

## AIS Policy – Safeguarding Adults

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### Title: Safeguarding Adults With Care and Support Needs

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### SECTION 1: PURPOSE AND INTRODUCTION

### SECTION 2: GUIDANCE ON RESPONDING TO CONCERNS RAISED ABOUT A PERSON WITH CARE AND SUPPORT NEEDS WHO IS EXPERIENCING OR IS AT RISK OF ABUSE, NEGLECT OR EXPLOITATION

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## SECTION 1 – PURPOSE & INTRODUCTION

### PURPOSE AND SCOPE

This document is designed to provide details and information for staff working in the University of Southampton Auditory Implant Service (USAIS) about Safeguarding Adults.

Adult patients who attend USAIS are severely to profoundly D/deaf. They may have additional disabilities, which put them at greater risk of abuse and neglect. They may have children in their care or adults who they care for. This policy concerns all patients over the age of 18. For information regarding safeguarding children, please refer to the USAIS Safeguarding Children and Young People's Policy.

The procedures outlined below are designed to ensure that all members of staff are well informed about the action they may need to take if they suspect any form of abuse, neglect or exploitation particularly towards an adult with needs of care and support.

Safeguarding is a multi-agency, multi-disciplinary activity. All members of USAIS must work together with other agencies using common guidelines to ensure the safety and well-being of all adults in our care. Safeguarding is everybody's business.

This policy should be read in conjunction with:

- Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance (June 2020).  
[http://www.hampshiresab.org.uk/professionals-area/hampshire\\_4lsab\\_multiagency\\_safeguarding\\_adults\\_policy\\_guidance/](http://www.hampshiresab.org.uk/professionals-area/hampshire_4lsab_multiagency_safeguarding_adults_policy_guidance/)
- USAIS Safeguarding Policies and Guidance
  - AIS Policy – Safeguarding Children and Young People
  - USAIS Policy – Was Not Brought
  - USAIS Guidance on Patients who Disclose Risk
  - USAIS Policy – Mental Capacity and DOLS
  - USAIS Safeguarding Guide for Clinicians
  - USAIS Safeguarding Procedure
  - USAIS Code of Conduct

- University of Southampton Safeguarding Policy

## INTRODUCTION

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

Adult safeguarding is concerned with those people who due to their circumstances would be defined as people ‘with needs of care and support’ who are experiencing or who are at risk of abuse, neglect or exploitation.

The Care Act 2014 provides the key legal framework for adult safeguarding and sets out that adult safeguarding is seen as a core function of the wider care and support system. It also confirms that partner agencies and organisations must agree how they will work together and the roles they will play, to keep adults at risk safe.

(4LSAB Safeguarding Adults Multi–Agency Policy, Process and Guidance June 2020)

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

(Multi–agency safeguarding policy and guidance 2<sup>nd</sup> Edition – December 2016).

## 6 Principles of Adult Safeguarding

The Care Act (2014) outlines six principles of safeguarding that underpin all adult safeguarding work.

Principle	Description	Outcome for adult at risk
<b>Empowerment</b>	Presumption of person led decisions and informed consent	<i>“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”</i>
<b>Prevention</b>	It is better to take action before harm occurs	<i>“I receive clear and simple information about what abuse is, how to recognise</i>

		<i>the signs and what I can do to seek help."</i>
<b>Proportionality</b>	Proportionate and least intrusive responses appropriate to the risk presented.	<i>"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed." "I understand the role of everyone involved in my life."</i>
<b>Protection</b>	Support and representation for those in greatest need	<i>"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."</i>
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	<i>"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."</i>
<b>Accountability</b>	Accountability and transparency in delivering safeguarding.	<i>"I understand the role of everyone involved in my life."</i>

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

Safeguarding must be built on empowerment so that it does not detract from other principles, such as self-determination and the right to family life. Sometimes people want help to consider the options, information and support available to them, in order to retain control and to make their own choices; a wide range of agencies and organisations have a role to play in considering or providing options and supporting choices. Wherever possible, the adult should be supported to recognise risks and manage them (Multi-agency safeguarding policy and guidance 2<sup>nd</sup> Edition – December 2016).

Making Safeguarding Personal (MSP) is about responding in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing

and safety of adults at risk. It is about seeing people as experts in their own lives and working alongside them with the aim of enabling them to resolve their circumstances and support their recovery.

In all safeguarding activity, due regard must be given to the Mental Capacity Act 2005 (MCA, 2005). Professionals and other staff have a responsibility to ensure they understand and always work in line with the MCA. The MCA is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. People must be assumed to have capacity to make their own decisions and be given all practicable help before they are considered not to be able to make their own decisions, including unwise decisions. Where an adult is found to lack capacity to make a specific decision, any action taken or decision made for or on their behalf must be made in their best interests. Even when a person is assessed as lacking capacity, they must still be encouraged to participate in the safeguarding process (Multi-agency safeguarding policy and guidance 2<sup>nd</sup> Edition – December 2016).

If concerns are raised about a person's ability to consent to or refuse treatment within USAIS, please refer to the USAIS Mental Capacity and Deprivation of Liberties (DOLS) policy on AIS Sharepoint for further information. Further advice can be sought from USAIS MCA lead (Dr Louise Lee – Clinical Psychologist).

Types of abuse and neglect

Aims of Safeguarding

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them to make choices and have control over their lives
- Promote an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play a part in preventing, identifying and responding to abuse and neglect
- Provide accessible information and support to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse or neglect
- Support the recovery from the abuse or neglect

Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent. Abuse can occur in any relationship and any setting and may result in harm to or exploitation of, the individual.

In many cases abuse may be a criminal offence. Intent is not an issue at the point of deciding whether an act or failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

- Abuse can be something that is done, or omitted from being done.
- Abuse can occur within the family or in an institutional or community setting.
- Abuse can occur within all social groups regardless of religion, culture, socio-economic status, financial position or educational attainment.

Types of abuse	Behaviours include:
Physical	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

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

### Contexts in which abuse and neglect may occur

Abuse and crimes against adults may occur in different contexts. Actual or suspected abuse of

persons at risk in any of the contexts set out below will trigger a safeguarding response.

#### Hate Crime (criminal exploitation)

Defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic, or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

#### Mate Crime

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

#### Domestic Abuse

Defined as an incident or pattern of incidents of controlling, coercive, or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse; Psychological, Physical, Sexual, Financial and Emotional.

Controlling behaviour is a range of acts designed to make the person feel subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws, or step-family (Association of Chief Police Officers 2004). If one or both adults (including 16–17 year olds) involved can be regarded as adult (s) at risk, then the safeguarding procedures should be used. If a person at risk is not involved, then these guidelines will not normally apply.

For all concerns around domestic violence and safeguarding – please discuss with the USAIS Safeguarding Team.

#### Honour based violence

Is a crime or incident, which has or may have been committed to protect or defend the honour



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

#### Forced Marriage

Is a term used to describe a marriage in which one or both 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. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity.

#### Female genital mutilation (FGM)

Includes procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful, and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the Female Genital Mutilation Act 2003. Local multi-agency guidance on honour based violence, forced marriage and FGM has been developed and can be accessed via the Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy.

#### Modern Slavery

Includes human trafficking, slavery, servitude and forced and compulsory labour. The Modern Slavery Act 2015 became law on 26 March 2015 and is designed to tackle slavery in the UK and consolidates previous offences relating to trafficking and slavery. Human trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Guidance on modern slavery and human trafficking can be found via the Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy.

## Exploitation by radicalisers who promote violence

Involves the exploitation of susceptible people in order to draw them into violent extremism. In July 2015, the Counter Terrorism and Security Act 2015 came into force creating a statutory duty on public bodies to have due regard to the need to prevent people from being drawn into terrorism. The Counter Terrorism and Security Act 2015 makes the 'Channel Panel' a legal requirement. 'Channel' is a multi-agency safeguarding programme providing tailored support to people who have been identified as at risk of being drawn into terrorism. The support offered can come from any of the partners on the Panel which includes the local authority, police, education and health providers. The person's engagement in the programme is voluntary at all stages.

PREVENT is the Government strategy launched in 2007 which seeks to stop people becoming terrorists or supporting terrorism. It is about identifying people before they commit a criminal act. PREVENT is one of four governmental strategies aimed at counter-terrorism and aims to:

- Respond to the ideological challenge of terrorism and the threat from those who promote it
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Work with sectors and institutions where there are risks of radicalisation that needs to be addressed.

Due to the sensitive and individual nature of these cases, the Police currently take the main responsibility and response.

Adult Services are one of the key organisations who will be able to identify people vulnerable to radicalisation. If you have seen or heard anything that causes you concern, you must report it to the USAIS Safeguarding Lead/Officers and the police.

## Carers at risk of harm from the person to whom they are providing care and support

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

## Carers who cause harm

The vast majority of carers strive to act in the best interests of the person they support.

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

### Abuse of Trust

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

### Safeguarding concerns between people with needs of care and support

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

### Personal budgets, direct payments and self-directed care

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

### Scamming

Scams are misleading or fraudulent offers designed to con people out of money. They may be received by post, email, telephone, text or face-to-face. They target millions of people, not just older or vulnerable people. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website
- Postal scams are massed-produced letters which are made to look like personal letters

or important documents

Often fraudsters will target lonely people on the telephone. They will groom their victims and persuade them to part with money for fake shares etc. They will often pretend to be calling from the victim's bank and get them to provide their bank account details over the telephone. Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service, Action Fraud and local authority Trading Standards Services for investigation.

These scams and crimes can seriously affect the health, including mental health, of an adult at risk. By working together, agencies can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

### Harm

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

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

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

- Exercising choice and control
- Health and well-being, including mental and emotional as well as physical health and well-being
- Personal dignity and respect
- Quality of life
- Freedom from discrimination

- Making a positive contribution
- Economic well-being
- Freedom from harm, abuse and neglect, taking into account wider issues of housing and community safety

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

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

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

#### Self-neglect and persistent welfare concerns

The Care Act Guidance advises that 'self-neglect' covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Research literature states the term 'self-neglect' is commonly used to refer to:

- Lack of self-care: in personal hygiene, in adhering to daily needs, in refusal of essential care or necessary medical treatment
- Lack of care of the living environment: hoarding, squalor and infestation

These definitions are a useful starting point, but interpretation needs to guard against an assessor's subjective and value-based interpretations. The 4 LSAB therefore recommends agencies consider the following aspects in relation to self-neglect:

- Lack of care for self to an extent it threatens personal health and safety
- Neglecting to care for personal hygiene, health or surroundings such that it has significant impact on the person's wellbeing or creates a public health hazard
- Inability to avoid harm to self

- Failure to seek help or access services to meet necessary health or social care needs

It should be noted that self-neglect might 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. There may come a point when they are no longer able to do this, without external support.

Factors which increase a person's vulnerability to abuse and exploitation

<b>Personal characteristics of a person at risk that can <u>increase</u> vulnerability may include:</b>	<b>Personal characteristics of a person at risk that can <u>decrease</u> vulnerability may include:</b>
Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions	Having mental capacity to make decisions about their own safety
Communication difficulties	Good physical and mental health
Physical dependency – being dependent on others for personal care and activities of daily life	Having no communication difficulties or if so, having the right equipment/support
Low self esteem	No physical dependence or if needing help, able to self-direct care
Adverse childhood experiences	Positive former life experiences  Self-confidence and high self-esteem

<b>Social/situational factors that increase the risk of abuse may include:</b>	<b>Social/situational factors that decrease the risk of abuse may include:</b>
Being cared for in a care setting, that is, more or less dependent on others	Good family relationships
Not getting the right amount or the right kind of care that they need	Active social life and a circle of friends

Isolation and social exclusion	Able to participate in the wider community
Stigma and discrimination	Good knowledge and access to the range of community facilities
Lack of access to information and support	Remaining independent and active
Being the focus of anti-social behavioural	Access to sources of relevant information

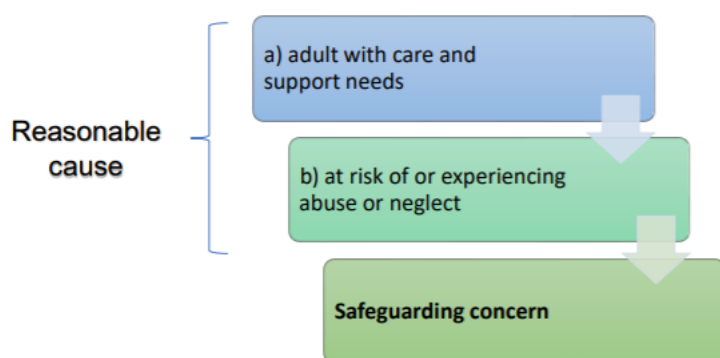
## SECTION 2 – GUIDANCE ON RESPONDING TO CONCERNS RAISED ABOUT A PERSON WITH CARE AND SUPPORT NEEDS WHO IS EXPERIENCING OR IS AT RISK OF ABUSE, NEGLECT OR EXPLOITATION

### When to make a Safeguarding Concern (referral)

#### 8. What do we mean by an adult safeguarding concern?

When making a decision to report a safeguarding concern to the local authority, then those considering reporting a safeguarding concern would have:

- a) reasonable cause to suspect that the adult may have needs for care and support (whether they are receiving care and support or not) and
- b) where there is reasonable cause to suspect that the adult is experiencing abuse or neglect.



- Does the adult have needs of care and support?
  - Is abuse or neglect by a third party alleged or are there risks relating to self-neglect?
- AND**
- Is the adult unable to take care of him or herself?
- OR**
- Is the adult unable to protect him or herself against harm or exploitation?

If the answer is YES, then you have a 'safeguarding concern'.

It does not matter whether or not the adult is receiving services or in what setting they live. If the above criteria are met a safeguarding concern should be raised.

If the adult is assessed as not having mental capacity to make decisions about their own safety and to consent to a concern being raised, the alerter must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005. The



adult would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

### Factors to consider when raising a safeguarding concern

The first consideration is about the mental capacity of the adult at risk and whether they are unable to make decisions about their own safety. Remember to assume capacity unless there is evidence to the contrary. Capacity can be undermined by the experience of abuse and where the person is being exploited, coerced, groomed or subjected to undue influence or duress. Other considerations include:

- The extent of the person's vulnerability and any personal, environmental and social factors contributing to this
- The nature and extent of the abuse including whether it is criminal
- Whether the situation poses a risk to the public or other people, including children under 18 years
- The length of time the abuse has been occurring and whether it is a one-off incident or a pattern of repeated actions
- The impact of the abuse on the adult and the physical and/or psychological harm being caused and whether the abuse is having an impact on other people
- The extent of premeditation, threat or coercion
- The immediate and likely longer-term effects of the abuse on their independence, well-being and choice
- The risk of repeated or increasingly serious acts by the person causing the harm.

Not all concerns will necessarily result in a safeguarding process for example, where there is no abuse, or the person requires signposting to another service or a review of their current care.

### Raising a safeguarding concern when the adult does not want to take further action

The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and wellbeing of the adult. Adults are encouraged to make their own decisions and must be provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Agencies and organisations should strive to deliver effective safeguarding consistently with both of the above

principles. They should ensure that the adult has accessible information, in a format which is preferable to them, so that the adult can be supported to understand the information given to them and make informed choices about safeguarding, what it means, the risks and benefits, possible consequences and desired outcomes.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information.

The following should be considered:

- Explore the reasons for the adult's objections.
- Explain the concern and why you think it is important to share the information.
- Tell the adult with whom you may be sharing the information with and why.
- Explain the benefits, to them or others, of sharing information.
- Discuss the consequences of not sharing the information.
- Reassure them that the information will not be shared with anyone who does not need to know.
- Reassure them that they are not alone and that support is available to them.
- If, after this, the adult refuses intervention to support them with a safeguarding concern or an enquiry, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected.

However, there are a number of circumstances where consent could be reasonably overridden including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Other people are, or may be, at risk, including children and young people.

- Sharing the information could prevent a serious crime.
- A serious crime has been committed.
- The risk is unreasonably high, and duty of care has to be considered.
- Staff or volunteers are implicated.
- There is a court order or other legal authority for taking action without consent.

In such circumstances, it is important to keep a careful record of the decision-making process.

Staff should seek advice from managers in line with their policy before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why. In addition, if there are any other adults or children at risk seek advice from the safeguarding lead for the organisation. If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:

- Support the adult to weigh up the risks and benefits of different options.
- Ensure they are aware of the level of risk and possible outcomes.
- Offer to arrange for them to have an advocate or peer supporter.
- Offer support for them to build confidence and self-esteem if necessary.
- Agree on and record the level of risk the adult is taking.
- Record the reasons for not intervening or sharing information.
- Regularly review the situation.
- Try to build trust to enable the adult to better protect themselves.

It is important that the risk of sharing information is also considered. In some cases, such as domestic abuse or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection

to the adult in order to minimise the possibility of increasing risk of harm to the individual within the relationship or risk of retribution from the person alleged to have caused the harm.

See Page 18 (4 LSAB Safeguarding Adults Multi-Agency Policy, Process and Guidance – June 2020)

#### **IF IMMEDIATE ACTION IS REQUIRED**

- If you or someone else is in imminent danger, phone the police on 999, or call them on 101 if it is less urgent.

**Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger.**

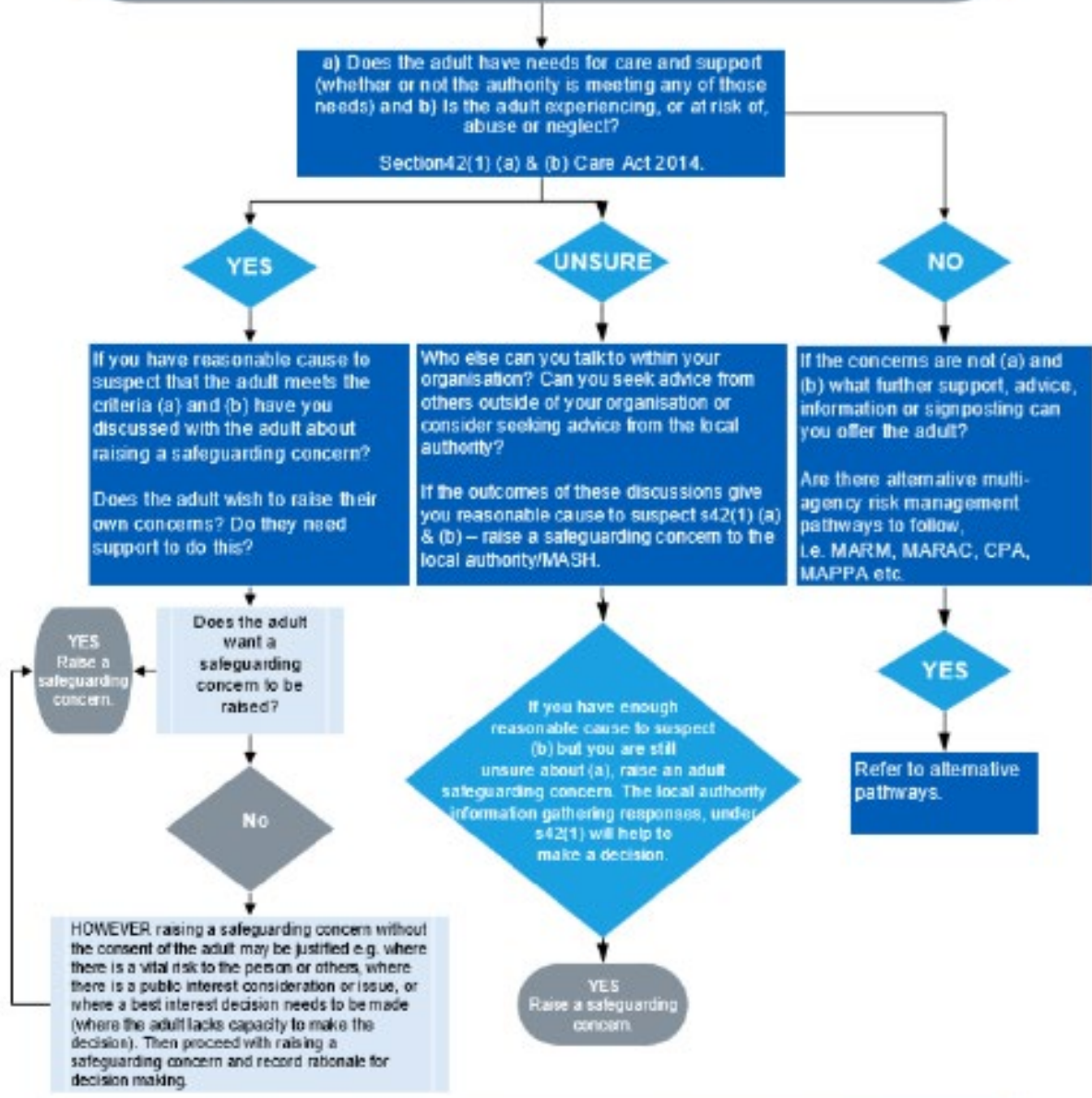
**If you or someone else is in imminent danger, dial 999 for emergency services.**

**If less urgent contact 101 to report if a crime has been committed and do not disturb or move articles that could be used in evidence**

**Contact Children's Services if a child is also at risk.**

## Deciding if you need to raise a safeguarding concern to the Local Authority/ Multi-Agency Safeguarding Hub (MASH)

Are you concerned that an adult is at risk of or is experiencing abuse or neglect?  
 What types of abuse or neglect are you concerned about?  
 Have you had a conversations with the adult about the concerns?  
 Have you sought the views and wishes of the adult? \*  
 Are there any immediate risks to the adult or to others including children?  
 Have you discussed and agreed next steps with the adult? \*  
 Have you provided advice, information or signposted the adult?



\* There may be circumstances where the safety of the adult or yourself prevent this from happening. If you still have concerns about abuse or neglect and it is not possible or within the scope of your role to have a conversation with the adult, then in doubt continue with the process and raise a safeguarding concern.  
 \* Multi-Agency Risk Management (MARM), Multi-Agency Risk Assessment Conference (MARAC), Care Programme Approach (CPA)

## Statutory safeguarding enquiries

Under section 42 of the Care Act 2014, there is a duty on the Local Authority to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is at risk of neglect or abuse. Safeguarding duties apply when an adult:

- 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.

Safeguarding duties do not depend on the adult's eligibility for services.

There is a duty to carry out whatever enquiries are necessary in order to decide whether any further action is needed. NHS organisations and the Police are legally bound to engage in section 42 enquiries if requested.

The duty to make enquiries (or to cause them to be made) does not hinge on a request by the adult or anybody else and is not negated by a third party's refusal to grant access to the adult, or by the adult's refusal to participate.

The purpose of the safeguarding enquiry is to establish with the individual and/or their representatives, what (if any) action is needed in relation to the situation and to establish who should take such action. It could range from a conversation with the adult or their representative or advocate (for example, if they lack capacity or have substantial difficulty in understanding the enquiry) right through to a much more formal multi-agency plan or course of action. Whatever the subsequent course of action, the professional concerned should record the concern, the adult's views and wishes, any immediate action taken and the reasons for these actions.

## Principle of No Delay

Where there is a risk of harm or abuse, swift action must be taken and an effective response made.

## Supporting a person through the safeguarding process

The person should always be involved from the beginning of the enquiry unless there are exceptional circumstances that would increase the risk of abuse. 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. The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. The starting point is to ask the adult their views and wishes which should determine the next steps to take. Everyone involved in an enquiry must focus on improving the adult's well-being and work together to that shared aim.

The goal of the safeguarding process is to help the person understand their situation and what is needed to keep him or herself safe now and in the future. This approach builds the person's resilience and capacity to protect themselves from harm should a situation arise in the future.

The guidance outlined below sets out a framework for helping people to work through what the desired outcome/s and purpose of their safeguarding support might be. The outcome(s) the person is seeking should be addressed from the start of, and throughout, the safeguarding process. By doing so, this ensures a greater focus on the individual needs, wishes and requirements of the person making it easier to ascertain and measure the difference that has been made once the safeguarding process has been concluded. The three main questions for the practitioner to ask themselves at the outset are:

- What outcome(s) does the person want?
- How will I work with the person to enable that to happen?
- How will I know that a difference has been made?

A person in need of safeguarding support may have very difficult decisions to make about his or her life and so these questions may take some time to answer – the safeguarding process will need to be flexible to take account of this. Indeed, what a person decides at the onset, may change as they move through the process – perhaps because they become more aware of their options and feel more empowered to take control of their situation. The safeguarding process will need to be responsive to a person's changes in perspective.

The actual outcomes sought from the safeguarding process should be discussed and agreed with the person at the onset (and recorded) and then reviewed throughout. At the end of the process, the person should be asked if all their outcomes have been met prior to closing the case. At the end of the safeguarding process when evaluating with the person what difference the safeguarding process has made, practitioners should:

- Evaluate the outcomes achieved as part of the safeguarding process itself (before closing the process) so the person doesn't have to revisit their experience

- Invite the person to participate, informing them of why the evaluation is being done and how it will improve practice in the future
- Use appropriate methods of asking questions according to the person's needs
- Ensure the person has had the opportunity to prepare for the discussion
- Explain they can choose and there will be no repercussions if they don't answer
- Make sure the person gets feedback on how their participation has affected future services.

See Section 3: Page 41 – (4 LSAB Safeguarding Adults Multi-Agency Policy, Process and Guidance – June 2020)

### Multi-Agency Risk Management Framework

4LSAB have produced a document designed to guide staff on how to manage cases relating to adults where there is a high level of risk, however the circumstances sit outside the statutory adult safeguarding framework but for which a multi agency approach is needed to manage these risks in the most effective way. <https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-MARM-Multi-Agency-Risk-Management-Framework-June-2020.pdf>

### Safeguarding Adult Reviews

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

The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk. The safeguarding adult review brings together and analyses the findings from individual agencies involved in order to make recommendations for future practice where this is necessary.



## Duty of Candour

The Duty of Candour applies requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The duty of candour means that providers have to act in an open and transparent way in relation to service user care and treatment.

## Management of allegations against staff (people in a position of trust)

All allegations of abuse of children and adults with needs of care and support must be taken seriously. Allegations against USAIS staff may arise from a number of sources (e.g. a report from the patient, a concern raised by another adult in the organisation, or a complaint by a family member). It may also arise in the context of the member of staff and their life outside work or at home.

If an allegation of abuse is made against a member of USAIS staff, this must be reported to the Director of USAIS and/or Associate Directors within 24 hours. USAIS safeguarding leads will be involved in discussions regarding the safeguarding context of the allegation. Further investigation may take place in line with the University of Southampton Safeguarding and Disciplinary policies. Where a University of Southampton student is involved, the Safeguarding Lead for the Faculty of Engineering and Physical Sciences must be contacted (for name and contact details of Faculty Leads for Safeguarding see – <https://www.southampton.ac.uk/~assets/doc/calendar/Safeguarding%20Policy.pdf>

Southampton has a local authority designated officer or LADO to investigate allegations of abuse of children by staff across organisations who work with children and young people. It is a legal requirement that the LADO should be alerted to all cases in which it is alleged that a person who works with children has behaved in a way that has harmed a child, or may have harmed a child, possibly committed a criminal offence against a child/children. It is the responsibility of the Director of USAIS and/or Associated Directors and/or Safeguarding Leads to ensure the LADO is notified by telephone within 24 hours of the allegation being reported to them. Details for Southampton LADO are: Tel: 02380 915535 / 07500952037 or email: [LADO@southampton.gov.uk](mailto:LADO@southampton.gov.uk)

It is the individual responsible of USAIS to investigate allegations of abuse of adults with care and support needs by staff within USAIS. Within USAIS, the identified Safeguarding Allegations Management Advisor (SAMA) is Dr Carl Verschuur (Director – USAIS). The LADO should also be contacted as staff members see patients across the lifespan.

If a member of USAIS staff has concerns regarding the conduct of a colleague, then they should in the first instance discuss this with the Director of USAIS and/or Associate Directors. It is important to note that anyone can contact the LADO if they need to do so for advice or support, especially if concerns are regarding the conduct with children and young people of management or holistic organisational practice.

It is in everyone's interest to resolve the cases as quickly as possible consistent with a fair and thorough investigation. Where it appears that a criminal offence may have been committed, the police should be contacted immediately and the Director of USAIS and/or Associate Directors be informed.

For further information – see 4LSAB Multi-Agency Guidance on Managing Allegations Against People in a Position of Trust (June 2020)

## SECTION 3 – USAIS PRACTICE GUIDANCE

### USAIS Staff Responsibilities

All those working in the department must:

- Know the signs and symptoms of actual and potential abuse or neglect in adults
- Be alert and observant for risk factors and any indications of abuse, neglect and/or exploitation in adults with needs of care and support
- Discuss any concerns with the USAIS Safeguarding Team
- Know how to act effectively on their concerns, with reference to the [USAIS Safeguarding Procedure and the USAIS Safeguarding Guide for Clinicians \(Sharepoint\)](#)
- Be able to make a Safeguarding Concern (referral) to Adult Social Care if required and with the support of the USAIS Safeguarding Team
- Be aware that an allegation of abuse or neglect may lead to a criminal investigation; it is therefore important not to do anything that might jeopardise a police investigation (such as asking the adult leading questions or attempting to investigate the allegations of abuse)
- Work as part of the multi-agency team along with Adult Social Care and Police colleagues as required
- Provide a written statement/report to the Police and Adult Social Care as part of a safeguarding enquiry if requested
- Be prepared to appear as a witness to give oral evidence in court proceedings
- Prioritise all safeguarding cases in the best interests of the adult at risk
- Maintain up to date knowledge and competent skills in these areas, through regular training as provided by USAIS
- For the USAIS Safeguarding Team to have access to expert professional advice to talk over their concerns (Southampton CCG Safeguarding Contact: Claire Langrish ([HSICCG.so.safeguardingteam@nhs.net](mailto:HSICCG.so.safeguardingteam@nhs.net))).

If a staff member is not satisfied with the outcome of the discussion with the USAIS Safeguarding Team member, it is the responsibility of the individual staff member to escalate his/her concerns. In the first instance the concerns should be raised with a Team Lead and/or the Director of USAIS. If further advice and guidance is required, concerns can also be discussed with the Designated/Named Nurse for Safeguarding within Southampton City CCG (Claire Langrish – [HSICCG.so.safeguardingteam@nhs.net](mailto:HSICCG.so.safeguardingteam@nhs.net)).

### Training

All staff should take individual responsibility for knowing the contents of the USAIS

Safeguarding Policies, Procedures and Guidance. In the induction period, a new member of staff whether paid or unpaid must be informed about these documents, where they can find them, and the names/contact details of the USAIS Safeguarding Team.

All staff should have training on the nature of abuse and neglect, recognising the signs and how to report concerns. All staff should receive training on the Mental Capacity Act, Deprivation of Liberty Safeguards, and the Prevent Agenda. The Safeguarding Team will keep a record of training (in line with Adult Safeguarding – Roles and Competencies for Health Care Staff, August 2018). This will be audited to ensure that all staff are up to date.

Details of Safeguarding training for both CYP and Adults can be found at:

<http://southamptonlscb.co.uk/workersandvolunteers/training/>

<http://southamptonlsab.org.uk/>

<http://www.hampshiresab.org.uk/professionals-area/learning-development/>

#### Responsibilities of USAIS Safeguarding Team

Members of the USAIS Safeguarding Team must prioritise safeguarding concerns and offer timely and accurate advice to other members of staff. The Safeguarding Team must also record relevant information about cases where safeguarding concerns are raised, and coordinate liaison with other agencies as appropriate.

Members of the USAIS Safeguarding Team will have regular supervision with the Designated/Named Nurse for Safeguarding for Southampton City CCG. This will take the form of a face-to-face meeting every 3 months, and ad hoc telephone and email contact when concerns are raised. Supervision and information sharing will also be provided through the Independent Hospitals Safeguarding Forum.

#### Information Sharing & record keeping

Staff should ensure that the information shared is necessary and proportionate, relevant, adequate, accurate, timely and shared only with those who need to see it. Information must be shared securely.

The adult's best interests must be the overriding consideration when making any decision regarding information sharing. Sharing of information amongst practitioners working with adults with care and support needs is essential. In many cases it is only when information from a range of sources is put together that an adult with care and support needs can be seen

to be in need or at risk of harm.

Adults who attend USAIS must be aware that it is not always possible to keep their information completely confidential if there are safeguarding concerns. If a safeguarding query is raised, the person should be made aware of who their information will be shared with. This may be the USAIS Safeguarding Team and if required, the local Safeguarding Adults Team.

Sharing of confidential information without consent is justified if there is evidence that a person may be suffering or is at risk of suffering significant harm, or if there is reasonable cause to believe this, or to prevent harm, or if failure to disclose information may expose the person or others to risk of death or serious harm. The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.

Information obtained from a source outside USAIS (e.g. GP) should not be disclosed to a third party, i.e. Adult Social Care or Police. Instead they should be advised to make direct contact with that professional.

Before faxing confidential information, a telephone call must be made to ensure the recipient is in a position to receive the fax and to clarify the identity of the recipient. Receipt of the fax should then be confirmed by telephone. Information sent via email must be sent securely.

### Record Keeping

Good record keeping is an important part of the accountability of professionals and well-kept records provide an essential underpinning to good professional practice. Full accurate records of history, events, contacts, decisions and actions must be kept. Records must be clear, factual and objective, legibly signed, timed and dated. Opinions should be stated as such. Comments from the patient's family or others should be clearly stated as quotations. Assessments made, decisions, interventions and plans must be carefully recorded.

Departmental notes are multi-disciplinary documents. These documents may be the primary source of information about the adult's care in safeguarding cases and therefore all disciplines must record relevant information chronologically. Psychology notes may be kept separate and the same principles of record keeping apply.

All information where there is a safeguarding query around possible abuse or neglect, should

be recorded and uploaded as a document to the “documents” section of the electronic patient record (Cellma USAIS). The heading “welfare” should be used to categorise this. This should be password protected if the information is sensitive. Notes should be timed and dated, and the staff member’s name and designation should be clear.

In all cases every attempt should be made to ascertain and document the adult with care and support needs own feelings, views, wishes and concerns to ensure that the person’s voice is heard and taken account of.

#### Contribution to significant incidents and reviews

USAIS has a statutory duty to contribute to the investigation of significant incidents and reviews including serious adult reviews, and serious domestic homicide reviews. In accordance with legal and statutory guidance, the clinician may be required to provide clinical and professional records, and may be interviewed regarding their involvement in a case. Staff will be offered the support of the USAIS Safeguarding Team throughout the process.

Staff should be made aware of the purpose of the review or safeguarding enquiry, and should be informed when the review is completed and of any learning points that have been identified.

#### **Additional Considerations for USAIS**

Adults attending USAIS have various levels of hearing impairment and deafness (some patients are also deaf/blind). Thus, it is sometimes necessary to touch a patient to gain their attention, remove their aids and/or attach test equipment such as electrodes or earplugs. Patients must be touched on their shoulder or arm to alert them if their processor or hearing aid is to be removed.

**Resources and references for AIS staff who work with adults are listed below:**

[Care Act 2014 | SCIE](#)

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> (updated 27 Jan 2022).

Safeguarding Policy NHS England – September 2019

[NHS England » Safeguarding Policy](#)

Making Safeguarding Personal (2014)

[Making Safeguarding Personal | Local Government Association](#)

GMC Confidentiality: good practice in handling patient information (2009)

[Confidentiality – GMC \(gmc-uk.org\)](#)

Mental Capacity Act 2005 & MCA Code of Practice

[Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance | Hampshire Safeguarding Adults Board \(hampshiresab.org.uk\)](#)

4LSAB Safeguarding Adults

[Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance | Hampshire Safeguarding Adults Board \(hampshiresab.org.uk\)](#)

Multi Agency Risk Management Framework. 4LSAB. March 2016.

[Hampshire, IOW, Portsmouth and Southampton 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance | Hampshire Safeguarding Adults Board \(hampshiresab.org.uk\)](#)

Adult Safeguarding: Roles and Competencies for Health Care Staff. First Edition, August 2018. Intercollegiate Document.

[Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](#)