Safeguarding Adults From Abuse and Neglect Procedures

Six Principles Underpin all Adult Safeguarding Work

Empowerment
People being supported and encouraged to make their own decisions and informed consent.

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention
It is better to take action before harm occurs.

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality
The least intrusive response appropriate to the risk presented.

"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."

Protection
Support and representation for those in greatest need.

"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."

Partnership
Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

"I know that staff treat 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."

Accountability
Accountability and transparency in delivering safeguarding.

"I understand the role of everyone involved in my life and so do they."
Source: Department of Health Care and support statutory guidance

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

Responding to adult safeguarding concerns requires. **THE 4 RS**

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Recognition of signs of adult abuse neglect or poor practice

Recording information relevant to the abuse Reporting a concern, disclosure or allegation

Reporting the concern

Requiring any immediate action appropriate to protect an adult to be taken and preserving evidence in the aftermath of an incident

This policy and related procedures must be read in conjunction with the local authority policy and procedures in your area.

1.0 Recognising safeguarding concerns

1.1 The aim of the Trust is to protect people from abuse and avoidable harm, whether deliberate or not. Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. This includes, but is not limited to, the rights listed in the Human Rights Act 1998 including the right to life (article 2), protection from inhuman and degrading treatment (article 3) the right to liberty and security (article 5) and the right to family life (article 8). Statutory responsibilities concerning adult safeguarding are contained in the Care Act and the accompanying 'Care and Support Statutory Guidance'.

1.2 Abuse can vary from treating someone with disrespect in a way which significantly affects their quality of life, to causing actual physical suffering.

1.3 Abuse is behaviour towards a person that either deliberately or unknowingly causes him or her harm, or endangers their life or their human or civil rights.

1.4 Abuse can happen anywhere: In a person's own home, in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing or in the street.

1.5 All adults can be abused including those people with a learning, sensory or physical disability, older people, people with mental health problems, people with dementia or people who cannot always look after or protect themselves.

1.6 Abuse includes physical, sexual, psychological, financial, discriminatory abuse, organisational, modern slavery, domestic abuse, self-neglect and acts of neglect and omission. An individual, a group or an organisation may perpetrate abuse. Any of these forms of abuse can be either deliberate or be the result of ignorance, or lack of training, knowledge or understanding.

1.7 Abuse may occur when a person with care and support needs is persuaded to enter into a financial or sexual transaction to which he or she had not consented or cannot consent.

1.8 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 appropriate care.

1.9 Abuse is not just about 'poor care' which is monitored by the local authorities and regulated by the Care Quality Commission (CQC). However failure to tackle issues of poor care could amount to abuse.

1.10 The person who is responsible for the abuse is often well known to the person being abused and could be a paid carer or volunteer, a health worker, social care or other worker, a relative, friend or neighbour, another resident or person accessing services or an occasional visitor or someone who is providing a service.

1.11 Incidents of abuse may be one-off or multiple and may affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm; repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

2.0 Care Act Definitions

2.1 Adult 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.

3.0 Local Authority Summary of stages

3.1 There are five stages in dealing with a safeguarding matter:

- Recognition or disclosure of and responding to a safeguarding concern
- Referral of the concern via the local authority to the Multi Agency Safeguarding Hub (MASH)
- Risk assessment and triage by the MASH
- S42 Enquiry
- Review and closure.

4.0 Types of abusive behaviour

4.1 The following types of abusive behaviour are defined by Care Act guidance as constituting abuse or neglect. However local authorities will not limit their view of what constitutes abuse or neglect as they can take many forms and the circumstances of the individual case should always be considered; although the criteria below will need to be met before the issue is considered as a safeguarding concern.

5.0 Physical abuse

May Involve

- Hitting
- Slapping
- Kicking
- Pushing or rough handling
- Scratching
- Inappropriate restraint or sanctions including deprivation of food, clothing, warmth and healthcare needs
- Force feeding
- Misuse (or inappropriate withholding) of medication.

Possible indicators

- Injuries that are on unusual sites e.g. cheeks, ears, neck, inside mouth
- Burns or scalds with clear outlines or have a uniform depth over a large area, e.g. buttocks
- Injuries that are the shape of objects e.g. a hand, teeth, cigarette
- Presence of several injuries or scars of a variety of ages
- Injuries that have not received medical attention
- A person being taken to many different places to receive medical attention
- Skin infections
- Dehydration
- Unexplained weight changes
- Medication being 'lost'
- Behaviour that indicates that the person is afraid of the alleged person causing harm.

6.0 Domestic Abuse

May Involve

- Psychological
- Sexual
- Financial
- Emotional abuse
- So called 'honour' based violence.

Possible indicators

An intimate partner or family member:

- Tries to keep the person from seeing friends or family
- Prevents them from continuing or starting a college course, or from going to work
- Constantly checks up or follows them
- Accuses them unjustly of flirting or of having affairs
- Constantly belittles or humiliates them or regularly criticises or insults them in front of other people
- Deliberately destroys their possessions
- Hurts or threatens them or their children
- Keeps them short of money or items need for their care
- Forces them to do something that they didn't want to do.

7.0 Sexual Abuse

May Involve	Possible indicators
• Unwanted physical and sexual contact • Intercourse with someone who lacks the capacity to consent • Rape • Indecent exposure • Sexual harassment (verbal or physical) • Displaying pornographic literature or videos • Gross indecency • Being forced or coerced to be photographed or videoed to allow others to look at their body • Inciting someone who cannot understand to engage in sexual activity • Sexual abuse or innuendo. Any sexual activity involving staff is regarded as contrary to professional standards and is therefore abusive.	• Sexually transmitted diseases or pregnancy • Tears or bruises in genital/anal areas, e.g. inner thighs, breasts • Soreness when sitting • Signs that someone is trying to take control of their body image e.g. anorexia or bulimia, self-harm • Sexualised behaviour or language • Oral infections • The signs that a person may be experiencing sexual abuse and emotional abuse are often very similar. This is due to the emotional impact of sexual abuse on a person's sense of identity and to the degree of manipulation that may be carried out in 'grooming'.

8.0 Psychological or Emotional Abuse

May Involve	Possible indicators
• Harassment • Intimidation by word or deed • Verbal abuse • Blaming • Controlling • Coercion • Excessive criticism • Humiliation • Ridicule/mockery • Threats of harm or abandonment or exclusion from services • Enforced social isolation (including cultural discrimination) which may include withdrawal from services or supportive networks • Denial of religious or cultural needs • Cyber bullying.	• Difficulty gaining access to the adult on their own or difficulty in the adult gaining opportunities to contact you • The adult not getting access to medical care or to appointments with other agencies • Low self-esteem • Lack of confidence and anxiety • Increased levels of confusion • Increased urinary or faecal incontinence • Sleep disturbance • Person feeling/acting as if they are being watched all of the time • Decreased ability to communicate • Communication that sounds like things that the alleged person causing harm would say, language being used that is not usual for the person accessing services • Deference/submission.

9.0 Financial or Material Abuse

May Involve

- Misuse and/or misappropriation of monies, benefits and/or property
- Theft
- Fraud
- Exploitation
- Pressure or coercion in connection with wills, property, inheritance or financial transactions
- Internet scamming.

Possible indicators

- Change in material circumstances
- Sudden loss of assets
- Unusual or inappropriate financial transactions
- Visitors whose visits always coincide with the day the person receives their benefits
- Insufficient food in the house
- Bills not being paid
- Person who is managing the finances overly concerned with money
- Sense that the person is being tolerated in the house due to the income they bring in, person not included in the activities the rest of the family enjoys.

10.0 Modern slavery

The National Referral Mechanism (NRM) is the process by which an individual is identified as a victim of human trafficking. Referrals to the NRM can only be made by authorised agencies known as First Responders. Authorised agencies in the UK are the police force, the UK Border Force, Home Office Immigration and Visas, social services and certain on- Governmental Organisations such as the Salvation Army.

- Slavery
- Human trafficking involves an act of recruiting, transporting, transferring, harbouring or receiving a person through use of force, coercion or other means for the purpose of exploiting them. There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services known as the National Referral Mechanism
- Forced labour and domestic servitude
- Coercion deceit and forcing people into a life of abuse or inhumane treatment.

A person may:

- Show signs of physical and/or psychological abuse, look malnourished, unkempt, or appear withdrawn
- Rarely be allowed to travel on their own, seem under the control or influence of others, rarely interact or appear unfamiliar with their neighborhood or where they work
- Be living in dirty, cramped or overcrowded accommodation, and/or living and working at the same address have no identification documents, have few personal possessions and always wear the same clothes. What clothes they do wear may not be suitable for their work
- Have little opportunity to move freely and may have had their travel documents retained, e.g. passports
- Avoid eye contact, appear frightened or hesitant to talk to strangers and fear law enforcers for many reasons, such as not knowing who to trust or where to get help, fear of deportation, fear of violence to them or their family, be dropped off/collected for work on a regular basis either very early or late at night.

11.0 Discriminatory Abuse

May involve:

- Treating a person or group less favourably than others on the basis of their race, gender, gender identity, age, disability, sexual orientation or religion
- Slurs, harassment, name calling
- Breaches in civil liberties
- Unequal health or social care
- Hate incidents and hate crime.

Possible indicators

- Person overly concerned about race, sexual preference etc.
- Tries to be more like others
- Reacts angrily if any attention is paid to race, sex etc.
- Carer overly critical/anxious about these areas
- Disparaging remarks made
- Person made to dress differently
- An older person being acutely aware of age or 'being a burden'.

12.0 Organisational Abuse

May Involve

- Repeated instances of poor care may be an indication of more serious problems
- Neglect and poor professional practice leading to other forms of abuse as defined above
- Misuse of staff power to harm adults in their care
- Staff and volunteers not reporting or not challenging bad practice
- Over-medicating people
- Lack of social/leisure activities
- Lack of personal clothing and possessions
- Deprived environment and lack of stimulation
- People referred to or spoken to with disrespect
- Inappropriate physical interventions
- Unsafe environments
- Absence of effective care plans and risk assessments.

Possible indicators

- Over-medicating people
- Lack of social/leisure activities
- Lack of personal clothing and possessions
- Deprived environment and lack of stimulation
- People referred to or spoken to with disrespect
- Inappropriate physical interventions
- Unsafe environments
- Absence of effective care plans and risk assessments.

13.0 Neglect and acts of Omission

May Involve

- Inadequate care
- Neglect of physical and emotional needs
- Failure to give prescribed medication
- Deprivation of food, clothing, medical attention, necessities of life such as heating, or aids for functional independence
- Denial of basic right to make informed choices
- Failure to provide access to social, health or educational services
- Failure to give privacy and dignity
- Ignoring medical, emotional or physical care needs.

Possible indicators

- Malnutrition
- Rapid or continuous weight loss
- Not having access to necessary physical aids
- Inadequate or inappropriate clothing
- Untreated medical problems
- Dirty clothing/bedding
- Lack of personal care
- If neglect is due to a carer being overstretched or under-resourced the carer may seem very tired, anxious or apathetic.

14.0 Self-Neglect

May Involve

- This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour
- Self-neglect may arise from inability or unwillingness to care for oneself, or both in complex interaction with each other. A helpful definition is 'the result of an adult's inability due to physical or mental impairments, or diminished capacity, to perform essential self-care tasks' (Braye, 2011).

Possible indicators

- A small body of research tells us that people who self-neglect may have pride in self-sufficiency; a sense of connectedness to place and possessions; a drive to preserve continuity of identity and control; traumatic life histories and events that have had life changing effects
- Causes of self-neglect may include physical problems, mental health problems, personality, history of trauma, substance misuse, lack of social networks, isolation and old age – multiple factors may exist with one person.

14.1 Intervention in self-neglect cases may depend on assessment of mental capacity, as people who have capacity are entitled to make choices for themselves. Research shows that interventions that work are based on multi-agency multi-disciplinary assessments and include building of trusting relationships, consensus and persuasion, and practical support with daily living. Monitoring should focus on outcomes and risks, not only on services provided.

14.2 In most instances, concerns about self-neglect are best supported by the agency responsible for the person's needs, whether they are environmental health, housing, physical health, mental health or other needs. The person should always be at the centre of any decisions made to support them.

14.3 A safeguarding concern must be made in situations of severe self-neglect where there is high risk and it is proportionate to do so, for example where there is no clear lead agency or where interventions have not been successful. The role of a safeguarding enquiry in this instance will be to coordinate a multi-agency forum to share information, assess risk and establish a lead agency to work with the person concerned.

Practice guidance 7
https://op.papworth.org.uk/SG/default.aspx

Practice guidance 8
https://op.papworth.org.uk/SG/default.aspx

14.0 Other Types of Abuse behaviour

14.1 Female Genital Mutilation

14.2 This refers to the removal of part or all of the female genitalia for cultural or other non-therapeutic reasons. The Female Genital Mutilation Act 2003 outlawed the practice in this country. From 1 October 2015 health and social care professionals have a mandatory duty under the Serious Crime Act to report cases of female genital mutilation in under 18s (FGM).

15.0 Honour Based Violence

15.1 Honour based violence is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community. Incidents that have preceded honour killings have included:

- Attempts to separate and divorce
- Threats to kill or denial of access to children
- Pressure to go abroad and be forced into an arranged marriage
- The individual being detained within the home
- Denial of access to the telephone, internet, passport and friends.

16.0 Forced Marriages

16.1 There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the young people. A forced marriage is one in which a person uses violence, threats or any other form of coercion for the purpose of causing another person to enter into a marriage without their free and full consent.

16.2 Warning signs and indicators of forced marriage include:

- Both men and women facing forced marriage may become anxious, depressed or emotionally withdrawn with low self esteem
- Absence from a school, day centre or other regular activity
- Requests for extended absence
- Fear about forthcoming visits to their country of origin
- Not allowed to attend activities
- Surveillance by family members especially siblings.

17.0 Hate Crime

17.1 Hate crime is any crime or incident where the perpetrator's hostility or prejudice towards an identifiable group of people (race, religion, disability, transgender or sexual orientation) is a factor in determining who is victimised.

17.2 Often offending results from a gradual increase in the seriousness of the behaviour. Incidents may involve physical assault, damage to property, bullying, harassment, verbal abuse or insults, or offensive graffiti or letters (hate mail). Abuse may occur as a result of the accumulation or escalation of minor hate incidents. These incidents would be subject to the safeguarding procedures if the hate incident is directed at a person with care and support needs.

17.3 The courts or police may consider the impact on the person with care and support needs where a crime is motivated by hatred towards any particular group. The Crime and Disorder Act 1998 created four specific offences:

- Aggravated Assaults
- Aggravated criminal damage
- Aggravated public order
- Aggravated harassment where the motivation is hatred for a person's race or religion.

18.0 Cyber Abuse

18.1 Cyber abuse Involves the use of information and communication technologies to support deliberate, repeated, and hostile behaviour by an individual or group, that is intended to harm others. This may involve sexual abuse or grooming.

18.2 Harassment can take place on the internet and through the misuse of email. This is sometimes known as 'cyber stalking'. This can include the use of social networking sites, chat rooms and other forums facilitated by technology. The internet can be used for a range of purposes relating to harassment, for example:

- To locate personal information about a victim
- To communicate with the victim
- As a means of surveillance of the victim
- Identity theft such as subscribing the victim to services, purchasing goods and services in their name
- Damaging the reputation of the victim
- Electronic sabotage such as spamming and sending viruses
- Tricking other internet users into harassing or threatening a victim.

19.0 Responding to adult safeguarding concerns

Making Safeguarding Personal Aims to:

- Make safeguarding more person centred, leading to more meaningful engagement of people in the safeguarding process and improved outcomes
- Give staff permission to spend more time with people asking what they want as an outcome at the start and throughout the safeguarding process, and asking how they want to be involved
- Find out to what extent those outcomes have been met at the end of the process

Source: https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

19.1 **Responding to adult safeguarding concerns requires:**

- Recognition of signs of adult abuse, neglect or poor practice
- Recording information relevant to the abuse, reporting a concern, disclosure or allegation
- Reporting the concern
- Requiring any immediate action appropriate to protect an adult to be taken and preserving evidence in the aftermath of an incident.

These are the 4 Rs.

19.2 Raising a concern is a necessary first stage in the process of enabling a proper assessment and enquiry to be carried out to keep people safe and empowering them for the future.

You must report any concerns, allegations or disclosures of abuse to your manager or safeguarding lead including those allegations/disclosures received anonymously.

19.3 If you become aware of concerns of abuse you **MUST REPORT** those concerns **AS SOON AS POSSIBLE** to your line manager or safeguarding lead.

In the first instance you may need to report the information verbally, If in doubt, report sooner rather than later.

This is particularly important:

- If the adult remains in or is about to return to the place where the suspected/alleged abuse occurred
- If the alleged abuser is likely to have access to the adult or others who might be at risk.

20.0 Initial response in emergencies

20.1 Call 999 without delay if the adult requires urgent medical attention.

20.2 If the adult is in danger of repeated harm or has just been the victim of a serious crime, call the police 999.

Tell the emergency service that the person is a person with care and support needs.

20.3 The 999 call deals with initial access to emergency services only. A referral will also need to be made to the Police and/or the local authority.

21.0 Concerns about confidentiality or if consent to raise the concern is declined

21.0 If an adult in need of protection or any other person makes an allegation to you asking that you keep it confidential, you must inform the person that you will respect their right to confidentiality as far as you are able to, but that you are not able to keep the matter secret and that you must inform your manager.

If the adult requests that a concern is not looked into. It must be made clear that a referral to the local authority will be made to enable them to undertake a risk assessment and to verify whether there is a legal duty to act. This is to ensure that there are no other considerations that may override the adult's wish for the matter not to progress further. Staff should not use a person's wish for secrecy to allow a crime to be concealed, or to increase the likelihood of abuse to other people with care and support needs.

A referral also offers some protection to the adult from any pressure, possibly by an alleged person causing harm or other party with an interest in the issue, to request that the referral is not made. The adult must be fully involved in further action at the point of the initial safeguarding visit. Their wishes will be respected unless there are other considerations that override those wishes.

Following discussion with the local authority If the person with care and support needs does not want intervention and they have the capacity to make this decision, and if there are no other grounds or a legal requirement to intervene, it is still possible to work alongside him/her with their consent. Examples of this might include:

- Support under the Mental Capacity Act including use of Powers of Attorney or Deputyship
- Action under the Mental Health Act to protect from harm to self or others
- Providing information about alternative sources of support and advice
- Options to increase personal or environmental safety
- The provision of advocacy.

If a referral is made anonymously, every effort should be made to encourage the person to give contact details. It can be confirmed that their identity can be withheld and explained that the enquiry will be more difficult without this. However if they persist in remaining anonymous the referral should be taken nevertheless.

22.0 Concerns about reporting abuse to your line manager

22.1 If you believe your line manager may be implicated in the abuse, or you as a worker do not feel able to discuss it with him/her then you must approach another more senior manager, use the Trust's Whistleblowing Procedure, or contact the Safeguarding Coordinator for advice.

23.0 Preservation of evidence

23.1 The over-riding aim of this procedure is to protect people with care and support needs who are at risk from abuse and neglect.

23.2 The preservation of evidence where a crime may have been committed contributes to this goal but the immediate protection of people with care and support needs is the highest priority. However the action to ensure the preservation of evidence must not be to the detriment of any immediate medical care or the protection of any person with care and support needs.

23.4 Notwithstanding the over-arching requirement to protect, advice from the police must be obtained before conducting any enquiries into matters which may become subject to a criminal enquiry. Where there is potential for this situation occurring, you can avoid contaminating evidence or compromising enquiries by:

- Not interviewing the person with care and support needs or potential witnesses after a disclosure has been made. However safeguarding staff need to ask the immediate questions necessary to protect a person with care and support needs but to avoid jeopardising a criminal enquiry
- Disturbing a 'scene' as little as possible, sealing off areas if possible and locking rooms to restrict further access
- Discouraging washing/bathing/and use of the toilet in cases of sexual assault
- Not handling items which may hold DNA evidence
- In emergencies ensuring that the police are involved as quickly as possible using the local contact numbers or calling 999.

See practice guidance 5 Preserving Evidence

24.0 How to respond to disclosures of abuse and neglect

Making Safeguarding Personal Aims to:

- Make safeguarding more person centred, leading to more meaningful engagement of people in the safeguarding process and improved outcomes
- Give staff permission to spend more time with people asking what they want as an outcome at the start and throughout the safeguarding process, and asking how they want to be involved
- Find out to what extent those outcomes have been met at the end of the process

Source: https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

Once an adult has disclosed abuse it is important that they are supported throughout the process; you can support the individual by following this guidance:

- Remain calm and do not show shock or disbelief
- Listen carefully to what is being said and record it in detail using the words that they used
- Be aware of the possibility that medical evidence may be needed
- Demonstrate a sympathetic approach by acknowledging regret and concern that what has been reported has happened
- Do confirm that the information will be treated seriously
- Give the person contact details so that they can report any further issues or ask any questions that may arise
- Ensure that the person with care and support needs receives regular feedback and updates
- Ensure that any emergency action needed has been taken
- Ensure that those who need to be informed have been informed.

Tell the person that:

- It was not their fault and they were right to tell you
- You must inform an appropriate manager and/or the Police
- The Manager will contact the local authority or advise how to do so
- The local authority will consider the person's wishes and whether they consent to the matter being progressed further. There will be circumstances where an enquiry may have to progress even if they do not give their consent
- Ask the person what they want to happen as a result of their disclosure

Do not pressurise the person for more details:

- But do not stop someone who is freely recalling significant events, as they may not tell anyone again
- Do not dismiss or disbelieve what you see or have been told
- Do not ignore the issue
- Do not promise to keep secrets; but do explain that the information will only be passed to those who 'need to know'
- Do not make promises that you cannot keep (such as 'this will not happen to you again')
- Do not contact the alleged abuser or anyone who might be in touch with him/her
- Do not be judgmental e.g. 'why didn't you run away?'
- Do not tell anybody who doesn't need to know i.e. gossip
- Do not ask leading questions e.g. suggesting names of who may have perpetrated abuse if the person does not disclose it
- Do not interview staff or clean a person or area involved in a crime.

25.0 How to report the concern to the local authority

25.1 Where there is a recognition of signs of abuse, neglect or poor practice (form A) should be completed as this is the necessary first stage in the process of enabling a proper assessment and enquiry to be carried out to keep the person/persons safe and empowering them for the future.

25.2 Before completing (form A) a discussion should be had with your line manager/safeguarding lead or Trust Safeguarding Coordinator who will advise on completion of the form.

25.3 Once (form A) has been completed this should be used to complete the **Local Authority Adult Safeguarding Referral Form** which must be used when referring a safeguarding concern into the local authority.

25.4 All information must be clearly recorded including dates and times when events took place. Facts and opinion should be clearly differentiated.

25.5 On completion of the referral form this should be sent to the local authority and uploaded onto the safeguarding log to ensure that the Trust can monitor all safeguarding referrals.

25.6 Where the service is regulated by CQC a statutory notification should be made using the CQC **statutory notification form about abuse or alleged abuse concerning a persons or persons (child or adult) who use the service.**

25.7 The form can be used to notify the CQC of abuse or alleged abuse where people using the service are victims, perpetrators or both.

25.8 Reporting should not be delayed by the need to complete the form.

25.9 Details about the person alleged to be causing harm must be recorded; this includes name and address, the relationship to the person with care and support needs, their role and the organisation for which they work, if they pose a risk of further abuse to others.

25.10 The first priority should always be to ensure the safety and wellbeing of the adult. The adult should experience the safeguarding process as empowering and supportive.

25.11 Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred. It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to their manager or safeguarding lead.

25.12 The first actions taken on discovering an incident has occurred or concern is raised are critical to any subsequent enquiry. In some cases the course of action is very clear, for example where a person has been subjected to a physical assault and needs immediate medical treatment for injuries, or there is an allegation of a crime.

25.13 The abused adult may need ongoing help and support and you may play an

important role in providing this.

25.14 At all times, a professional approach should be adopted when anonymous referrals are made in relation to whistleblowing policies and reassurance of anonymity is provided. However, anonymity is generally discouraged and the person raising the concern should be supported to enable them to divulge their identity whenever possible.

25.15 There may be occasions when your designated safeguarding lead is unsure whether to report or not e.g. the vulnerability of the adult is uncertain. If in any doubt, the designated person/manager should contact the Safeguarding Coordinator for advice, or speak to the local authority:

26.0 Whistleblowing

26.1 The Trust has a whistleblowing procedure which enables staff and volunteers to report concerns confidentially including concerns about the management of the service. The Trust is responsible for ensuring that whistleblowers who raise genuine concerns are protected including preservation of their anonymity where possible.

SharePoint/TrustDocuments/Policies

27.0 Next steps by the local authority

27.1 Once immediate safety measures are in place and the safeguarding concern has been raised with the local authority they will decide what steps need to be taken to protect the person at risk and will communicate this to the Trust.

This decision will take one of three routes:

- No further action for the local authority but guidance for the Trust
- A formal safeguarding enquiry whereby the local authority using its powers under section 42 of the Care Act requests the Trust to carry out an internal investigation using its own processes, such as internal management review, HR procedures, complaints
- A formal safeguarding enquiry under section 42 of the Care Act coordinated by the local authority or delegated partners, with input from relevant parties. The local authority will adopt the principle that the employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this. Examples of when this might occur include:

- A serious conflict of interest on the part of the employer
- Concerns having been raised about non-effective past enquiries
- Serious or multiple concerns
- Matters to be investigated by the Police.

28.0 Involvement of the police in safeguarding cases

28.1 A criminal investigation by the police takes priority over all other enquiries. The police will always lead a criminal investigation. A multi-agency approach will be agreed to ensure that the interests and personal wishes of the adult will be considered throughout, even if they do not wish to provide any evidence or support a prosecution. The welfare of the adult and others, including children, is paramount and requires continued risk assessment to ensure the outcome is in their interests and enhances their wellbeing.

The police will decide whether a medical assessment of the person with care and support needs is called for and make arrangements for it to happen.

Medical assessment must be considered in cases of suspected:

- Serious or unexplained injury or death
- Sexual abuse or assault
- Serious neglect.

29.0 Local authority safeguarding timescales

29.1 The Care Act avoided the imposition of standardised timescales for the safeguarding adult's process, to ensure that the pace of the enquiry reflected that desired by the adult at risk and was not imposed by professionals or management and also in recognition of the fact that the timescale for different types of enquiry can vary significantly.

29.2 However, it is important to ensure that the enquiry is also efficient and effective, therefore **timescales may differ between local authorities** but the Trust should ensure that all safeguarding concerns raised must be referred to the local authority **within one working day.**

FROM	TO	TIME
Concern received by contact centre	Referral received by MASH	Within 1 working day
Referral received by MASH	MASH decision	1-3 working days depending on risk
Adult at risk meeting	Minutes produced	5 working days
MASH decision	Notification to the person reporting the concern	7 calendar days
S42 Enquiry	Enquiry conclusion & closure	40 working days

30.0 People with care and support needs who are alleged to be causing harm

30.1 Whilst the protection of the person who may have been abused remains paramount, the Trust also has responsibilities for the person alleged to have caused the harm.

In these cases it will be necessary to consider the needs of both individuals separately. Some of the issues that may need to be examined include:

- The extent to which the alleged person causing harm is able to understand his or her actions
- The extent to which the abuse reflected that individual's own needs and situation
- The likelihood of the alleged person causing harm further harming others

31.0 Carers and safeguarding

31.1 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 unintentionally or intentionally harm or neglect the adult they support on their own or with others.

31.2 If a carer speaks up about abuse or neglect, it is essential that they are listened to and that where appropriate a safeguarding referral should be made.

31.3 General indicators of an abusive relationship often include the misuse of power by one person over another. For example where one person is dependent on another for their physical care or due to power relationships in society e.g. between a professional worker and a person accessing services.

32.0 Involvement of the person, family and carers

32.1 Making Safeguarding Personal requires that the person (adult at risk) should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse, or for the safety and rights of others (including the rights of the alleged person causing harm) or for the potential contamination of evidence**.**

32.2 If the adult has substantial difficulty in being involved and where there is no one appropriate to support them, then the **local authority must arrange** for an independent advocate to represent them for the purpose of facilitating their involvement.

Making Safeguarding Personal affords great importance to the person being consulted about what they want to happen in regard to the safeguarding concern. What outcomes do they want

33.0 Situations where staff or volunteers are implicated in alleged abuse

33.1 Where staff or volunteers are implicated in a case of alleged abuse, immediate discussion must take place between the Trust's HR department, the local authority and (where appropriate) the police.

If the local authority deems it appropriate to conduct an enquiry prior to informing staff or volunteers who are implicated, a clear record needs to be made of the decision.

Where an enquiry requires the suspension of the member(s) of staff or volunteers implicated, this will be a Trust decision in conjunction with the local authority.

34.0 Safeguarding adults outcomes

34.1 The important outcomes in adult safeguarding are those identified by the adult at the start of the process, the extent to which they have been included in the process and how they experienced the process, and the extent to which their outcomes were achieved.

34.2 One of the six principles of adult safeguarding is Empowerment – people being supported and encouraged to make their own decisions and informed consent. This means: 'I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.'

34.3 It is vital that the views of the person are sought and recorded. These should include the outcomes that they want, such as feeling safe at home, access to community facilities, restricted or no contact with certain individuals, or pursuing the matter through the criminal justice system.

There are therefore a range of possible outcomes in terms of finding out what happened resulting from the adult safeguarding enquiries. These are contained in the table below along with the previous terms that should no longer be used.

Current term	Definition	Previous terms
Evidenced	There is sufficient identifiable evidence to prove the allegation	Substantiated;
Not evidenced	There is sufficient evidence to disprove the allegation	Unsubstantiated;
Inconclusive	It was not possible to discover sufficient evidence to either prove or disprove the allegation.	Inconclusive

Partially evidenced	There is sufficient evidence to prove part but not all of the allegation	partially substantiated
Enquiry ceased at adults request and no action taken	The adult (with capacity to do so) expressed a wish that no further action should be taken under the safeguarding process.	Enquiry ceased at adult's request

Practice guidance 1

Mental Capacity

This section provides a summary of key points relating to Mental Capacity. The procedures are based on the requirements of the Mental Capacity Act 2005; there is a presumption of mental capacity and on the right of people with care and support needs to make their own choices in relation to safety from abuse, maltreatment and neglect except where the rights of others would be compromised.

What is Mental Capacity?

It should be assumed that an adult (aged 16 or over) has full legal capacity to make decisions for themselves (the right to autonomy) unless it can be known that they lack capacity to make a decision for themselves at the time the decision needs to be made. This is known as the presumption of capacity. People must be given all appropriate help and support to enable them to make their own decisions.

A person cannot be determined to lack capacity in relation to a particular decision unless they have been assessed as having an impairment or disturbance of the mind or brain, which prevents them from making a valid decision.

They must also be unable to:

- understand the information relevant to the decision
- retain that information
- To use or weigh that information as part of the process of making the decision
- Communicate the decision (by talking, sign language or in any other way).

Unless a person can achieve all four of these elements, they lack capacity to make the particular decision.

Everyone has a right to follow a course of action that others judge to be unwise or eccentric, including one which may lead to them being abused. Where a person chooses to live with a risk of abuse, the safeguarding plan must, with the adult's consent, include access to services that help minimise the risk.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves.

The Act includes a range of principles, powers and services which must be considered as part of a safeguarding plan for a person lacking capacity who may be at risk of being abused.

Principles of the Act

- 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
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions
- Best interests – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

Under Section 44 of the Mental Capacity Act the offences of ill-treatment and willful neglect may apply to anyone caring for a person who lacks capacity. The police should be fully involved in any enquiry where this is a possibility and should take the lead on deciding whether to initiate criminal proceedings.

Further protection for a person without capacity may be provided by the following powers in the Mental Capacity Act:

- Lasting Powers of Attorney (LPA). People with capacity may appoint an attorney to make decisions on their behalf when they lose capacity, including decisions as to their personal welfare, as well as their property and affairs. An LPA must be registered with the Office of the Public Guardian and there are other safeguards against abuse. This replaces Enduring Powers of Attorney (EPA) which only deals with property and affairs, but remains valid if properly executed before October 2007.

The Mental Capacity Act introduced the Court of Protection.

- The Court of Protection can make orders relating to the 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
- The Court can direct a Court Visitor to visit a person lacking capacity, with the power to call for reports
- The Office of the Public Guardian (OPG) oversees registration of LPAs and maintains a register of them and of court appointed deputies, whom it supervises. The OPG can direct a Court of Protection Visitor to visit the donor or donee of an LPA or an appointed deputy. The OPG may also interview a person lacking capacity, and examine records relating to them.

Under Section 6 of the Act, restraint is only permitted to a person lacking capacity if the person using it reasonably believes it is necessary to prevent harm and if the restraint used is proportionate to the likelihood and seriousness of the harm. Where a person lacking capacity may need to be deprived of their liberty in their best interest, consideration must be given to seeking authorisation in their best interests under the Deprivation of Liberty Safeguards.

Assessment of capacity

Where a safeguarding assessment identifies capacity issues, an assessment of capacity must be undertaken by the staff member concerned or another competent person. The Act sets out a two stage (diagnostic and functional) test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a 'decision-specific' test. No one can be labelled 'incapable' as a result of a particular medical condition or diagnosis.

Section 2 of the Act makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance, or any condition or aspect of a person's behaviour which might lead others to make unjustified assumptions about capacity.

If the person is found to have capacity to make the decision required, the person will be involved as a partner in the planning discussion with appropriate advocacy and victim support services. If the person lacks capacity, decisions may need to be taken on their behalf under the Mental Capacity Act.

Best Interests

For people lacking capacity, the Mental Capacity Act is clear that everything that is done for or on behalf of a person lacking capacity must be in their best interest.

The professional determining the safeguarding assessment and plan will be the decision-maker. The decision-maker must consider a checklist of factors in deciding the person's best interests. A person can put his or her wishes and feelings into a written statement if they so wish, which the person making the determination must consider. Carers and family members should be consulted. Specific elements of the plan may involve other decision-makers.

Factors to consider

Any actions must ensure that when an adult with mental capacity makes a decisions to remain in an abusive situation, they do so:

- Without intimidation (although some people may choose to remain in a situation in which they know they are being intimidated)
- With an understanding of the risks involved and
- Have access to appropriate services if they should they change their mind.

Some members of our communities need proactive support to understand that they have a choice to live a safer life; to understand the options open to them; and to choose which, if any, services they want to access in order to do so. Other adults, even with support, do not have mental capacity to make such decisions.

The capacity of some adults may fluctuate and they may not be able to make a decision about how to pursue their safety at the time it is needed. In such situations, positive action must be taken to ensure that such decisions are made on the person's behalf. This must be by a person or an organisation, acting in the best interests of the adult concerned (and, if appropriate, on what is known of their wishes prior to losing capacity).

Unwise decisions

People should be able to live as independently as possible and to make informed decisions about their own lifestyles, including the opportunity to take risks if they choose to do so, without fear of harm or abuse from others. It should be acknowledged that these decisions may be viewed as unsafe or unwise and must be heeded if a person has the capacity to make the specific decision.

If it is determined that the individual does not have capacity, then staff should act in the best interests of the individual.

If it is determined that an individual does have capacity, has taken an informed decision and by that action is placing him or herself at risk, staff should consult with:

- The individual themselves
- Their carer (if appropriate) – with the person's consent
- Their community support networks
- Any other relevant agency, service or individual.

The statutory principles of the Mental Capacity Act 2005 state that an unwise decision does not equate to an incapacitated decision. This means that providers of services need to record fully and accurately the decision making processes and the wishes of the individual thus evidencing that this is the person's own, capacitated wish. The purpose of this is to ensure that staff make every effort to assist the individual in understanding the risk that they are taking and the choices available to them to remove or reduce the risk.

There may be situations where the individual seems able in terms of their knowledge and understanding to make their own decisions; however, they may be subject to undue pressure to support a particular course of action. This could be pressure from, or fear of, a professional or family member. The involvement of an Independent Mental Capacity Advocate (IMCA) may help in this matter as their role is to represent the individual (see section below).

Staff will need to determine whether the individual is making the decision of their own free will or whether they are being subjected to coercion or intimidation. If it is believed that the individual is exposed to intimidation or coercion, efforts must be made to offer the person 'distance' from the situation in order to facilitate decision making.

If all indications are that a person with capacity is making an unwise decision, the wishes of the person must be fully recorded.

Where a person makes repeated unwise decisions or a series of decisions which taken together put the person at significant risk of harm or where there is any doubt that the person has full capacity to make these decisions, staff should consult relevant other people and agencies, seek advice from the Mental Capacity Coordinator in the adult safeguarding team and call a multi-agency meeting.

It is important to note that there may be situations where an adult with capacity decides to live with a risk which places other people with care and support needs, or children at risk of harm. In these situations there is a duty of care to intervene for the protection of the other individuals.

Independent Mental Capacity Advocate

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

Local Authorities and the NHS have powers to instruct an IMCA to support and represent a person who lacks capacity where:

- It is alleged that the person is or has been abused , maltreated or neglected by another person
- Alleged that the person is abusing or has abused another person.

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

The IMCA makes representations about the person's wishes, feelings, beliefs and values, bringing to the attention of the decision-maker all factors that are relevant to the decision. The IMCA can challenge the decision-maker on behalf of the person lacking capacity if necessary.

Staff assessments of the person's capacity must be recorded. If the person appears to have the capacity to make decisions, the information provided to them should be recorded. If they appear incapacitated, the process of ascertaining what appears to be in their best interests should be recorded.

The Mental Capacity Act and Deprivation of Liberty Safeguards
Information only

The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) was introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007. DoLS came into force in England and Wales on 1 April 2009.

DoLS provides legal protection for individuals who lack capacity relating to their care and treatment and who may be deprived of their liberty in hospitals or care homes. The safeguards are designed to protect the interests of an extremely vulnerable group of individuals and to:

- Ensure people can be given the care they need in the least restrictive regimes
- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide people with rights of challenge against unlawful detention.

DoLS apply to anyone:

- Aged 18 and over
- Who is in hospital or a care home
- Who has a mental disorder or disability of the mind – such as dementia or a profound learning disability
- Who lacks the capacity to give informed consent to the arrangements made for their care and/or treatment and

- Who is deprived of their liberty (within the meaning of Article 5 of the European Convention on Human Rights).

Practice guidance 2

Domestic abuse and violence

Introduction

Domestic abuse and violence is best described as the use of physical and/or emotional abuse or violence including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Domestic abuse can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, telephone and stalking.

It can also include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by children.

The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. It may link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.

Domestic violence is not a 'one-off' occurrence but is frequent and persistently aimed at instilling fear into and compliance from, the victim.

Reference: Department of Constitutional Affairs Domestic Violence Guide to Civil Remedies & Criminal Sanctions.

Domestic abuse and violence and adults at risk of abuse and neglect

On some occasions, the domestic abuse issues outlined above may need to be considered under the adult safeguarding framework because they overlap into the criteria for this procedure.

It is important that social care and health care professionals identify those cases where alleged abuse involves family members, so that they can also be recognised as domestic abuse.

There may be occasions where the police or a Domestic Violence Advocacy Worker has uncovered the domestic abuse that has overlapped into the adult safeguarding procedures.

In such cases, it would be the responsibility of the police or the Domestic Violence Advocacy Worker to alert the relevant social care service via the local safeguarding team.

The involvement of the victim is of paramount importance and where possible, victims should be encouraged to participate and be present at meetings.

This is of particular resonance in domestic abuse cases as it is crucial that the alleged victim is aware of the support available to them and that their input, views, evidence and perspectives are valued.

Many domestic abuse cases coming under the adult safeguarding procedures will have police involvement and as such, appropriate information sharing and communication with the police is imperative to the protection process.

There may be cases where the alleged perpetrator is also under Multi Agency Public Protection Arrangements (MAPPA) or is already known to the MARAC system (Multi Agency Risk Assessment Conference); gain liaison with the police will be crucial to ensure the smooth and effective co-ordination of both processes.

Risk Assessment for MARAC can be found on

http://www.safelives.org.uk/

Practice guidance 3

Forced marriage and honour based violence (HBV) – guidance for staff working with adults at risk

Introduction

This document has been produced to give guidance to professionals and volunteers from all agencies working to safeguard adults.

The guidance should be read in conjunction with the Practice Guidance for Professionals produced by the Forced Marriage Unit, Foreign and Commonwealth Office.

Domestic abuse and honour based violence

Incidents of HBV fall within the Home Office definition of domestic abuse, therefore staff taking HBV disclosures should contact their local specialist Domestic Abuse Team/Constabulary for guidance on risk assessment and risk management in all HBV cases.

Definitions

What is forced marriage?

Forced marriage is a term used when a marriage is conducted under the duress of a person and without their valid consent. A forced marriage may be performed through pressure or abuse to both or one of the parties to be married. A marriage should be the choice of both parties involved.

Duress and pressure placed on an individual to enter into marriage could be the threat of physical violence, actual physical violence, emotional/psychological pressure, financial abuse and sexual harm.

The following definition is used by The Foreign and Commonwealth Office:

'A forced marriage is a marriage in which one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.' Source: The Right to Choose: Multi-Agency Statutory Guidance for dealing with Forced Marriage (November 2008).

It is important that the distinction should be made between an arranged marriage and a forced marriage. An arranged marriage is one whereby a suitable husband or wife is found primarily by the person's family and the marriage is entered into freely, with the consent of both individuals.

It is essential that with cases involving an adult at risk that the adult's capacity to consent is assessed under the guidance of the Mental Capacity Act 2005.

What is Honour based violence?

'Honour based violence' or 'honour' crime is a term used to describe violent acts primarily, although not exclusively, against women due to the perceived shame that a person has brought on the family or community.

Honour based violence includes acts of harassment, assault, imprisonment, unexplained death (suicide), forced pregnancy/abortion and in some cases murder. The family may perceive that the person has acted inappropriately and dishonoured the family and community, the violence carried out is to punish them for this.

Additional motives in cases involving adults at risk include:

- Marriage can be seen as a means of providing a carer and continuing support. Parents may be primary carers and as they get older and less able to provide support, they may view marriage as a means of ensuring continuing care for their son or daughter
- A forced marriage is also a way of improving the chances of getting a visa to the UK. A person with learning disabilities may be seen as easier to deceive or coerce into such a marriage and into then acting as a visa sponsor
- Families may believe that marriage will 'cure' an individual's learning disability and/or allow a person with learning disabilities to lead a 'normal' life
- Every major religion condemns forced marriage, honour based violence and female genital mutilation.

The Victim

Victims of forced marriage often feel very isolated, they may be unable to speak English thus exacerbating their feelings of being trapped and alone.

These feelings can leave people who face or experience forced marriage at a higher risk of depression, self-harm, low self-esteem and suicide.

People with a learning disability, physical disability, mental health difficulty or sensory impairment who find themselves facing forced marriage are even more vulnerable than most.

They may be unable to communicate with others what is happening or know where to go for help.

Safeguarding adults at risk of forced marriage and honour based violence

It is very important to remember that some adults do not have the capacity to consent to marriage. However, this does not stop people forcing the adult to marry. Sometimes the reason for this can be to ensure that they will have someone to care for them when their parents have died. Another motivation can be to ensure that the adult follows cultural norms and is not identifiable as different.

The legal framework in relation to protecting the adult at risk from forced marriage is the same as for those who are not vulnerable under the definition. However it is important for practitioners and agencies to remember that that additional support maybe required when supporting an adult at risk.

Good Practice should include:

- Listening to the adult at risk and making sure that their communication needs are met
- Supporting the adult at risk to extend their support network outside of the family so that they have people they can talk to

- Ensure staff that work with the adult at risk are aware and have relevant training
- Assess the immediate vulnerability of the person and ensure their immediate safety
- Contact the police if a criminal act has taken place
- REMEMBER that these cases can be very complex and require handling with sensitivity
- Do not ignore the allegations of forced marriage as a domestic issue
- Do not contact the family or attempt any mediation with the family
- Do not contact community leaders
- Consider where to discuss the issues with them, i.e. a private secure place
- Consider who they may wish to speak to, i.e. a practitioner of the same gender
- Consider their communication needs and whether an interpreter is required
- Stress the need for confidentiality to any persons supporting the vulnerable adult
- Record all decisions and actions
- Seek advice from the Forced Marriage Unit
- Seek legal advice.

The one chance rule

All Chief Executives, Directors and Senior Managers providing services to victims of forced marriage and honour based violence need to be aware of the 'one chance' rule, that is their staff may only have one chance to speak to a potential victim and thus staff may only have one chance to save a life.

This means that all professionals working within organisations need to be aware of their role and responsibilities when they come across forced marriage and honour based violence.

Further Information
HM Government have published Multi-Agency Practice Guidelines for handling cases of Forced Marriage.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf

Practice guidance 4

Preserving evidence

Introduction

When dealing with any allegation of abuse, due regard should be given as to whether the police should be involved and whether it is necessary to preserve evidence relating to the incident.

Consider the following:

- The wellbeing of the victim must be your first priority
- When the police are involved following an alleged crime, they are likely to respond quickly
- To enable the police to investigate effectively it is crucial that evidence is preserved, if in doubt consult the police on the telephone prior to their arrival
- What is done or not done, in the time prior to the police arriving on the scene, may make all the difference to their investigation
- When dealing with allegations of financial abuse or other irregularities, documentation should not be removed or altered in any way.

Practical guidelines

The following points may help you preserve evidence:

- Secure the scene and do not allow anyone to enter until the police arrive, with the exception of medical staff if the victim requires medical attention
- Ensure that the victim and the alleged perpetrator do not come into contact with each other once the allegation has been made, this should prevent any cross contamination of evidence
- Remember that the welfare of the alleged victim is paramount and you will not be held accountable if you inadvertently destroy or invalidate evidence
- Where possible, leave things as they are, if anything has to be handled, keep this to a minimum, do not clean up, do not touch anything you do not have to
- Leave weapons where they are unless they are handed to you, if a weapon is handed to you, take care not to destroy fingerprints
- Do not wash anything or in any way remove blood, fibres etc.
- Preserve the clothing and footwear of the victim, handle them as little as possible
- Note in writing the state of the clothing of both the alleged victim and the alleged perpetrator, note injuries in writing, make written notes the conditions and attitudes of the people involved in the incident, this should be done as soon as practicably possible
- Discuss with the police how to preserve any obvious evidence such as footprints or fingerprints or any other evidence, which may have been left behind by the suspect
- If an allegation of sexual abuse is disclosed days after the alleged offence, it may still be possible to collect forensic evidence, do not assume that it is too late, let the police decide.

Practice guidance 5

Employees in a position of trust

When a concern is raised against a member of staff, including people employed by the adult, they should be made aware of their rights under employment legislation and any internal disciplinary procedures and how this links to the Trust's HR procedures.

Where the police and Crown Prosecution Service (CPS) are involved they should advise the Trust on how to cover the following situations:

- Action pending the outcome of the police and the employer's investigations
- Action following a decision to prosecute an individual
- Action following a decision not to prosecute
- Action pending trial
- Responses to both acquittal and conviction
- Timescale.

The Trust not only has a duty to the adult, but also a responsibility to take action in relation to the employee when allegations of abuse are made against them.

With regard to abuse, neglect and misconduct within a professional relationship, codes of professional conduct and/or employment contracts should be followed and should determine the action that should be taken. Robust employment practices, with checkable references and recent DBS checks are important. Reports of abuse, neglect and misconduct should be investigated and evidence collected.

Where appropriate, the Trust must report workers to the statutory and other bodies responsible for professional regulation such as the General Medical Council, the Health and Care Professionals Council and the Nursing and Midwifery Council. If someone is removed from their role providing regulated activity following a safeguarding incident the regulated activity provider (or if the person has been provided by an agency or personnel supplier, the legal duty sits with them) has a legal duty to refer to the Disclosure and Barring Service. The legal duty to refer to the Disclosure and Barring Service also applies where a person leaves their role to avoid a disciplinary hearing following a safeguarding incident and the employer/volunteer organisation feels they would have dismissed the person based on the information they hold.

The standard of proof for prosecution is 'beyond reasonable doubt'. The standard of proof for internal disciplinary procedures and for discretionary barring consideration by the Disclosure and Barring Service (DBS) and the Vetting and Barring Board is usually the civil standard of 'on the balance of probabilities'. This means that when criminal procedures are concluded without action being taken this does not automatically mean that regulatory or disciplinary procedures should cease or not be considered.

In any event there is a legal duty to make a safeguarding referral to the DBS if a person is dismissed or removed from their role due to harm to a child or an adult at risk.

Where allegations involve staff and or volunteers, consideration must be given to whether to suspend pending further action. Suspension is a neutral act so the employee is not disadvantaged.

Advice should be taken from the Trust's HR team, Adult Safeguarding Coordinator, the MASH and the police as appropriate.

Practice guidance 6
Information sharing

Trust link

https://op.papworth.org.uk/SG/Best%20Practice%20Group/Forms/AllItems.aspx?RootFolder=%2fSG%2fBest%20Practice%20Group%2fBriefings%20and%20guidance%2fInformation%20sharing&FolderCTID=0x0120000E0A047EE09BF84E81138197DA766A29

Information Sharing

It is a requirement for all staff to treat all information in a confidential manner and use it solely for lawful purposes in accordance with acts of legislation and national guidance, specifically the Data Protection Act 1998, the Care Act 2014 and the Caldicott Principles.

This section sets out how the Trust require confidential information to be kept safe and secure, without compromising the need to share information appropriately and lawfully to safeguard adults at risk.

Record keeping

Good record keeping is a vital component of professional practice. Whenever a concern or allegation of abuse is made, a record of all actions must be made.

When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns. In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action.

Information sharing and safeguarding

There is a common law 'Duty of Confidence', where a person has a right to expect information given in confidence to be kept confidential by the person receiving the information i.e. doctor and patient, solicitor and client.

Effective information sharing is key to effective safeguarding. It is therefore important that a balance is found between maintaining confidentiality and sharing information on a need to know basis with relevant parties.

The Data Protection Act 1998 is not a barrier for sharing information. It provides a documented framework for sharing information securely and appropriately. The act allows the balance of the need to preserve a trusted relationship with the need to share information to effectively safeguard the person.

It is crucial to remember that there can be significant consequences to not sharing information, as there can be to sharing information. Professional judgment must be exercised in making the decision to share, or not share information, and the reasoning documented. All sharing of personal information must be lawful.

Lawful information sharing

There are four legal bases for processing personal confidential data which meet the common law duty of confidentiality. These are:

- With the consent of the individual concerned
- Through statute, such as the powers to collect confidential data in section 251 of the NHS Act 2006 (see section 6.7) and the powers given to the Information Centre in the Health and Social Care Act 2012 (see sections 1.8, 6.5 and 7.3.4)
- Through a court order, where a judge has ordered that specific and relevant information should be disclosed and to whom
- When the processing can be shown to meet the 'public interest test', meaning the benefit to the public of processing the information outweighs the public good of maintaining trust in the confidentiality of services and the rights to privacy for the individual concerned.

In addition to having one of these legal bases, the processing must also meet the requirements of the Data Protection Act and pass the additional tests in the Human Rights Act.

Any processing of personal confidential data that is not compliant with these laws, even if otherwise compliant with the Data Protection Act, is a data breach and must be dealt with as such.

Consent

Issues concerning consent can be very complex and in many instances it may be essential that appropriate guidance is sought.

Consent must be 'informed'. This means that the person giving consent needs to understand why information needs to be shared, what will be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

Obtaining explicit consent for sharing information is best practice and ideally should be obtained at the start of the involvement, when working with the person to agree what support is required. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute.

If there is a significant change in the use to which the information will be put compared to that which had previously been explained, or a change in the relationship between the agency and the individual, consent should be sought again. Individuals have the right to withdraw consent at any time.

It is important to distinguish between serious harm to the person to whom information relates and serious harm to others. Confidential information can be disclosed without consent to prevent serious harm or death to others. This is likely to be defensible in common law in the public interest.

The public interest test

Seeking consent should be the first option. However, where consent to share confidential information is withheld, it may be possible to lawfully share it if this can be justified in the public interest.

The public interest here means the public good, not what is of interest to the public, and not the private interests of the requester.

Where consent cannot be obtained or is refused, or where seeking it is inappropriate or unsafe, the question of whether there is a sufficient public interest must be judged by the practitioner on the facts of each case. Therefore, where you have a concern about a person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information.

Confidential information can be disclosed in the public interest where that information can be used to prevent, detect, or prosecute, a serious crime. 'Serious crime' is not clearly defined in law but will include crimes that cause serious physical or psychological harm to individuals. This will certainly include murder, manslaughter, rape, treason, kidnapping and child abuse or neglect causing significant harm and will likely include other crimes which carry a five-year minimum prison sentence but may also include other acts that have a high impact on the victim. On the other hand, theft, fraud or damage to property where loss or damage is not substantial are less likely to constitute a serious crime and as such may not warrant breach of confidential information, though proportionality is important here. It may, for example, be possible to disclose some information about an individual's involvement in crime without disclosing any clinical information.

In the grey area between these two extremes a judgment is required to assess whether the crime is sufficiently serious to warrant disclosure. The wider context is particularly important here. Sometimes crime may be considered as serious where there is a prolonged period of incidents even though none of them might be serious on its own.

Golden rules of information sharing

The 7 golden rules of information sharing were developed for children's safeguarding and can help support the decision to share information legally and in the best interests of the person or the wider public. The 7 golden rules are:

- Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately
- Be open and honest with the individual about what information may be shared and with whom
- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible
- Share with informed 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 judgment, there is good reason to do so
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be

affected by their actions
- Necessary, proportionate, relevant, adequate, 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 individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely
- 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.

Practice guidance 7

Multi-Agency Policy and Procedures to Support People who Self-Neglect

Managing the balance between protecting adults at risk of self-neglect against their right to self-determination is a serious challenge for services. Working with people who are difficult to engage with can be exceptionally time consuming and stressful to all concerned. However, failure to engage with people who are not looking after themselves, (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and well-being. It can also impact on the individual's family and the local community.

Often the cases that give rise to the most concern are those where an individual refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the individual has the mental capacity to make an informed choice on the issues raised, then that person has the right to make their own choices, even if these are considered to be unwise. **But** - this should not be seen as a 'take it or leave it' strategy.

Serious self-neglect is a complex issue which usually encompass a complex interplay between mental, physical, social and environmental factors. It frequently covers inter-related issues such as drug and alcohol misuse, homelessness, street working, mental health issues, criminality, anti-social behaviour, inability to access benefits and / or other health related issues.

This policy should be referred to where an adult is believed to be self-neglecting and therefore may be at a high level of risk.

An adult may be at risk of serious harm where they are:

- Either unable, or unwilling to provide adequate care for themselves
- Not engaging with a network of support
- Unable to or unwilling to obtain necessary care to meet their needs
- Unable to make reasonable, informed or mentally capacitated decisions due to mental disorder (including hoarding behaviours), illness or acquired brain injury
- Unable to protect themselves adequately against potential exploitation or abuse
- Refusing essential support without which their health and safety needs cannot be met and the individual lacks insight to recognise this.

Public authorities, as defined by the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action. Instead, the authorities are expected to act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act 2005, and, where appropriate, consideration should be given to the application of the Mental Health Act

1983. Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity, but is unable to exercise choice, for example – appears to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.

The Care Act, which came into force on 1 April 2015, sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect in primary legislation. For the first time, this makes direct reference to self- neglect. Section 1 of The Act provides particular focus on well-being in relation to an individual, and requires that organisations should always promote the adult's well- being in their safeguarding arrangements. This includes establishing with the individual what 'safe' means to them and how this can be best achieved. Well-being in the Act is described as:

- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and well-being c. 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, educations, training or recreation f. Social and economic well-being
- Suitability of living accommodation
- The individuals contribution to society

The principles of promoting a person's wellbeing are also supported by Making Safeguarding Personal (2014), and subsequent toolkit Making Safeguarding Personal: A Toolkit for Response (2015), which seeks to ensure that where possible, the individual is involved in their own safeguarding and that it is 'person-led', 'out- come' focused but not process driven.

For further information
https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/Cambs%20and%20Peterborough%20Multi-Agency%20Policy%20and%20Procedures%20to%20Support%20People%20Who%20Self-Neglect.pdf?inline=true

Practice guidance 8
Multi-agency Protocol for Working with people who display hoarding behaviour

The protocol offers clear guidance to staff working with people who exhibit hoarding behaviours. It sets out a framework for multi-agency partners to work together, using an outcome focused, solution based model. This protocol has been developed in partnership with a range of statutory and non-statutory partners across Cambridgeshire and Peterborough.

The Care Act 2014 recognises hoarding as one of the manifestations of self-neglect and requires all public bodies to safeguard people at risk. To deal with the risks effectively requires a collaborative and integrated approach between agencies.

The protocol recognises that responding to a situation which involves a person compulsively hoarding is highly complex, as it involves risk to life, is subject to more than one area of legislation and involves the health and wellbeing of the person at risk and

any others in the household. It therefore requires a multi-agency approach.

This protocol aims therefore to ensure this collaborative approach through coordinated multi agency partnership working with people who exhibit hoarding behaviours, in a way that is meaningful to the person who has hoarding behaviours and their families and in a way that reduces duplication of effort for the agencies involved. The protocol aims to facilitate positive and sustainable outcomes for people who demonstrate hoarding behaviour, by involving them in the process of managing their behaviour at all stages.

It is recognised that people who display hoarding are at high risk of injury or death as a result of a fire. Cambridgeshire Fire and Rescue Service (CFRS) emergency call data analysis shows that this is the case, with fire fatalities across the County during and a growing number of serious injuries in recent years. National research supports these findings (Fire Statistics Monitoring by the Department of Community and Local Government).

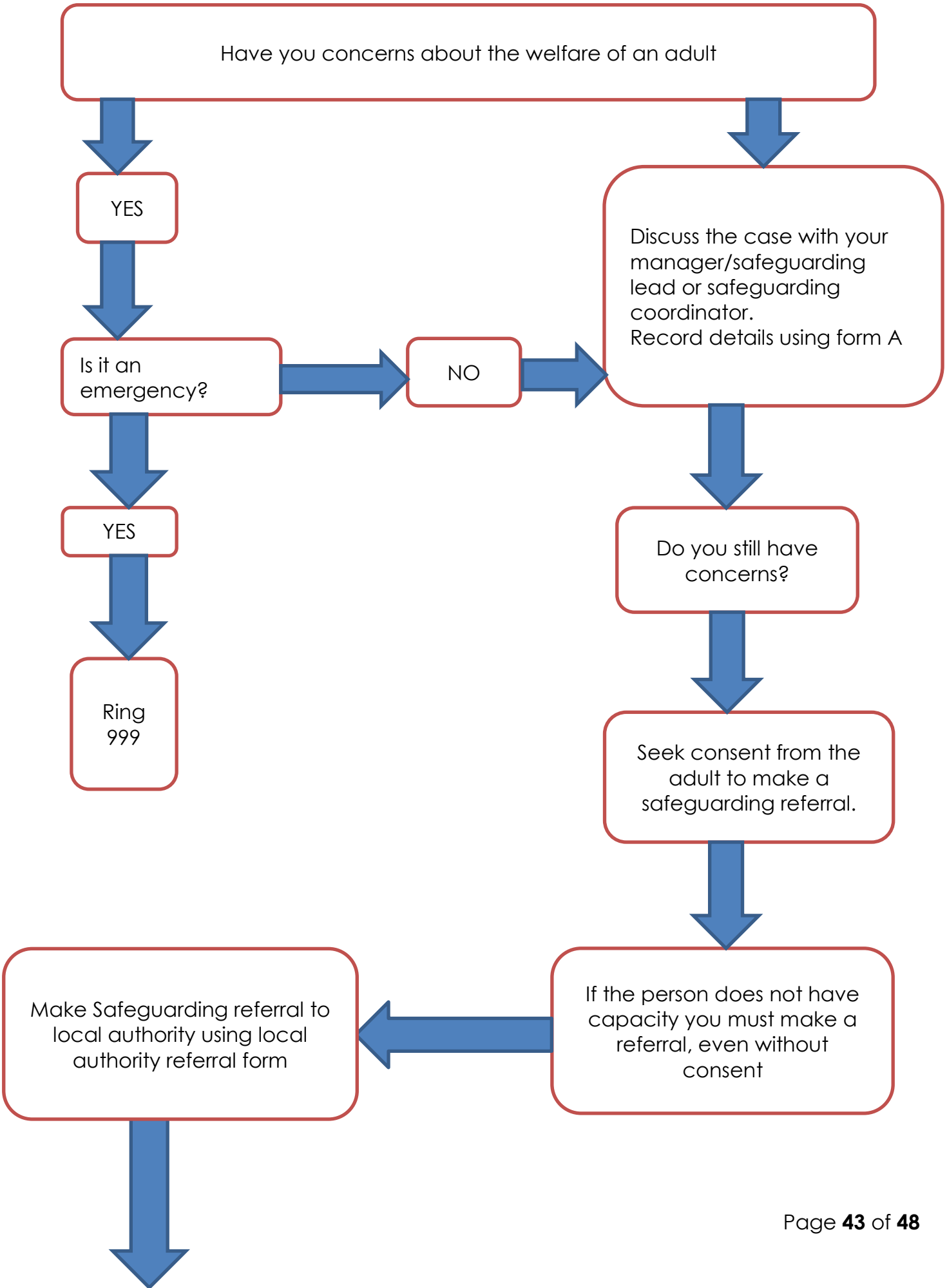
The risk of a fire starting is increased due to combustible materials being stored close to, or in contact with heat sources such as light fittings, smoking materials cookers and heaters, and when electrical appliances are permanently plugged in and switched on under several layers of clutter.

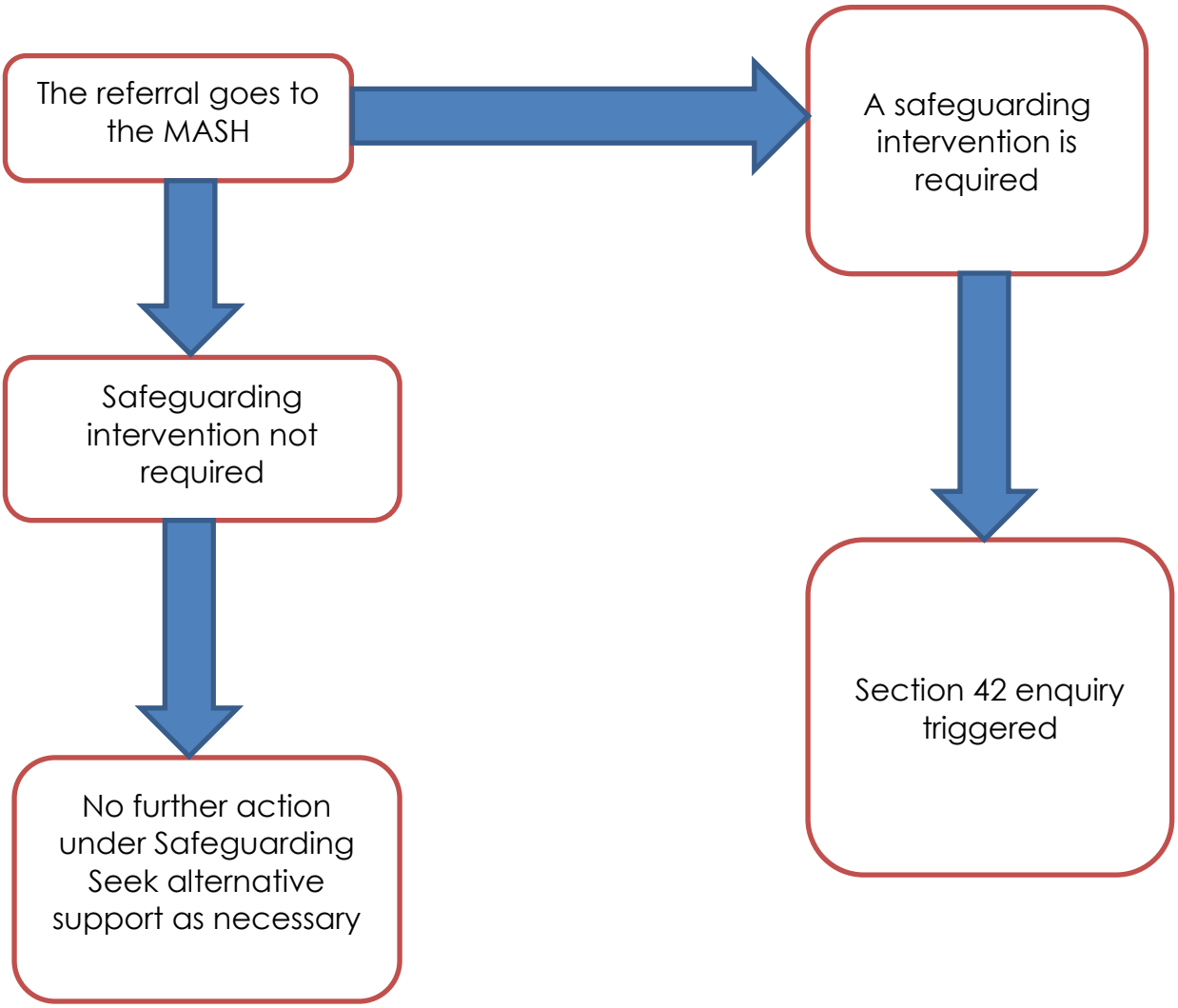
This risk is increased further when the clutter reaches extreme levels and when utilities such as electricity and gas are disconnected and lead to unsafe practices such as using camping stoves and candles. Entry and exits can be restricted, and present additional risk to neighbours by the increased likelihood of fire moving to adjoining properties. The structural integrity of the building may be compromised during and after firefighting operations, due to the absorption of water by the hoarded materials.

For further information

https://ccc-live.storage.googleapis.com/upload/www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/Cambs%20and%20Peterborough%20protocol%20for%20working%20with%20people%20who%20display%20hoarding%20behaviours.pdf?inline=true

Appendix 1
Safeguarding flowchart all services




The referral goes to the MASH
A safeguarding intervention is required
Safeguarding intervention not required
Section 42 enquiry triggered
No further action under Safeguarding Seek alternative support as necessary

Appendix 2

Form A

Initial Safeguarding report

Adult at risk detail **An adult at risk is a person who is aged 18 or over and** • **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**			
Name	Click here to enter text.	Title	Click here to enter text.
Date of birth	Click here to enter text.	Approx. age if DOB not known	Click here to enter text.
Email	Click here to enter text.	Postcode	Click here to enter text.
Address	Click here to enter text.	Nationality	Click here to enter text.
Gender	Choose an item.	Ethnicity	Choose an item.
Preferred language	Click here to enter text.		
Does the person require support with communication			Choose an item.
If yes, please give details			
Agency Identification No. (e.g. NHS No.) if known			

Consent	
Has the adult at risk given consent for this referral?	Choose an item.
If no please confirm why this referral is being made without it, e.g. risk to others or adult lacks the capacity to make this decision	Choose an item.
Is the adult at risk aware this referral has been made?	Choose an item.
Give the reason as to why the adult at risk was not made aware of the referral Do you think the adult at risk requires care and support? Please provide reasons for your view:	

Details of concerns

Please indicate category of abuse:

Physical Abuse	Choose an item.	Modern slavery	Choose an item.
Domestic violence	Choose an item.	Discriminatory abuse	Choose an item.
Sexual abuse	Choose an item.	Organisational abuse	Choose an item.
Psychological abuse.	Choose an item.	Neglect and acts of omission	Choose an item.
Financial or material abuse	Choose an item.	Self-neglect	Choose an item.
Vulnerable to Radicalisation	Choose an item.		

Description of incident or concern (*Include - The nature, degree and extent of the abuse or neglect (what happened); The length of time it has been occurring (previous incidents, what happened and date);The impact on the individual and / or their carers / family (injury, distress); Location and time of any incident)*

Click here to enter text.

Is there any other information you believe we need to know about the incident or concern?

Click here to enter text.

Adult at Risk's GP details

Name	Click here to enter text.	Is GP aware of referral?	Choose an item.
Surgery name and address	Click here to enter text.		

Details of any dependants (of any age)

Name(s)	DOB	Gender	Lives with adult (Y/N)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

IF THERE ARE ANY CONCERNS FOR THE SAFETY OF ANY CHILDREN, THESE MUST BE REFERRED TO Children's MASH in your area

Details of alleged abuser/suspect

Name	Click here to enter text.	Title	Click here to enter text.
Address	Click here to enter text.		
Post Code	Click here to enter text.	Phone	Click here to enter text.
Relationship to the Adult at Risk?	Click here to enter text.		
If provider, please add the provider's name	Click here to enter text.		

Are they aware this referral has been made?	Choose an item.
Reason as to why the alleged abuser/suspect was not made aware of the referral	Click here to enter text.
Does the alleged abuser lives with the Adult at Risk?	Choose an item.

Details of person making this referral			
Name	Click here to enter text.	Title	Click here to enter text.
Job Role (if applicable)	Click here to enter text.	Email	Click here to enter text.
Service	Click here to enter text.		
Phone	Click here to enter text.	Date/time referral completed	Click here to enter text.
Relationship to Adult at risk?	Click here to enter text.		

Completed by:

Name:

Date:

Signature:

Signed by Manager/Supervisor

Please use the information contained in form A to complete the local authority Safeguarding referral form, sending a copy to the Local authority and uploading to the Trust's systems.

Where appropriate, please attach any additional information such as a body map etc.

Local Authority safeguarding links

Cambridgeshire	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-safeguarding-and-mental-capacity/
Hertfordshire	http://www.hertsdirect.org/your-council/hcc/healthcomservices/acspolicies/safeadults/
Norfolk	http://www.norfolksafeguardingadultsboard.info/
Suffolk	http://www.suffolkas.org/
Peterborough	https://www.peterborough.gov.uk/healthcare/safeguarding/
Bedfordshire	https://www.bedford.gov.uk/health_and_social_care/help_for_adults/safeguarding_adults.aspx
Essex	http://www.essexsab.org.uk/
Northamptonshire	http://www3.northamptonshire.gov.uk/councilservices/adult-social-care/safeguarding/Pages/default.aspx
Leicester	https://www.leicestershire.gov.uk/adult-social-care-and-health/protecting-vulnerable-adults