## Safeguarding Adults at Risk Policy and Procedure

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<th>Version:</th>
<th>3.3</th>
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<td>To be Approved by:</td>
<td>Trust Board</td>
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<tr>
<td>Lead Manager:</td>
<td>Adult Safeguarding Lead</td>
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<td>Medical Director</td>
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**Introduction**

It's the responsibility of every NHS funded organisation and each member of their staff teams to ensure the principles and duties of safeguarding adults are consistently and conscientiously applied, with the well-being of adults and children at the heart of all that is done.

Safeguarding adults from harm is a core duty of The Tavistock and Portman NHS Foundation Trust (‘The Trust’). The nature of services we provide mean it's likely that staff will have contact with adults at risk of abuse or neglect. This document provides guidance for staff to ensure the principles of safeguarding adults are embedded in all aspects of Trust practice.

The Trust is committed to the aims of adult safeguarding which are to

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control over their lives
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities, alongside professionals, play their part in preventing abuse
- identify and respond to abuse and neglect
- provide information and support in accessible ways 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

To contribute to meeting these aims, we will

- Manage our services in a way which minimises the risk of abuse occurring
- Work with adults with care and support needs and other agencies to end any abuse that is taking place

To achieve these this, we will

- Ensure all managers, employees (paid and unpaid) and students/trainees have access to and are familiar with this safeguarding adult policy and procedure and their responsibilities within it
- Ensure concerns or allegations of abuse are always taken seriously
- Ensure The Mental Capacity Act 2005 is used to inform any decision making on behalf of adults at risk who are unable to make particular decisions for themselves.
- Ensure all staff receive training in relation to safeguarding adults at a level relevant to their role.
- Ensure that people using our services, and where relevant their relatives and friends, have access to information about how to report concerns or allegations of abuse.
- Ensure there is a named lead person to promote adult safeguarding awareness and practice within the organization
The Adult Safeguarding Policy and Procedure

Principles of Adult Safeguarding

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

Adult safeguarding work should be person-led and outcome-focused. It should engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety.

Here at the trust, we will meet the aims of Making Safeguarding Personal by

- Keeping the person at the heart of the process
- Striving to understand the outcomes they want to achieve from the safeguarding work and supporting them to achieve these outcomes

Definitions

Who is an adult at Risk?

The Safeguarding Adults policy applies to people who are aged 18 years or more, and

- have needs for care and support (whether or not these are currently being met) and
- are experiencing, or are at risk of, abuse or neglect, and
- because of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

This includes adults with physical, sensory and mental impairments and learning disabilities, whether present from birth or due to advancing age, illness or injury. Also included are people with a mental illness, dementia or other memory impairments, and people who misuse substances or alcohol (where this has led to impaired physical, cognitive or mental health).

What is abuse?

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as abuse or neglect:

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions</th>
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<tr>
<td>Domestic abuse</td>
<td>is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member. Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation</td>
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<tr>
<td>Sexual abuse</td>
<td>includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting</td>
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<tr>
<td>Abuse Type</td>
<td>Description</td>
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<td>--------------------------------</td>
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<tr>
<td>Psychological abuse</td>
<td>includes 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 from services or supportive networks</td>
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<tr>
<td>Financial and material abuse</td>
<td>includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits</td>
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<tr>
<td>Modern slavery</td>
<td>includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment</td>
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<tr>
<td>Neglect and acts of omission</td>
<td>includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating</td>
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<tr>
<td>Discriminatory abuse</td>
<td>includes abuse based on a person’s race, sex, gender, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime</td>
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<tr>
<td>Organisational abuse</td>
<td>Includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation</td>
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<tr>
<td>Self-neglect</td>
<td>covers a wide range of behaviours, such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs, and the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing</td>
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<tr>
<td>Radicalisation</td>
<td>Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. Prevent is part of the Government’s counter-terrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. Vulnerable individuals are groomed directly or through social media to be persuaded of the legitimacy of a radical’s cause to inspire new recruits and have extreme views embedded.</td>
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Staff need to be aware of these different types of abuse and the possible Indicators of Abuse. Seriousness of harm or the extent of the abuse is not always clear at the point of the concern. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under Safeguarding Adults at Risk policy and procedures.

**What is an ‘adult safeguarding enquiry’?**

Where a local authority believes an adult at risk is experiencing or at risk of experiencing abuse or neglect, it must make enquiries (this is not necessarily an investigation), or cause others to do so. This is a duty under s.42 of The Care Act 2014.

An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

**The objectives of an adult safeguarding enquiry are to:**

- establish facts
- Ascertain the adult’s views and wishes
- Assess and address their need for protection and support, in accordance with the wishes of the adult
- make decisions as to what follow-up action should be taken
- enable the adult to achieve resolution and recovery
Key Roles within the Tavistock and Portman NHS Foundation Trust

<table>
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<tr>
<th>Role</th>
<th>Description</th>
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<tr>
<td>Chief Executive</td>
<td>The Chief Executive as accountable officer has overall responsibility for ensuring the implementation of effective safeguarding adults at risk procedures.</td>
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<tr>
<td>Medical Director</td>
<td>The Medical Director has day to day responsibility for ensuring that the Trust is operating within the procedures set out in this document. He will liaise specifically with the Adult Safeguarding lead and will provide the professional lead and expertise for the implementation of this procedure.</td>
</tr>
<tr>
<td>Adult Safeguarding Lead</td>
<td>The Adult Safeguarding Lead is a senior member of staff who has attended specialist training in the safeguarding of adults at risk. The lead will provide advice and training at trust and clinical induction and INSET and at other times as required, including advising the trust on the provision of level 1, 2 and 3 adult safeguarding training. The lead will provide a quarterly update on Adult Safeguarding issues to the Patient Safety and Risk Work Stream Lead.</td>
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<td>The adult safeguarding lead will act as the professional interface with other agencies, in conjunction with clinical staff, in the ongoing management of any cases where abuse is identified or suspected.</td>
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<td>Responsible clinician (case holder)</td>
<td>The responsible clinician or case holder for any person who is suspected of being at risk of abuse will have the overall responsibility for the management of the individual case and will ensure that appropriate liaison with members of the team, both internal to and external to the trust take place.</td>
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<tr>
<td>All Staff</td>
<td>All staff have a duty to report suspected, alleged or actual harm or abuse involving an adult at risk. Staff should be aware of and follow Trust policy and local procedures. Safeguarding adults at risk involves multi-agency working together to ensure that health and social care is appropriately coordinated and individuals are protected from potential or actual harm or abuse. Clinical staff and teams should maintain close and effective links with all relevant statutory and voluntary agencies to collectively ensure that adults at risk are safeguarded.</td>
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<td>Clinical staff should ensure that potential or actual safeguarding adults concerns and issues are raised,</td>
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Training

Awareness of this safeguarding policy/procedure is covered within the induction programme of all new employees or volunteers and their understanding should be checked within supervision meetings.

All staff will receive training on safeguarding adults at a level commensurate with their roles.

The Trust has conducted a training needs analysis and details of training arrangements on adults at risk are contained in the Staff Training Procedure.
The Adult Safeguarding Procedure

Context

All adult safeguarding activity aims to protect an adult’s right to live in safety, free from abuse and neglect.

It involves people & organisations working together to

- prevent and stop risks and experience of abuse or neglect
- promote adult’s wellbeing

Adult safeguarding work at The Tavistock and Portman NHS Foundation Trust (‘the trust’) takes place within the context of:

<table>
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<tr>
<th>The Care Act 2014:</th>
<th>This sets out the duties and powers in law around adult safeguarding issues. It says the local authority is the lead agency on responding to adult safeguarding concerns and that Safeguarding Adults Boards (SAB) have the strategic lead for their area;</th>
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<tr>
<td>The Care and Support Statutory Guidance:</td>
<td>This gives detail about what must and should be done in relation to adult safeguarding issues. As it’s statutory guidance, it must be followed unless there’s good reason not to</td>
</tr>
<tr>
<td>The London Multi-Agency Adult Safeguarding Policy and Procedures:</td>
<td>This gives the framework adopted across London to create consistency for multi-agency responses to adult safeguarding concerns.</td>
</tr>
<tr>
<td>The Mental Capacity Act</td>
<td>This promotes and safeguards decision making within a legal framework.</td>
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<td></td>
<td>It does this in two ways:</td>
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<tr>
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<td>(i) by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process</td>
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<td>(ii) by allowing people to plan ahead for a time in the future when they might lack the capacity to make specific decisions</td>
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Responding to an adult safeguarding concern

Responsibilities of all employees and volunteers

If any member of staff or volunteer has reason to believe that abuse is or may be taking place they have a responsibility to act on this information.

Doing nothing is not an option.

If an adult discloses any experience of abuse or neglect, staff should:

- Assure the person their concerns are taken seriously
- Listen carefully to what the person is saying. Stay calm. Get as clear a picture as possible.
- Explain duty for staff to pass this information on to their supervisor/manager and/or Adult Safeguarding Lead
- Reassure the person they will be involved in all decisions made about them

Staff should not

- Be judgmental or jump to any conclusions
- Start to investigate or ask detailed or probing questions

Staff’s responsibilities are to:

- Act to keep the person safe if possible
  If urgent police presence is needed to keep someone safe, call 999
  If the person needs urgent medical assistance, call 999
- Inform their line manager and consult with The Trust’s Adult Safeguarding Lead
- Clearly record what they have witnessed or been told and any responses or actions taken
- If a crime has occurred, be mindful of the need to provide evidence

If consulting with the Safeguarding Adults Lead will lead to an undue delay and thereby leave a person in a position of risk, referral should be made to the relevant local authority.

Deciding whether a referral to the local authority is required

In all cases where it’s suspected that an adult in need of care and support might be experiencing or at risk of experiencing abuse or neglect, this should be reported to the relevant local authority and the police (where it is believed or suspected that a crime has been committed).

It should never be assumed that someone else will pass on this information.
Where the person who may be at risk is not well known to the trust and it is not clear whether they have care and support needs, the appropriate local authority should still be alerted as they may have other relevant information and it is for the local authority rather than the trust to determine whether a person is eligible for safeguarding support.

**Referring an adult safeguarding concern to the local authority**

This is also known as ‘raising a safeguarding concern’. Anyone can raise a safeguarding concern.

The concern should be reported to the local authority where the abuse or neglect is taking place or is at risk of doing so (see appendix A).

A safeguarding enquiry (previously known as a safeguarding investigation) will be the responsibility of the local authority.

A concern should be raised with the local authority if there is any reason to think a person

- has needs for care and support (whether or not these are currently being met) and
- are experiencing, or are at risk of, abuse or neglect, and
- because of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

Staff need to establish:

- The current level of risk and what immediate steps are needed to ensure safety
- The individual’s wishes and views about the safeguarding issue including their views regarding sharing information with other agencies i.e. the local authority or the police
- Wherever possible, safeguarding concerns should be raised with the consent of the patient (however consent is not required to raise a safeguarding concern)
- Where there are issues of mental capacity, whether the patient has capacity to make specific decisions regarding their own protection and to understand the safeguarding process.

In the event that people lack the capacity to provide consent, action should be taken in line with The Mental Capacity Act 2005 (see appendix B). Staff should refer to the Trust’s MCA guidance.

Where a referral has been made to the local authority or another agency, the responsible clinician should follow this up to ensure that this has been acted upon.
Sharing information without consent

The priority in safeguarding is to ensure the safety and well-being of the adult. However, there may be some occasions when the adult at risk does not want to pursue a referral to the Local Authority.

If the decision is to act 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. For example, where you believe there is a threat to someone’s life and you believe the person is unable to protect themselves because of their physical or mental health vulnerabilities.

Where such decisions have been taken, staff should keep a careful record of the decision-making process.

There are only a limited number of circumstances where it would be acceptable to not share information pertinent to safeguarding with the local authority. These would be where the person involved has the mental capacity to make the decision about sharing information, does not want their information shared and:

- nobody else is at risk
- no serious crime has been or may be committed
- the alleged abuser has no care and support needs
- no staff are implicated
- no coercion or duress is suspected
- the public interest served by disclosure does not outweigh the public interest served by protecting confidentiality
- the risk is not high enough to warrant a multi-agency risk assessment conference referral
- no other legal authority has requested the information

Further information can be found in the Social Care Institute for Excellence Adult Safeguarding: Sharing information guide

Staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult and should

- Explore the reasons for the adult’s objections (what are they worried about?)
- Explain the concern and why it might be important to share the information
- Tell the adult with whom information might be shared and why
- Discuss the benefits, to them or others, of sharing information (access to better help and support?)
- Discuss the consequences of not sharing the information (could someone come to harm?)
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them they are not alone and support is available to them
If, after this, the adult requests that information about them is not shared with the local authority or if there is a clinical reason that their information should not be shared with the local authority, this should be discussed with the Adult Safeguarding Lead and/or the Medical Director.

**Decision Not to Share Information**

Where, following discussion with the Adult Safeguarding Lead and/or the Medical Director, the decision is not to share safeguarding information with the local authority or other safeguarding partners, or not to intervene to safeguard the adult, the responsible clinician should

- 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 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’s important that the risk of sharing information is also considered. In some cases, such as domestic abuse or hate crime, it’s 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 to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

**Historic Abuse**

Abuse that took place when a person was under 18 years old is not an Adult Safeguarding issue but dependant on the concern, could be a child safeguarding issue, irrespective of how old that person is now. In certain cases, the relevant Children’s Social Care department may need to be informed, if for example, the person who caused harm, is considered as a continued risk to other children. Adults who disclose historical childhood abuse can be advised that this is a crime and that they can still report this to the Police, if they want to do this.

**Reporting Within the Trust**

The Responsible Clinician must inform the Service Manager of all safeguarding concerns. In all cases the clinician should seek advice and discuss their concern(s) with the Safeguarding Adults Lead or Medical Director.
Recording adult safeguarding work

Safeguarding concerns should be fully documented by the first person to report the suspected abuse, and at all subsequent stages by those involved with the adult.

Concerns are recorded using the adult safeguarding form on CareNotes (see Appendix C). Forms should be completed as soon as possible after a concern (an appearance of abuse/neglect) is identified, whether it becomes substantiated or not.

The responsible clinician will monitor and record the ongoing care and wellbeing of the patient during any adult safeguarding enquiry. Safeguarding supervision during the assessment or treatment of a patient or service user, must also be recorded (see appendix one).

The outcome of the safeguarding enquiry should be clearly documented in the patient record.

What happens once an adult safeguarding concern has been reported?

The local authority will consider if the conditions set out in section 42 of the Care Act are met. These are that the person

- has needs for care and support (whether or not these are currently being met) and
- is experiencing, or at risk of experiencing, abuse or neglect, and
- because of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

If these conditions are met, then there must be an adult safeguarding enquiry. The local authority will determine what actions are required, by whom, and when they need to happen.

Principles of Making Safeguarding Personal will apply and the local authority should engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control.

A section 42 enquiry will not necessarily lead to a full investigation - this will be decided by the local authority. In making this decision, the Local Authority will consult with the adult at risk about their wishes and may gain views of other relevant professionals (including involved Clinicians). In the event of an adult safeguarding enquiry, the local authority will ensure that where necessary, a protection plan is put in place. An Enquiry Plan is usually drawn up and actions assigned to those ‘best placed’ to support with the Enquiry process. Often a professionals meeting takes place (this could be a series of conversations) so that information can be effectively shared and actions agreed.
Abuse within the Trust

Where it is alleged that the abuse relates to care in the trust, the trust’s Managing Allegations against Staff procedure should be followed.

Supporting Staff

The Trust recognises that involvement in any aspect of identification or reporting of suspected abuse of an adult at risk can be a difficult experience and it is committed to supporting staff through the process of raising a safeguarding concern. Service managers, the Adult Safeguarding Lead and/or the Medical Director should offer feedback and support to the member of staff where appropriate.

Staff are advised at Induction that the Trust provides a Staff Advisory Service which can be accessed by any member of staff, where a trained professional will offer one-to-one support.

Process for Monitoring Compliance with this Policy

The Trust will monitor compliance with this policy and procedure in the following way:

- The Joint Trust Safeguarding Adults and Children Committee will monitor all adult safeguarding activity including the number of concerns being recorded and where/whether concerns are being reported to the relevant local authority.

- The Staff Training and Development Committee will monitor the uptake of adult safeguarding training as part of their continual monitoring of mandatory training, Compliance of this, will be reported to the Corporate Governance and Risk group of the Clinical Quality, Safety Governance Committee (CQSGC). The group will refer training issues to the respective director for action as required.

- The Trust Adult Safeguarding Lead will provide an annual report to the Patient Safety and Clinical Risk Lead of the CQSGC who will provide assurance of compliance to the Board via the CQSGC. This report will address any externally imposed changes in relation to safeguarding adults’ procedures. In addition, they will highlight any issues that have arisen in respect of either safeguarding adults or the delivery and uptake of training in line with the requirements set out in the policy.

- The Adult Safeguarding Lead will review any incidents relating to Safeguarding and report concerns/ investigations/ lessons learned to the Patient Safety and Clinical Risk Lead;

- The Adult Safeguarding Lead will be responsible for adding any specific
adult safeguarding risks to the Operational Risk Register as they arise and this Risk Register will be monitored through the Trust's Risk Management Procedures;

- The Trust's Safeguarding Team will undertake spot check audits of cases with adult safeguarding concerns to ensure that the records show that all relevant procedures have been followed. If this audit raises concerns the named professional will make recommendations to the Patient Safety and Clinical Risk Lead and an action plan will be developed and followed. Any action plan will be monitored by the Patient Safety Sub group.

References

The Care Act 2014
The Care and Support Statutory Guidance
The London Multi Agency Adult Safeguarding Policy and Procedure
Social Care Institute for excellence (SCIE) at-a-glance Adult Safeguarding types and indicators of abuse

SCIE Mental Capacity Act 2005 Guidance (see appendix C)

Trust Mental Capacity Awareness slides

Tavistock's Prevent strategy (see appendix D)

Other Resources

Whistleblowing helpline (to report Organisational Abuse/Neglect concern)
Voiceability: Advocacy in Camden
Care Quality Commission
Protecting Adult at Risk: Practice Resource
Forced Marriage
Camden Safeguarding Adults Review Framework
Domestic Violence Services/Resources in Camden
Safeguarding Resources and Services Links
Modern Slavery & Human Trafficking Guidance
Appendix A: Raising a Safeguarding Concern with the Local Authority

How do I know which Local Authority to raise a Safeguarding Concern with?

Concerns about adult abuse should be raised with local authority where the adult is experiencing or is at risk of experience abuse/neglect (whether or not the adult is ordinarily resident there).

Clinicians need to identify in which local authority the possible abuse/neglect is occurring and to make contact with the relevant Adult Social Care Department or Safeguarding Adult Service to raise the concern.

Where the concern has occurred on Trust premises or within Camden, staff should raise the adult safeguarding concern using the below contact details:

<table>
<thead>
<tr>
<th>CONTACT CAMDEN ADULT SOCIAL CARE</th>
<th>Telephone: 020 7974 4000 (select option 1)</th>
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<tbody>
<tr>
<td></td>
<td>Email: <a href="mailto:adultsocialcare@camden.gov.uk">adultsocialcare@camden.gov.uk</a></td>
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<tr>
<td></td>
<td>Online: Safeguarding Referral Form</td>
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<td></td>
<td>Website: Referral options and adult safeguarding information</td>
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Appendix B: The Mental Capacity Act

This guidance is from SCIE Mental Capacity Act 2005 At-A-Glance

The Mental Capacity Act 2005

The MCA has been in force since 2007 and applies to England and Wales. The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:

I. by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process
II. by allowing people to plan ahead for a time in the future when they might lack the capacity to make specific decisions

Reach

About two million people in England and Wales are thought to lack capacity to make decisions for themselves. They are cared for by around six million people, including a broad range of health and social care staff, plus unpaid carers. Those working in health and social care include: doctors, nurses, dentists, psychologists, occupational, speech and language therapists, social workers, residential and care home managers, care staff (including domiciliary care workers), and support workers (including people who work in supported housing).

A lack of mental capacity could be due to:

- a stroke or brain injury
- a mental health problem
- dementia (1)
- a learning disability (2)
- confusion, drowsiness or unconsciousness because of an illness of the treatment for it
- Substance misuse.

Five key principles

The Act is underpinned by five key principles (Section 1, MCA). It is useful to consider the principles chronologically: principles 1 to 3 will support the process before or at the point of determining whether someone lacks capacity. Once you’ve decided that capacity is lacking, use principles 4 and 5 to support the decision-making process.
**Principle 1: A presumption of capacity**

Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

**Principle 2: Individuals being supported to make their own decisions**

A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

**Principle 3: Unwise decisions**

People have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

**Principle 4: Best interests**

Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

**Principle 5: Less restrictive option**

Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person’s rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.
Assessment of capacity and best interests’ decision-making

What is mental capacity and when might you need to assess capacity?

Having mental capacity means that a person is able to make their own decisions. You should always start from the assumption that the person has the capacity to make the decision in question (principle 1). You should also be able to show that you have made every effort to encourage and support the person to make the decision themselves (principle 2). You must also remember that if a person makes a decision which you consider eccentric or unwise, this does not necessarily mean that the person lacks the capacity to make the decision (principle 3). Under the MCA, you are required to make an assessment of capacity before carrying out any care or treatment – the more serious the decision, the more formal the assessment of capacity needs to be.

When should capacity be assessed?

You might need to assess capacity where a person is unable to make a particular decision at a particular time because their mind or brain is affected by illness or disability. Lack of capacity may not be a permanent condition. Assessments of capacity should be time- and decision-specific. You cannot decide that someone lacks capacity based upon age, appearance, condition or behaviour alone.

The test to assess capacity

Two-stage functional test of capacity

In order to decide whether an individual has the capacity to make a particular decision you must answer two questions:

Stage 1. Is there an impairment of or disturbance in the functioning of a person’s mind or brain? If so,

Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:

- understand information given to them
- retain that information long enough to be able to make the decision
- weigh up the information available to make the decision
- communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.
Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Also, you will need to involve family, friends, carers or other professionals.

The assessment must be made on the balance of probabilities – is it more likely than not that the person lacks capacity? You should be able to show in your records why you have come to your conclusion that capacity is lacking for the particular decision.

**Best interests decision-making**

If a person has been assessed as lacking capacity then any action taken, or any decision made for or on behalf of that person, must be made in his or her best interests (principle 4). The person who has to make the decision is known as the ‘decision-maker’ and normally will be the carer responsible for the day-to-day care, or a professional such as a doctor, nurse or social worker where decisions about treatment, care arrangements or accommodation need to be made.

**What is ‘best interests’?**

The Act provides a non-exhaustive checklist of factors that decision-makers must work through in deciding what is in a person’s best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which the person determining capacity must consider. In addition, people involved in caring for the person lacking capacity have to be consulted concerning a person’s best interests.

*If a person has been assessed as lacking capacity then any action taken, or any decision made for or on behalf of that person, must be made in his or her best interests*

For more detailed information you should refer to the MCA [Code of Practice](#).
Appendix C: Recording Safeguarding Concerns on CareNotes

The Safeguarding over 18 form can be found in Carenotes in the clinical assessments section as shown below:

![Diagram showing how to access the Safeguarding over 18 form](image)

Safeguarding supervision during the assessment or treatment of a patient or service user, must also be recorded and this form can be found in carenotes as shown below:

![Diagram showing how to access the Safeguarding supervision form](image)
## Care-Notes ‘Safeguarding over 18’ Form:

### Service

<table>
<thead>
<tr>
<th>Service*</th>
<th>- Please Select -</th>
</tr>
</thead>
</table>

### Administration

<table>
<thead>
<tr>
<th>Completed by*</th>
<th>Alex Mills</th>
<th>Form Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable Form?</td>
<td>- Please Select -</td>
<td></td>
</tr>
</tbody>
</table>

### Adult Safeguarding Enquiry

**Reason for making adult safeguarding enquiry**

- [ ] Financial
- [ ] Physical
- [ ] Emotional
- [ ] Neglect
- [ ] Sexual
- [ ] Institutional
- [ ] Modern slavery
- [ ] Domestic violence
- [ ] Self-neglect
- [ ] Discriminatory
- [ ] Domestic Abuse
- [ ] FGM
- [ ] PREVENT (Radicalisation)

### Assessment Report

**Give brief description of the concerns that have led to making a safeguarding enquiry**

**Does the patient have capacity to consent to information being shared with others?**

- [ ] - Please Select -

**If no, what has been done to support the person to be involved in the decision making process**

**Has the patient given consent for information to be shared?**

- [ ] - Please Select -

**If no, state the reasons why information needs to be shared without the consent of the patient**

**What does the patient hope to achieve from making the safeguarding enquiry?**

**Date of consultation with Tavistock adult Safeguarding team**

**Does this person have dependent children?**

- [ ] - Please Select -

**If yes, give names and date of birth.**
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the children known to social services?</td>
<td>- Please Select -</td>
</tr>
<tr>
<td>If yes, give details</td>
<td></td>
</tr>
<tr>
<td>Have the police been informed?</td>
<td>- Please Select -</td>
</tr>
<tr>
<td>If yes give details of contact</td>
<td></td>
</tr>
<tr>
<td>Date of safeguarding enquiry</td>
<td></td>
</tr>
<tr>
<td>Name of person who received the safeguarding enquiry</td>
<td></td>
</tr>
<tr>
<td>Outcome of safeguarding enquiry</td>
<td>- Please Select -</td>
</tr>
</tbody>
</table>

© Copyright Adult Safeguarding Form over 18 years, 2016
Appendix D: Prevent Strategy

PREVENT STRATEGY 2017-19

National PREVENT Strategy
The government’s national PREVENT strategy is to ensure that any people who are identified as being vulnerable or at risk of radicalisation are referred to the Prevent programme. Once referred to Prevent, the police will de-conflict the referral and ensure it is not malicious or misguided and will decide on the appropriate pathway depending on whether the individual is already within a criminal space. This could include the referral being passed to the appropriate Channel Panel. Channel is a multi-agency panel, who seek to assess the individual and provide guidance on appropriate forward support. It is important to remember Channel is a voluntary programme, so the person at risk must consent to this intervention in order for it to happen.

Why is this Trust involved in Prevent?
The Counter-Terrorism and Security Act 2015 places a duty on specified authorities under Section 26, including the NHS, to ‘have due regard to the need to prevent people from being drawn into terrorism’. It is a duty for all specified organisations to ensure they have a workforce who are appropriately trained to identify, treat or refer all patients, staff and students who may be at risk of radicalisation.

The main aim of the Prevent programme is to stop people becoming terrorists and/or supporting terrorism by:

- Responding to the ideological challenge of terrorism and the threat we face from those who promote it
- Protecting vulnerable people from being drawn into terrorism and ensuring they are given adequate support
- Working with partner sectors and institutions where there are risks of radicalisation

Trust Strategy
The Trust PREVENT strategy is five-fold:
• to ensure staff and students are appropriate trained in Prevent
• to ensure the Trust is committed to multi-agency working, facilitated by a Prevent lead
• to ensure we adhere to and promote the national PREVENT Strategy duty
• to ensure we provide appropriate support and guidance for all vulnerable people, including patients, staff and students, in relation to them being at risk of radicalisation.
• to ensure those at risk of radicalisation are referred to the Prevent programme for the appropriate support and guidance.

Implementation

The Tavistock's core business is enabling as many people as possible to access talking therapies and to provide a safe space for patients to explore and improve their mental health and feel well. Our clinical staff are highly trained in all areas of specialised mental health and are aware of the need to ensure vulnerable patients, staff and students are appropriately treated and supported. The approach will be integrated into practice through specific training.

Training Requirements:

The Trust is mandated to ensure adequate levels of PREVENT training is provided for all appropriate staff and the Trust have now added PREVENT training to the Trust mandatory training programme.

Level 1 Prevent Training

PREVENT Awareness training is provided to all staff across the organisation at INSET and Induction via the Trust PREVENT Lead. In addition to this mandatory requirement, the lead also sends out an online training resource and requests all staff to complete this as evidence that they have understood the PREVENT message.

Level 3 PREVENT Training

Clinical staff who attend level 3 safeguarding training are further mandated to attend an additional extended workshop to raise the awareness of PREVENT (WRAP) which takes around 2 hours and is also provided by the PREVENT lead. Where possible the PREVENT lead will enlist the support of PREVENT regional facilitators to enable this training roll out.
Compliance Reporting

PREVENT figures are reported quarterly to our commissioners on the Unify2 System, providing the following level of detail:

- Details of the Trust lead for PREVENT
- Details of Trust PREVENT training providers
- Evidence of policies and procedures being in place
- Number of Referrals to Channel
- The number of staff who require each level of PREVENT training
- The number of staff trained per quarter
- The number of staff outstanding for training
- Details of partnership and cross borough working

What are the signs of radicalisation?

It is often not one specific cause which would put a person at risk of radicalisation, but the below list is some of the more frequent reasons why people have followed a specific path to radicalisation:

- feelings of loss or bereavement
- social isolation
- confusion over personal identity
- experience of discrimination, inequality or harassment leading to a sense of grievance
- family breakdown or community tensions
- having family members or friends who are already radicalised

What triggers a Prevent referral?

There are many reasons why someone may be at risk of radicalisation and some of the signs to look out for are listed below, but of course this is not an exhaustive list:

- out of character changes in behaviour, dress and beliefs
- changes in their friendship groups or associating with people who hold extremist views
- digital interaction with inappropriate online sites
- changes in use of social media with increased secrecy
- showing sympathy for extremist causes
- advocating extremist messages
- glorifying violence
- accessing extremist literature and imagery
In most instances, it would require a patient, staff member or student to divulge some of the above behaviours, which is very unlikely, but staff are required to remain vigilant to recognise the potential signs of radicalisation and to act appropriately in both recording and reporting the concern.

What to do if you are concerned about a patient in relation to them being at risk of radicalisation:

- Contact the Prevent lead or the adult or children’s safeguarding lead via their individual emails or via the generic safeguarding email: safeguarding@tavi-port.nhs.uk
- Ensure your concerns are documented in the patient’s risk assessment and safeguarding forms on Carenotes.
- Ensure all meetings, contact and advice you received from the Prevent lead or safeguarding team area documented on Carenotes.
- When a patient is considered to be at risk of radicalisation, the Prevent lead in conjunction with the clinical team will refer the person to the Prevent programme.
- If the Prevent lead or safeguarding team are unavailable and you have an immediate concern for an individual’s safety, please contact the Medical Director or Associate Medical Director or call 999.
- It is important to gain consent to a Prevent referral wherever possible.
- Sharing of information in relation to the individual at risk must be proportionate and necessary.

What to do if you are concerned about a colleague or student in relation to them being at risk of radicalisation:

- Contact the Prevent Lead or the adult safeguarding lead via their individual emails or via the generic safeguarding email: safeguarding@tavi-port.nhs.uk
- Where appropriate share concerns with the persons line manager if advised by the Prevent lead or the safeguarding team.
- Where a colleague or student is considered to be at risk of radicalisation, the Prevent lead, in conjunction with the staff or student management team, will refer the person to the Channel programme.
- If the Prevent lead or safeguarding team are unavailable and you have an immediate concern for an individual’s safety, please contact the Medical Director or Associate Medical Director or call 999.
- It is important to gain consent to a Prevent referral wherever possible.
- Sharing of information in relation to the individual at risk must be proportionate and necessary.
What happens to individuals who have passed the Prevent stage and have been convicted of a terror related crime?

People who are convicted of terrorist related crimes are known as TACT offenders (Terrorist ACT). The Home Office have started a de-radicalisation programme for offenders within communities, whereby the released individuals is closely monitored and managed by either the Police or a mental health provider and most TACT offenders will have a manager who usually sits within Probation or the Local Authority. All health workers are encouraged to find out who that individual is and work with them to ensure the individual is being safeguarded appropriately.

Whichever agency is leading the care plan for an individual TACT offender, they should ensure the individual is accessing “de-radicalisation” services that the Home Office provide to these individuals on release from prison. This is a relatively new initiative which is growing as more and more TACT offenders are released.

For TACT offenders there are also usually monthly MAPPA (Multi-Agency Public Protection Arrangements) meetings or equivalent meetings which will sit to discuss the cases that are being managed within the local area.

REMEMBER: Never work in silo, always contact a member of the safeguarding team for advice.

Irene Henderson
PREVENT Lead
2018