**NHS**
The Royal Wolverhampton
**NHS Trust**

**Policy Number CP53**
# Safeguarding Adults at Risk

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**Appendices**

## 1.0 Policy Statement (Purpose & Objectives)

Every adult has the right to live their life free from harm and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of their service users. The NHS has a positive obligation to uphold these rights and protect patients who are unable to do so themselves as set out in the NHS Constitution (2015).

As a partner agency, The Royal Wolverhampton NHS Trust is committed to the West Midlands Safeguarding Policy and Procedures (2016); in line with this multi-agency policy, the Trust has produced internal guidelines which set out the responsibilities for their staff regarding how they should respond to adult safeguarding concerns.

Every member of staff has a responsibility to prevent abuse and neglect of adults at risk and to act positively to report abuse where it is identified or suspected.

The policy applies to all staff employed by or working within the Trust, including volunteers, and will provide information regarding their duties and responsibilities in relation to responding to concerns.

- Provide guidelines to enable staff to recognise and understand how abuse can occur.
- Reduce the risk of abuse happening.
- Ensure consistent and effective response and reporting of adult safeguarding concerns.

This Policy can only be effective if all agencies share timely and relevant information.

## 2.0 Definitions

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| **Abuse** | Is a violation of an individual's human and civil rights by any other person or persons which may result in significant harm. Abuse may consist of a single act or repeated acts. |
| **Adult Safeguarding Concern and Notification** | Persons over 18yrs who have care and support needs and are experiencing, or at risk of experiencing, abuse or neglect, and as a result of those care and support deficits are unable to protect themselves from abuse or neglect (Care Act 2014). |
| **Care Act (2014)** | Is the statutory framework to support vulnerable people over the age of 18 who have care and/or support needs, are at risk of or are experiencing abuse/neglect, and are unable to protect themselves from the risk or the experience of abuse or neglect. |
| **DATIX** | This is the Trust Incident Reporting System. |
| **Deprivation of Liberty Safeguards (DoLS) (2009)** | Provides safeguards for people who lack mental capacity to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty. |
| **Domestic Homicide Review (DHR)** | A DHR is a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related, or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. |

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| **Independent Management Review** | Is a tool that can be used at any point in a program life cycle to provide insight into progress and risks. Frequently used as part of the Safeguarding Adults Review (SAR) DHR process. |
| **MASH** | Multi-Agency Safeguarding Hub hosted by Local Authority. |
| **Mental Capacity Act 2005 (MCA)** | The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, mental capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. |
| **Organisational Abuse** | Is the mistreatment, abuse or neglect of an adult at risk by a regime or individuals within settings and services that adults at risk live in or use, that violate the person's dignity, resulting in lack of respect for their human rights (Care and Support Statutory Guidance, 2014). |
| **Over-Riding Public Interest** | Is made by balancing or assessing the rights of the individual to privacy, with the rights of others to protection. |
| **Position of Trust (PoT)** | Is a legal term that refers to certain roles and settings where an adult has regular and direct contact with adults with care and support needs. |
| **Wolverhampton Safeguarding Together** | The overarching purpose of this is to help and safeguard adults with care and support needs. It does this by assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance, and that safeguarding practice is person-centred and outcome-focused. |
| **Safeguarding Adults Review (SAR)** | Is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that may have prevented harm or death. The purpose of a SAR is not to apportion blame. |
| **Think Family** | Securing better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations. Neither adults nor children exist in isolation and Think Family aims to promote the importance of a whole-family approach. |
| **Wilful Neglect** | It is an offence for an individual who cares for another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual. (DoH 2014) |
| **Intercollegiate Document** | RCN (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff. This document is concerned with the competencies required to support adult safeguarding. It focuses on the knowledge, skills, and training needed to undertake this core professional role. |

## 3.0 Accountabilities

All staff working in the Trust must always act in the 'best interests' of the patient and have a role in preventing harm or abuse. They must ensure that they refer to this policy and take positive action where concerns arise.

**Chief Nurse** is responsible for:

- Coordinating the management of safeguarding and is the nominated Director/Executive Lead;

- Ensuring that an annual assurance report on Safeguarding Adults is presented to the Trust Board.

**Named Doctor for Adult Safeguarding** is responsible for:

- Providing expert medical review of cases as required.

**Head of Safeguarding** is responsible for:

- The overall management of the Safeguarding Service and providing expert leadership on all aspects of the safeguarding agenda;

- Ensuring that the Trust has robust systems and processes in place for the protection and on-going support of adults;

- Providing and monitoring compliance, ensuring risks to safeguarding functions and exceptions are appropriately raised in the relevant forum and to the Board where appropriate;

- Being the Deputy Chair for the Trust Safeguarding Group;

- Providing reports quarterly to the Quality and Safety Advisory Group (QSAG);

- Escalating cases of concern within the Trust, the police and social care where necessary.

**Adults Team Leader** is responsible for:

- The overall management of the Adult Safeguarding Service and providing expert leadership on all aspects of the safeguarding agenda;

- Supporting the Head of Safeguarding to ensure the Trust has a robust system and process in place for the protection and on-going support of adults;

- Being the Trust Prevent Lead; ensuring monitoring and compliance with training and referrals;

- Leading on Domestic Homicide Reviews and Safeguarding Adult Reviews;

- Ensuring Trust policies are up to date and are aligned with National, Regional and Local policies and procedures;

- Ensuring monthly reports are submitted on Adults Safeguarding Activity as required.

**Named Nurse for Safeguarding Adults** is responsible for:

- Acting as the immediate point of contact with the Local Authority to co-ordinate any investigations and referrals relating to any patients and those receiving community services at RWT as required;

- Reviewing all safeguarding referrals made by RWT and assuring that they adhere to Trust policy and procedures;

- Providing expert nursing advice and review of cases as required;

- Supporting professionals in the delivery of effective safeguarding practice by providing expert knowledge;

- Supporting the Adult Safeguarding Lead to undertake Domestic Homicide Reviews and Safeguarding Adult Reviews;

- Supporting the Adults Safeguarding Lead to ensure Trust policies are up to date and are align with National, Regional and Local policies and procedures.

**Safeguarding Adults Nurses** are responsible for:

- Working with the Named Nurse for Safeguarding Adults on cases of concern;

- The assessment of training needs, facilitation and evaluation of training and education programs;

- Providing training to support adult safeguarding and providing specialist advice to staff;

- Escalating cases of concern within the Trust to the Named Nurse for Safeguarding Adults and/or Lead for Safeguarding Adults;

- Facilitating referrals from the Trust and Local Authorities.

**All Managers** are responsible for:

- Ensuring that staff are aware of the Trust Safeguarding Adults at Risk Policy;

- Ensuring that relevant staff complete Safeguarding Adults mandatory training;

- Supporting staff in raising a safeguarding concern

- Departmental Managers and Senior Sisters/Charge Nurses will undertake initial investigations where allegations are made against the Trust;

- Ensuring that concerns about individual cases are escalated to the Safeguarding Team.

**All Trust Staff** are responsible for:

- Ensuring that they are aware of the relevant policies and procedures and undertake mandatory training when required;

- Escalating concerns and making referrals to the MASH using the appropriate referral forms;

- Reporting any safeguarding incidents on Datix where it is alleged that the incidents have been caused by RWT employees or volunteers and following the HR Process;
- Responding sensitively to a disclosure of abuse and acting in a professional manner and taking appropriate action;

- Supporting with information gathering in cases of Safeguarding Adult Reviews and Domestic Homicide Reviews and undertaking Independent Management Reviews.

**Trust Safeguarding Group** is responsible for:

- Acting on behalf of the Trust Board of Directors to ensure that vulnerable adults with care and support needs are protected from harm;

- Identifying concerns to escalate to the Trust Executive Lead for Safeguarding;

- Reviewing and monitoring safeguarding training compliance;
- Reviewing, monitoring and ensuring actions are concluded following Safeguarding Adult Reviews;
- Ensuring that any actions for the Directorate arising from the meeting are communicated effectively to the Directorate management teams.

## 4.0 Policy Detail

## 4.1 Identifying Adults at Risk

The adult safeguarding duties under the Care Act 2014 apply to an adult, aged 18 or over, who:

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

Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent. This includes older people, people with a disability or long-term illness, people with mental health problems, and those who have carers. Care and support includes assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support.

## 4.1.2 Key principles of adult safeguarding

- **Empowerment:** presumption of person-led decisions and informed consent; consulting the person about their desired outcome throughout the safeguarding process in line with making safeguarding personal.
- **Protection:** ensuring that people are safe and that they have support and representation as necessary during the process.
- **Prevention:** minimising the likelihood of repeated abuse and recognising the person's contribution to this in safeguarding plans.
- **Proportionality:** the ways in which the safeguarding procedure is used are proportionate, as unobtrusive as possible and appropriate to the risk presented.
- **Partnership:** people can be satisfied that agencies are working constructively with them to make them safe.
- **Accountability:** the way in which the safeguarding process is conducted must be transparent and consistent; it must be borne in mind that safeguarding procedures may be subject to external scrutiny (e.g. the courts).

## 4.2 Categories of Abuse

It is essential that RWT staff are aware of the 10 types of abuse (Care Act 2014): physical abuse, sexual abuse, psychological abuse, financial abuse, neglect and acts of omission, discriminatory abuse, organisational abuse, domestic abuse, self-neglect and modern slavery (see Appendix 1).

Suspected abuse or mistreatment of an adult at risk may come to the attention of staff in several ways:

- Abuse or mistreatment is disclosed by the service user or a third party;

- There is evidence to suggest that abuse / neglect is taking place;

- Abuse / neglect that is directly observed by a member of staff.


## 4.3    Abuse Related Issues

### 4.3.1  Domestic Abuse

The Home Office (2013) definition of domestic violence and abuse is "any incident or pattern of incidents of controlling, coercive, threatening behavior, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional."

If Domestic Abuse is disclosed or suspected for patients please follow Appendix 4 Flowchart for Domestic and Sexual Abuse from the Trust OP108 Domestic Abuse Policy.
Staff as well as patients can be at risk of Domestic Abuse. If this is disclosed or suspected follow the Trust OP107 Safeguarding Staff Experiencing Domestic Abuse Policy.

### 4.3.2  Female Genital Mutilation (FGM)

FGM is a form of child abuse and violence against women and girls. It should be dealt with as part of existing child and adult protection structures, policies and procedures. A mandatory reporting duty for FGM was introduced via the Serious Crime Act (2015). Any disclosure or concern disclosed to staff regarding a female at immediate risk of, or who has undergone FGM should result in a safeguarding referral. See CP67 Identification and Management of Female Genital Mutilation (FGM) Policy.

### 4.3.3  Forced Marriage

Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse.

### 4.3.4  Honour-Based Violence (HBV)

Is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives, and females who do not abide by the 'rules' are then punished for bringing "shame" on the family. This is inclusive of same sex relationships. Women are predominantly the victims and the violence is often committed with a degree of collusion from family members and/or the community.

### 4.3.5  Human Trafficking

Human Trafficking involves an act of recruiting, transporting, transferring, harbouring and/or receiving a person through the use of force and coercion for the purpose of exploiting them

### 4.3.6  Modern Day Slavery

Modern Slavery encompasses slavery, human trafficking, forced and compulsory labour and domestic servitude. Traffickers and slave masters use whatever means they have at their

disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

## 4.4 Adult Safeguarding Concern – Responding & Reporting

Responding effectively requires a non-judgmental and supportive attitude, knowledge of the effects of abuse, and an understanding of appropriate responses and local services/agencies are important. Not all victims of abuse will disclose information, however staff may suspect that abuse is happening based on potential indicators. For information detailing indicators of abuse see Appendix 1) which includes disclosure of the above definitions.

Consider immediate risks e.g. whether the victim is in immediate danger of serious injury or death; if so, contact the police using 999.

When a member of staff is first alerted to a concern that indicates an adult with care and support needs is experiencing or at risk of abuse, follow the flowchart in Appendix 2 and complete the Adults Safeguarding Notification of Concern Form (SA1) (Appendix 3) if it is identified to do so by the flowchart. For concerns related to children see CP41 Safeguarding Children Policy for further guidance.

If the abuse occurred in Wolverhampton, the Adults Safeguarding Notification of Concern Form (SA1) is to be sent to the email address on the form; if the abuse occurred out of area, then the SA1 needs to be sent to the area in which the abuse occurred. Also, when sending the SA1 to the Local Authority, copy the Trust Safeguarding Team into the email. The email addresses to the different areas and the Trust Safeguarding Team can be found on the Safeguarding Page of the intranet.

## 4.5 Safeguarding Alerts against the Trust

Occasionally third parties such as nursing homes, other hospitals, or RWT itself may raise concerns of abuse or neglect perpetrated at the Trust. It's important that all staff dealing with a safeguarding concern are open and transparent and carry out enquiries accordingly.

When the concern meets the criteria for a Section 42 Enquiry this will follow a process detailed in (Appendix 5).
Those safeguards against the Trust that do not meet the criteria for Section 42 Enquiry will be investigated and managed by the Patient Advice and Liaison Service (PALS). As part of this process all safeguarding alerts against the Trust are reported on the Datix system. These are then uploaded to the National Reporting Learning System (NRLS) for the Care Quality Commissioners (CQC) to access.

### 4.5.1 Dispute from the outcome of Section 42 Enquiries

If the injured party, i.e. abuse victim, or their family members do not agree with the outcome of safeguarding alerts against the Trust they have the right to escalate their concerns via PALS.

### 4.5.2 Position of Trust (PoT)

All allegations of abuse, neglect, or maltreatment of adults with care and support needs by a person in a position of trust must be taken seriously and reported using the referral form in (Appendix 6) this is in line with the West Midlands Adult Position of Trust Framework. If an allegation is against a member of staff at RWT then the HR process needs to be followed as detailed in the HR10 Dealing with a Disclosure Against Staff Indicating Unsuitability To Work With Children or Adults With Needs of Care And Support Policy.

## 4.6 Consent

If there is an over-riding public interest, or if gaining consent would put the adult at further risk, the concern can be reported without consent. This includes situations where:

- There is a risk or harm to the wellbeing and safety of the adults or others;

- Other adults or children could be at risk from the person causing harm;

- It is necessary to prevent crime or if a crime may have been committed;

## 4.7 Mental Capacity

The Mental Capacity Act (2005) is designed to protect and empower people aged 16 years and over who may lack the mental capacity to make decisions about their own care, treatment and/or discharge plans. It details the circumstances where it is possible to make a decision in the best interests of someone who has been assessed as lacking the mental capacity to make the decision themselves, and how best interests decisions should be made. See CP06 Consent to Treatment and Investigation Policy for further guidance.

## 4.7.1 Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) (2009) is an addendum of the Mental Capacity Act (2005) and applies to people aged 18 or over who have been assessed as not having the mental capacity to make decisions for themselves with regards to their care and/or treatment. When concerned that a Deprivation of Liberty may be occurring the "acid test" should be considered:

- Does the patient lack mental capacity for care and/or treatment?

- Is the patient suffering from a mental disorder?

- Is the patient subject to continuous supervision and control?

- Would the patient be free to leave (whether they are objecting or not)?

This is detailed in the Trust CP02 Deprivation Of Liberty Safeguards (DoLS) Policy

## 4.7.2 Prevent

Prevent is part of the Government counter-terrorism CONTEST strategy. It aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. Where there are concerns that the behaviour or views of an individual indicate that they are vulnerable or susceptible to radicalization, follow the OP110 Prevent Policy

## 4.8 Safeguarding Adult Review (SAR)

When an adult with care and support needs dies or is seriously injured, and abuse or neglect is known or suspected to be a factor in the death, local organisations will consider immediately whether there are other adults in the same situation who are at risk of harm and need to be safeguarded. Once this has been done, Wolverhampton Safeguarding Together will gather initial evidence to see if it is likely that lessons could be learned from how the organisations, services and professionals supported the adult who was seriously injured/died. If there is

sufficient evidence, a Safeguarding Adult Review (SAR) will be commissioned by Wolverhampton Safeguarding Together to:

- Establish whether there are lessons to be learned from the case regarding how professionals and agencies work together to safeguard and promote the welfare of adults with care and support needs;
- Identify clearly what those lessons are, how they will be actioned, and what is expected to change as a result;
- Improve inter-agency working to better safeguard and promote the welfare of adults with care and support needs in the future.

If there is reason to believe that a case meets the criteria for a SAR contact the RWT safeguarding team for further guidance.

## 5.0 Did Not Attend (DNA)

Where a patient fails to attend their outpatient appointment they must be recorded as a DNA on Patient Access System (PAS). If the patient is on a Referral to Treatment (RTT) pathway, their RTT clock should be reset to reflect that by not attending the appointment the patient has nullified the referral pathway. However, this should not be done if the nullification of the referral pathway would not be in the patient's best interests and/or has the potential to cause harm.

Considerations should be given to patients who may have additional vulnerabilities. This includes homeless patients, patients with complex needs (learning disabilities, multiple health care needs), those patients who cannot read, and those who rely on others to bring them to their appointments or make appointments for them.

All DNA's should be regarded as a potentially serious matter and the lead responsible clinician should consider an assessment of any potential risk of harm. This is detailed further in the Trust CP39 Patients Access Policy.

## 6.0 Financial Risk Assessment

| 1 | Does the implementation of this policy require any additional Capital resources | No |
|---|---|---|
| 2 | Does the implementation of this policy require additional revenue resources | No |
| 3 | Does the implementation of this policy require additional manpower | No |
| 4 | Does the implementation of this policy release any manpower costs through a change in practice | No |
| 5 | Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programs or allocated training times for staff. | No |
| | Other comments | |

**7.0 Equality Impact Assessment**

The screening checklist has been completed. Reasonable efforts have been made to eliminate any possible Equality and Diversity discrimination occurring.

**8.0 Maintenance**

The Head of Safeguarding will be responsible for reviewing this policy to ensure it complies with legislation, professional guidance and city-wide arrangements for adult safeguarding. It will be reviewed in line with Trust Policy OP01 every 3 years or following any significant changes to the way patients are transferred.

**9.0 Communication and Training**

Safeguarding Adults training is part of the Trust's Mandatory Training Plan.

This training is based on a training needs analysis which outlines the levels of training available to staff and stipulates which staff are to complete each level of training dependent upon their role within the Trust. All staff are required to complete safeguarding training as part of their Trust Induction Programme and attend any further safeguarding training in relation to their role. The safeguarding training needs analysis utilises the Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document (Royal College of Nursing, 2018).

Senior Sisters and Line Mangers are responsible for ensuring that their staff receive appropriate Adult Safeguarding Training. The Trust training databases will provide training compliance reports:

- New staff members will be made aware of the policy during the corporate induction to the Trust and local induction process;

- Awareness of the policy will be raised by discussion at staff forums, Trust governance forums, E-bulletins and Safeguarding Service intranet page;

- The policy is located on the Trust intranet under Policies and Procedures;

- Staff are able to access this policy and general information on the Trust Safeguarding Adults Intranet page.

The document will be included in The Royal Wolverhampton NHS Trust publication scheme in compliance with the Freedom of Information Act 2000.

**10.0 Audit Process**

| Criterion | Lead | Monitoring method | Frequency | Committee |
|---|---|---|---|---|
| Compliance Mandatory Training | IMTG/Safeguarding Adults Team | Training Database | Monthly | TSOG/ITMG |

**11.0 References**

Department of Health (2009)

Home Office (March 2013) Information for Local Areas on the change to the Definition of Domestic Violence and Abuse

Human Rights Act (1998)

Mental Capacity Act (2005)

Deprivation of Liberty Safeguards (2009)

Multi-Agency policy & procedures (2016) for the protection of adults with care & support needs in the West Midlands

NHS constitution (2015) The NHS belongs to us all

Statutory Guidance to the Care Act 2014 (Chapter 14) Safeguarding Adults

Adult Safeguarding Intercollegiate Document: Roles and Competencies for Health Care Staff First edition: August 2018

**Part A - Document Control**

**To be completed when submitted to the appropriate committee for consideration/approval**

| Policy number and Policy version:<br><br>CP53<br>Version 5.0 | Policy Title<br><br>**Safeguarding Adults at Risk** | Status:<br><br>Final | | Author: Named Nurse Safeguarding Adults<br><br>**Director Sponsor:** Chief Nurse |
|---|---|---|---|---|
| Version / Amendment History | Version | Date | Author | Reason |
| | 1 | Nov 2009 | Named Nurse for Safeguarding Adults | Initial Document |
| | 2 | Sept 2011 | Named Nurse for Safeguarding Adults | Scheduled Update |
| | 3 | April 2015 | Head of Safeguarding | Update due to National and Regional Changes<br><br>The Care Act 2014 |
| | 4 | April 2018 | Safeguarding Adults Nurse | Scheduled Update |
| | 4.1 | Nov 2019 | Named Nurse for Safeguarding Adults | Update to include Adult Safeguarding: Roles and Competencies for Health Care Staff (2018) |
| | 5 | July 2021 | Named Nurse for Safeguarding Adults | Scheduled update |
| **Intended Recipients:** Ward and Departmental Managers and All Staff Employed or Working in RWT. | | | | |

**Consultation Group / Role Titles and Date:**

**Head of Safeguarding**

**Senior Managers**

**Service Leads**

**Trust Safeguarding Operational Group**

**CCG**

**MCA/DOLS Officer**

**SWUM MASH**

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|---|---|
| **Name and date of Trust level group where reviewed** | Trust Policy Group – July 2021 |
| **Name and date of final approval committee** | Trust Management Committee – July 2021 |
| **Date of Policy issue** | |
| **Review Date and Frequency** (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1) | July 2024 |

**Training and Dissemination:** Trust Safeguarding Group

**To be read in conjunction with:**

- OP108 Domestic Abuse

- OP110 Prevent

- CP06 Consent Policy

- OP85 Information Sharing Policy

- The West Midlands Safeguarding Policy and Procedures (2016)

- CP41 Safeguarding Children

- Wolverhampton Safeguarding Adults and Children Policies (WSCB/WSAB)
- Adult Safeguarding Intercollegiate Document: Roles and Competencies for Health Care Staff First edition: August 2018

**Initial Equality Impact Assessment (all policies):** **Completed Yes**
**Completed NA** If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904

**Monitoring arrangements and Committee** Trust Safeguarding Group

**Document summary/key issues covered.**

The purpose of this policy is to provide staff with the tools to assist them in identifying adults at risk and recognising abuse.

The policy applies to all staff employed by the Trust and will provide information regarding their duties and responsibilities in relation to responding to concerns.

The Care Act (2014) placed adult safeguarding on a statutory footing. It introduced initiatives designed to ensure greater multi-agency collaboration. The development of multi-agency policies is led by the Local Authority with agreed commitment to them by partner agencies.

| Key words for intranet searching purposes | Safeguarding Adults |
|---|---|
| **High Risk Policy?** **Definition:** <br> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. <br> • References to individually identifiable cases. <br> • References to commercially sensitive or confidential systems. <br> If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee. | **No** |

Part B                                    **Ratification Assurance Statement**

Name of document: CP53: Safeguarding Adults at risk

Name of author: Anna-Marie Turner                    Job Title: Named Nurse
Safeguarding Adults

I, the above named author confirm that:

•       The Policy presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.

•       I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.

•       The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).

•       The document meets the requirements of the NHSLA Risk Management Standards to achieve as minimum level 2 compliance, where applicable.

•       I have undertaken appropriate and thorough consultation on this document and I have detailed the   names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.

•       I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.

•       I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: A.M.Turner

Date: 25/05/2021

Name of Person Ratifying this document (Director or Nominee):
Job Title:
Signature:

•       I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

**IMPLEMENTATION PLAN**

**To be completed when submitted to the appropriate committee for consideration/approval**

| Policy number and policy version | Policy Title CP53 Safeguarding Adults | |
|---|---|---|
| **Reviewing Group** | Trust Safeguarding Group | **Date reviewed:** July 2021 |
| **Implementation lead: Print name and contact details** | | |
| **Implementation Issue to be considered (add additional issues where necessary)** | **Action Summary** | **Action lead / s (Timescale for completion)** |
| Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide. | Share with Trust Safeguarding Group members | Anna-Marie Turner September 2021 |
| Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form | Ensure Policy content is discussed in all mandatory safeguarding training | Anna-Marie Turner September 2021 |
| Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed | No form development is required | |
| Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how? | This policy makes all RWT staff aware of their responsibilities in relation to safeguarding adults. The policy makes it clear who to contact and what actions needs to be taken. | |
| Financial cost implementation Consider Business case development | No financial implications | |
| **Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation** | | |

## Indicators of Abuse

Signs of abuse can often be difficult to detect. This at a glance briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

**Physical Abuse**

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

| Possible Indicators of Physical Abuse |
| --- |
| No explanation for injuries or inconsistency with the account of what happened |
| Injuries are inconsistent with the person's lifestyle |
| Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps |
| Frequent injuries |
| Unexplained falls |
| Subdued or changed behaviour in the presence of a particular person |
| Signs of malnutrition |
| Failure to seek medical treatment or frequent changes of GP |
| Flinching |

**Sexual Abuse**

| Types of sexual abuse |
| --- |
| Rape, attempted rape or sexual assault |
| Inappropriate touch anywhere |
| Non- consensual masturbation of either or both persons |
| Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth |
| Any sexual activity that the person lacks the capacity to consent to |
| Inappropriate looking, sexual teasing or innuendo or sexual harassment |
| Sexual photography or forced use of pornography or witnessing of sexual acts |

| Possible indicators of sexual abuse |
| --- |
| Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck |
| Torn, stained or bloody underclothing |
| Bleeding, pain or itching in the genital area |
| Unusual difficulty in walking or sitting |
| Foreign bodies in genital or rectal openings |
| Infections, unexplained genital discharge, or sexually transmitted diseases |
| Pregnancy in a woman who is unable to consent to sexual intercourse |
| Self-harming |
| Poor concentration, withdrawal, sleep disturbance |
| Excessive fear/apprehension of, or withdrawal from, relationships |
| Fear of receiving help with personal care |
| Reluctance to be alone with a particular person |

**Domestic Violence or Abuse**

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over (Home Office 2013) that are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

| Types of domestic violence or abuse |
| --- |
| Psychological |
| Physical |
| Sexual |
| Financial |
| Emotional |
| Coercive or Controlling Behaviour |
| |

| Possible indicators of domestic violence or abuse |
| --- |
| Low self-esteem |
| Feeling that the abuse is their fault when it is not |
| Physical evidence of violence such as bruising, cuts, broken bones |
| Verbal abuse and humiliation in front of others |
| Fear of outside intervention |
| Damage to home or property |
| Isolation – not seeing friends and family |

| Coercive behaviour can include |
| --- |
| Acts of assault, threats, humiliation and intimidation |
| Harming, punishing, or frightening the person |
| Isolating the person from sources of support |
| Exploitation of resources or money |
| Preventing the person from escaping abuse |
| Regulating everyday behaviour. |

**Psychological or Emotional Abuse**

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

| Possible indicators of psychological or emotional abuse |
|---|
| An air of silence when a particular person is present |
| Withdrawal or change in the psychological state of the person |
| Insomnia |
| Low self-esteem |
| Uncooperative and aggressive behaviour |
| A change of appetite, weight loss/gain |
| Signs of distress: tearfulness, anger |
| Apparent false claims, by someone involved with the person, to attract unnecessary treatment |
| An air of silence when a particular person is present |
| Withdrawal or change in the psychological state of the person |

**Financial or Material Abuse**

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

| Possible indicators of financial or material abuse |
| --- |
| Missing personal possessions |
| Unexplained lack of money or inability to maintain lifestyle |
| Unexplained withdrawal of funds from accounts |
| Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity |
| Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so |
| The person allocated to manage financial affairs is evasive or uncooperative |
| The family or others show unusual interest in the assets of the person |
| Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA |
| Recent changes in deeds or title to property |
| Rent arrears and eviction notices |
| A lack of clear financial accounts held by a care home or service |
| Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person |
| Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house |
| Unnecessary property repairs |
| Unexplained lack of money or inability to maintain lifestyle |

**Modern Slavery**

| Types of modern slavery |
| --- |
| Human trafficking |
| Forced labour |
| Domestic servitude |
| Sexual exploitation, such as escort work, prostitution and pornography |
| Debt bondage – being forced to work to pay off debts that realistically they never will be able to |

| Possible indicators of modern slavery |
| --- |
| Signs of physical or emotional abuse |
| Appearing to be malnourished, unkempt or withdrawn |
| Isolation from the community, seeming under the control or influence of others |
| Living in dirty, cramped or overcrowded accommodation and or living and working at the same address |
| Lack of personal effects or identification documents |
| Always wearing the same clothes |
| Avoidance of eye contact, appearing frightened or hesitant to talk to strangers |
| Fear of law enforcers |

**Discriminatory Abuse**

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

| Possible indicators of discriminatory abuse |
|---|
| The person appears withdrawn and isolated |
| Expressions of anger, frustration, fear or anxiety |
| The support on offer does not take account of the person's individual needs in terms of a protected characteristic |

**Organisational or Institutional Abuse**

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

| Possible indicators of organisational or institutional abuse |
|---|
| Lack of flexibility and choice for people using the service |
| Inadequate staffing levels |
| People being hungry or dehydrated |
| Poor standards of care |
| Lack of personal clothing and possessions and communal use of personal items |
| Lack of adequate procedures |

| |
|---|
| Poor record-keeping and missing documents |
| Absence of visitors |
| Few social, recreational and educational activities |
| Public discussion of personal matters |
| Unnecessary exposure during bathing or using the toilet |
| Absence of individual care plans |
| Lack of management overview and support |
| Possible indicators of organisational or institutional abuse |

**Neglect and acts of omission**

| Types of neglect and acts of omission |
|---|
| Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care |
| Providing care in a way that the person dislikes |
| Failure to administer medication as prescribed |
| Refusal of access to visitors |
| Not taking account of individuals' cultural, religious or ethnic needs |
| Not taking account of educational, social and recreational needs |
| Ignoring or isolating the person |
| Preventing the person from making their own decisions |
| Preventing access to glasses, hearing aids, dentures, etc. |
| Failure to ensure privacy and dignity |

| Possible indicators of neglect and acts of omission |
|---|
| Poor environment – dirty or unhygienic |
| Poor physical condition and/or personal hygiene |
| Pressure sores or ulcers |
| Malnutrition or unexplained weight loss |
| Untreated injuries and medical problems |
| Inconsistent or reluctant contact with medical and social care organisations |
| Accumulation of untaken medication |
| Uncharacteristic failure to engage in social interaction |
| Inappropriate or inadequate clothing |
| |

**Self-neglect**

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

| Indicators of self-neglect |
| --- |
| Very poor personal hygiene |
| Unkempt appearance |
| Lack of essential food, clothing or shelter |
| Malnutrition and/or dehydration |
| Living in squalid or unsanitary conditions |
| Neglecting household maintenance |
| Hoarding |
| Collecting a large number of animals in inappropriate conditions |
| Non-compliance with health or care services |
| Inability or unwillingness to take medication or treat illness or injury |