults | Minimum annually | Development of action plan  
Reporting to Joint safeguarding committee and IQAB  
Identification of training needs. |
| **Safeguarding referral pathway and Raising a safeguarding adult concern** | 5.1 – 5.2.6 | Non-referred cases. Snapshot quality monitoring (average 20 cases per quarter) to check: Appropriateness of contact Evidence of risk assessment prior to contact Effectiveness/quality of Safeguarding team screening and advice | Named Professional safeguarding adults | Quarterly | To form part of main audit. Development of action plan.  
Reporting to Joint safeguarding committee and IQAB |
| **Making safeguarding personal** | 3 & 5 | Review of safeguarding adult referrals to determine client involvement in decision making process regarding safeguarding referrals. | Named Professional safeguarding adults | Minimum annually | To develop action plan if needed  
If shortcomings identified, to reinforce importance of client involvement via training, safeguarding supervision and staff newsletter.  
Reporting to Joint safeguarding committee. |
| **Training competencies and requirements** | 6 | Collation of data for mapped training compliance and competencies | Named Professional safeguarding adults | Monthly | Monthly CCG DASHBOARD  
data reporting  
Joint Safeguarding Committee |
8.0 REFERENCES

8.1 Parliament: 2014; The Care Act; TSO; London
8.2 Department of Health: 2014; Care and Support Statutory Guidance; DH; London
8.3 Somerset Safeguarding Adults Board, Joint Safeguarding Adults at Risk Policy (2018)
8.5 Home Office. Serious Crime Act (2015)
8.6 Home Office. Counter Terrorism and Security Act (2015)
8.8 Department of Health. Female Genital Mutilation Act (2003, amended 2015)
8.9 Somerset County Council. Think Family Strategy 2018-2019
8.10 Royal College of Nursing. Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document, First edition: August 2018
8.12 Parliament: 2005; Mental Capacity Act; TSO; London
8.15 Parliament: 1998; Crime and Disorder Act; TSO; London

Cross reference to other procedural documents

- Anti-Fraud, Bribery and Corruption Policy
- Being Open and Duty of Candour Policy
- Clinical Assessment & Management of Risk of Harm to Self and Others Policy
- Complaints, Concerns and Compliments Policy
- Data Protection Policy
- DATIX Reporting Guidance
- Escalation Policy
- ICPA (Integrated Care Programme Approach) Policy
- Information Sharing Protocol
- Learning, Development and Mandatory Training Policy
- Management of Girls and Young Women at Risk of Female Genital Mutilation: Paediatric Guideline.
- Managing Allegations against Staff Standard Operating Procedure
- Mental Capacity (Using the Mental Capacity Act) Policy
- Record Keeping and Records Management Policy
- Risk Management Policy
- Risk Management Strategy
- Safeguarding and Protection of Children Policy
- Safeguarding Training Plan
Serious Incidents Requiring Investigation (SIRI) Policy
Untoward Events Reporting Policy and Guidance
Whistleblowing Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

When there are allegations against staff in the context of safeguarding adults and/or children, the Managing Allegations Against Staff Standard Operating Procedure must be utilised and the Director of Safeguarding must be informed. The protocol is available on the Safeguarding intranet pages.

The Safeguarding intranet pages also contain all of the up to date contact details and other useful links.

9.0 DOCUMENT CONTROL

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<tr>
<th>Document Author</th>
<th>Heather Sparks</th>
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<td>Hayley Peters</td>
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<td>Applies to</td>
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Think Family

The Somerset Safeguarding Adults Board has endorsed the Somerset Think Family Strategy. In all adult safeguarding work staff working with the adult at risk must establish whether there are children in the family, and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk or the person alleged to have caused harm.

Safeguarding and promoting the welfare of children is defined in ‘Working Together to Safeguard Children (2018) as:

- protecting children from maltreatment;
- preventing impairment of children’s health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.

Professionals or agencies working with children and young people have a key role in identifying adults who need safeguarding, and adopting a ‘think family’ approach to their practice.

Similarly, if a professional or agency working with adults becomes aware that a child is or may be at risk of harm, they have a duty to safeguard and promote the welfare of the children.

Everyone must be aware that in situations where there is concern that an adult at risk is or may be at risk of abuse and neglect and there are children in the same household, they too could be at risk.

Reference should be made to the Somerset Safeguarding Children Board Procedures Manual if there are concerns about abuse or neglect of children and young people under the age of 18.

Adult services and services working with children should work jointly to safeguard the adult at risk and/or children and young people.

[https://ssab.safeguardingsomerset.org.uk/](https://ssab.safeguardingsomerset.org.uk/)
Professional Curiosity

Introduction

Professional curiosity is an emerging theme in the Safeguarding Adult Reviews nationally. It has long been recognised as an important concept in Children’s Services, but is equally relevant to work with adults.

What is professional curiosity?

Professional curiosity is the capacity and communication skill to explore and understand what is happening with an individual or family. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding one’s own responsibility and knowing when to act, rather than making assumptions or taking things at face value.

Barriers to professional curiosity

It is important to note that when a lack of professional curiosity is cited as a factor in a tragic incident, this does not automatically mean that blame should be apportioned. It is widely recognised that there are many barriers to being professionally curious. Some of the barriers to professionally curious practice are set out below.

- **Disguised compliance**
  A family member or carer gives the appearance of co-operating with Social Services to avoid raising suspicions, to allay professional concerns and ultimately to reduce professional involvement. We need to establish the facts and gather evidence about what is actually happening. We need to focus on outcomes rather than processes to ensure we remain person centred.

- **The ‘rule of optimism’**
  Risk enablement is about a strengths-based approach, but this does not mean that new or escalating risks should not be treated seriously. The ‘rule of optimism’ is a well-known dynamic in which professionals can tend to rationalise away new or escalating risks despite clear evidence to the contrary.

- **Accumulating risk – seeing the whole picture**
  Reviews repeatedly demonstrate that professionals tend to respond to each situation or new risk discretely, rather than assessing the new information within the context of the whole person, or looking at the cumulative effect of a series of incidents and information.

- **Normalisation**
  This refers to social processes through which ideas and actions come to be seen as ‘normal’ and become taken-for-granted or ‘natural’ in everyday life. Because they are seen as ‘normal’ they cease to be questioned and are therefore not recognised as potential risks or assessed as such.

- **Professional deference**
  Workers who have most contact with the individual are in a good position to recognise when the risks to the person are escalating. However, there can be a tendency to defer to the opinion of a ‘higher status’ professional who has limited contact with the person but who views the risk as less significant. Be confident in your own judgement and always outline your observations and concerns to other professionals, be courageous and challenge their opinion of risk if it varies from your own. Escalate ongoing concerns through your manager and use the Managing Professional Difficulties procedure.

- **Confirmation bias**
This is when we look for evidence that supports or confirms our pre-held view, and ignores contrary information that refutes them. It occurs when we filter out potentially useful facts and opinions that don’t coincide with our preconceived ideas.

- **‘Knowing but not knowing’**
  This is about having a sense that something is not right but not knowing exactly what, so it is difficult to grasp the problem and take action; commonly referred to as a ‘gut feeling’. However, a ‘gut feeling’ is not evidence, hence the need to professional curiosity.

- **Confidence in managing tension**
  Disagreement, disruption and aggression from families or others, can undermine confidence and divert meetings away from topics the practitioner wants to explore and back to the family’s own agenda.

- **Dealing with uncertainty**
  Contested accounts, vague or retracted disclosures, deception and inconclusive medical evidence are common in safeguarding practice. Practitioners are often presented with concerns which are impossible to substantiate. In such situations ‘there is a temptation to discount concerns that cannot be proved’.

A person-centred approach requires practitioners to remain mindful of the original concern and be professionally curious.

Retracted allegations still need to be considered and/or investigated wherever possible. The use of risk assessment tools can reduce uncertainty, but they are not a substitute for professional judgement. Results need to be collated with observations and other sources of information.

**Other barriers to professional curiosity**
Poor supervision, complexity and pressure of work, changes of case worker leading to repeatedly ‘starting again’ in casework, closing cases too quickly, fixed thinking/preconceived ideas and values, and a lack of openness to new knowledge are also barriers to a professionally curious approach.
APPENDIX A3

The Human Rights Act 1998

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

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

- Deprivation of life will not be a contravention of the Article when it is from force which is no more than absolutely necessary;
- In defence of a person from unlawful violence;
- To effect a lawful arrest or to prevent the escape of a person who is lawfully detained;
- Action lawfully taken for quelling a riot or insurrection.

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

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

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

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

- Conviction by a competent court
- Lawful arrest or detention of a person for non-compliance with a lawful court order to fulfil an obligation prescribed by law
- Lawful arrest or detention of a purpose under reasonable suspicion of having committed an offence or when it is reasonably necessary to prevent the commitment of an offence or fleeing having done so
- Detention of a minor by lawful order for the purpose of educational supervision or lawful detention for the purpose of bringing before a competent legal authority
- Lawful detention for the prevention of spreading of infectious diseases, of persons of unsound mind, alcoholics, drug addicts or vagrants (the detention of persons of unsound mind is now covered via the Deprivation of Liberty Safeguards, the Mental Capacity Act and the Mental Health Act).
- Lawful arrest or detention effecting an unauthorised entry into the country or a person were action is being taken with a view to deportation or extradition

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

- To be informed promptly in a language they understand the nature and cause of the accusation against him.
- To have adequate time and facilities to prepare a defence.
• To defend themselves in person or through legal assistance, if there is insufficient means
to pay for legal assistance it is to be given free.
• To examine or have examined witnesses against them and to obtain witnesses on their
behalf.
• To have the free assistance of an interpreter if he cannot understand or speak the language
used in court.

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

Article 8: Right to Respect for Private and Family Life. Everyone has the right to respect for
their private and family life, their home and correspondence. A public authority can only interfere
with this right in accordance with law in the interests of national security, public safety or the
economic well-being of the country, for the prevention of crime, for the protection of health or
morals or for the protection of the rights and freedoms of others.

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

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

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

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

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

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

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

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

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

**Article 18: Limitation on Use of Restrictions on Rights.** The restrictions and limitations permitted within the Act can only be applied as indicated within the Act.
APPENDIX A4

Categories of Abuse:

The following explanation is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern within each area.

Physical abuse – including assault, hitting, slapping, pushing, misuse of medication restraint or inappropriate physical sanctions.

Sexual abuse – including 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.

Sexual exploitation involves exploitative situations and relationships where people receive ‘something’ (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities. Key features include coercion and control, disclosures and retractions.

Financial Abuse or Material Abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Psychological Abuse – including 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.

Neglect/Acts of Omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Signs and symptoms of neglect or acts of omission may include – poor heating/lighting/food/fluids, poor physical condition such as pressure sores, unkempt appearance.

Organisational Abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Discriminatory Abuse (including Hate Crime) – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion. A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's:

- Disability
- Race
- religion or belief
- sexual orientation
- transgender identity

Hate crime can take many forms including:

- physical attacks such as physical assault, damage to property;
- offensive graffiti and arson;
- threat of attack including offensive letters, e-mails, abusive or obscene telephone calls;
• groups hanging around to intimidate;
• unfounded, malicious complaints;
• verbal abuse, insults or harassment, taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, bullying at school or in the workplace;
• the use of electronic media to abuse, insult, taunt or harass.

If the adult meets the criteria set out in 5.4.4 of this policy, then any safeguarding concern that is also a hate crime should also be reported to the local Police via 101.

Self-neglect – this covers a wide range of behaviour, such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

NB: Assessment of Capacity needs to be considered where there are concerns relating to self-neglect.

Further information regarding types of abuse and possible indicators can be found using the following web address: [http://www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-and-indicators-of-abuse.asp](http://www.scie.org.uk/publications/ataglance/69-adults-safeguarding-types-and-indicators-of-abuse.asp) and it is also available on our Safeguarding intranet pages. Staff can also access further Safeguarding Adult information via the Safeguarding intranet page and by contacting a member of the Trusts Safeguarding Service.