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Contents

1	Introduction.....	4
2	Why we need this policy	5
2.1	Purpose	5
2.2	Objectives.....	5
3	Scope.....	6
3.1	Who this policy applies to	6
3.2	Roles and responsibilities	7
4	Policy.....	9
4.1	6 key principles of safeguarding.....	9
4.2	Types of abuse	9
4.2.1	Domestic Abuse	10
4.2.2	Prevent.....	10
4.3	Making Safeguarding Personal	10
4.4	Think Family	11
4.5	Mental Capacity, safeguarding and advocacy.....	11
4.6	Consent, confidentiality, and information sharing.....	12
4.7	Managing the concern	12
4.7.1	Police referral.....	13
4.7.2	Referral to the Local Authority	13
4.7.3	Multi-Agency Risk Assessment Conference (MARAC).....	14
4.8	Persons alleged to have caused harm.....	14
4.8.1	Allegations of abuse from one adult at risk to another	14
4.8.2	Allegations of abuse by staff.....	15
4.8.3	Safer Recruitment	16
4.9	Section 42 enquiries	16
4.9.1	Parallel processes.....	16
4.10	Carers and Safeguarding.....	17
4.10.1	Assessment & support planning	17
4.10.2	Key considerations.....	18
4.11	Professional Challenge	18
4.11.1	What is professional challenge.....	18
4.11.2	Why professionally challenge	18
4.11.3	Safeguarding and MSP	18
4.11.4	Process for challenge.....	19
4.12	Record Keeping	19
4.13	Safeguarding Adult Reviews (SAR)	20
4.13.1	SAR principles.....	20
4.13.2	Outcomes from SARs.....	20
4.13.3	Serious Incidents.....	21
4.14	Safeguarding Supervision.....	21
5	Definitions.....	22

6	Related documents.....	22
7	How this policy will be implemented.....	23
7.1	Implementation Action Plan	23
7.2	Training needs analysis	24
8	How the implementation of this policy will be monitored.....	25
9	References	25
10	Document control (external)	27
	Appendix 1 - Equality Analysis Screening Form	29
	Appendix 2 – Approval checklist	32
	Appendix 3 – Safeguarding at a glance.....	34
	Appendix 4 – Safeguarding Adult Boards / Partnerships websites and contacts	35
	Appendix 5 – Types and Indicators of Abuse	36
	Appendix 6 – Safeguarding Adult referrals (Decision Making tools & Concern forms).....	37
	Appendix 7 – Record Keeping guidance	38
	Appendix 8 – Safeguarding Adults Supervision and Specialist Safeguarding Adults Supervision Protocol	39
	Appendix 9 – TEWV Safeguarding Organisational Chart / Poster	40

1 Introduction

The [Care Act 2014](#) (updated January 2022) provided legislative guidance for safeguarding adults within chapter 14, sections 42 – 46. Its states:

'safeguarding means protecting an adult's right to live in safety, free from abuse or neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time ensuring that the adults wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

[Safeguarding Adults: The Role of the Health Service Practitioners \(DoH, 2011\)](#) states that:

'health services have a duty to safeguard all patients but provide additional measures for patients who are less able to protect themselves from harm and abuse.'

And:

'Safeguarding adults is an integral part of patient care. Duties to safeguard patients are required by professional regulators, services regulators and supported in law.'

This policy sets out the roles and responsibilities of Tees, Esk and Wear Valleys NHS Foundation Trust (the Trust) staff in working together with other professionals and agencies in promoting the welfare of adults and safeguarding them from abuse and neglect.

The Trust covers several Local Authority Safeguarding Adult Boards / Partnerships:

- Darlington Safeguarding Adult Partnership
- Durham Safeguarding Adult Partnership
- Teeswide Safeguarding Adult Board
- North Yorkshire Safeguarding Adult Board
- York Safeguarding Adult Board
- East Riding Safeguarding Adults Board



This policy should be read in conjunction with local multi-agency policy and procedures which can be accessed via their safeguarding websites (**see appendix 4**).

This policy is critical to the delivery of the Trusts 'Our Journey To Change' and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism and their families. It helps us deliver our three strategic goals as follows:

This policy supports the Trust to co-create a great experience for all patients, carers and families from its diverse population by ensuring the principles of Making Safeguarding Personal (MSP) is embedded across the organisation when managing concerns of abuse or neglect.

This policy supports the Trust to co-create a great experience for our colleagues by enhancing multi-agency working and empowering them to identify, manage and challenge all aspects of abuse or neglect to safeguard the adult and their families whilst maintaining a safe working environment.

This policy supports the Trust to be a great partner by working with a wide range of agencies and stakeholders proactively inputting into, adhering to, and continually improving upon on existing multi-agency policies and procedures to effectively deliver the safeguarding agenda.

2 Why we need this policy

2.1 Purpose

To direct and support all staff in the recognition, raising and managing of concerns of abuse and neglect of an adult at risk (person aged 18 years or older).

2.2 Objectives

The aims of adult safeguarding are to:

- 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 in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding 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; and
- address what has caused the abuse or neglect.

Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property.

To achieve these aims, it is necessary to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which may increase the risk of abuse or neglect; and
- clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

3 Scope

3.1 Who this policy applies to



Safeguarding is everyone's business.

This policy applies to all staff working within the Trust, including agency staff and volunteers, and they must comply with their roles and responsibilities. Key roles and responsibilities are outlined in **Section 3.2**.

The safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the Local Authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The adult experiencing or at risk of abuse or neglect will hereafter be referred to as the adult throughout this policy document.

For the purposes of this policy an adult is a person, aged 18 years and over who is at a greater risk of suffering abuse or neglect because of physical, mental, sensory, learning or cognitive illnesses or disabilities; and substance misuse or brain injury, and includes:

- those in receipt of social care support (paid or unpaid service)
- those who purchase their care through personal budgets
- those whose care is funded by Local Authorities and/or health services
- those who fund their own care

- informal carers, family and friends who provide care on an unpaid basis
- those aged between 18 and 25 years and in receipt of children’s services.

For instances where the adult is in prison, this policy should be read in conjunction with their internal organisational policies and procedures.

Assessments of informal carers and the adult they care for must include consideration of both their wellbeing and includes protection from abuse and neglect.

Consideration has been given to those who may be affected by this policy to ensure that the document content aligns to the Trust’s values, so that people who may be affected are treated with compassion, respect and responsibility. Staff following this policy must ensure that they do so in a manner that is consistent with the Trust values.

This policy aligns with the Trusts values by following the principles of Making Safeguarding Personal (**see section 4.5**) and adhering to multi-agency policy and procedures in relation to the safeguarding adult agenda.

The Trust Safeguarding & Public Protection team use a variety of means to continually inform this policy and its development, including staff feedback and reflections, feedback from multi-agency processes and inspectorate visits and through learning from safeguarding adult reviews.

3.2 Roles and responsibilities

Role	Responsibility
Trust Board	<ul style="list-style-type: none"> • Overall responsibility for ensuring the Trust delivers high quality services that are efficient, effective and safe.
Chief Executive	<ul style="list-style-type: none"> • Overall responsibility for the implementation of this policy across the Trust.
Chief Nurse	<ul style="list-style-type: none"> • Responsible for governance systems and the organisational focus on safeguarding. • Ensure the Trust complies with multi-agency safeguarding arrangements and compliance with this policy. • Overall strategic responsibility for safeguarding. • Reports to the Trust Board on all aspects of Safeguarding. • Monitors representation from the Trust on all Safeguarding Boards and associated sub-groups.
Associate Director of Nursing - Safeguarding	<ul style="list-style-type: none"> • Responsible for the operational management of the Safeguarding & Public Protection team. • Ensuring the Safeguarding Adults agenda is fully delivered within the Trust and in partnership with other agencies through local Safeguarding arrangements.

	<ul style="list-style-type: none"> • Ensure representation from the Trust on all Safeguarding Adults Boards/Partnerships and associated sub-groups. • Delivering corporate support to the Trust for professional governance and assurance issues relating to nursing and Safeguarding Adults. • Providing professional support to the Trust in relation to research and development initiatives as they relate to Safeguarding Adults. • Provides the Quality and Assurance Committee with twice yearly updates on the progress being made and any areas which require further development.
<p>Medical director, general managers and associate medical directors, associate directors of therapies and Group Directors of Nursing and Quality.</p>	<ul style="list-style-type: none"> • Will support the delivery of the wider safeguarding adults agenda across the Trust. • They will ensure staff are aware of this procedure and implement safeguarding adult policies/procedures throughout their work areas. • Ensure access and uptake of training and supervision by their staff is made possible. • Disseminate new and relevant information gained at the Trusts Safeguarding and Public Protection group to all staff.
<p>Named Doctor Safeguarding Adults</p>	<ul style="list-style-type: none"> • Has an educative role in relation to Doctors and Medical Staff employed by the Trust. • Provides safeguarding supervision to all levels of medical staff dealing with complex cases of a safeguarding nature • Is accountable to Medical Director.
<p>Named Nurse / Professional Safeguarding Adults</p>	<ul style="list-style-type: none"> • Leading the development, implementation and monitoring of Safeguarding Adults policy and procedures, in liaison with partner agencies. • Actively participate in Safeguarding Adult Board/Partnership multi-agency sub-groups representing the Trust. • Work closely with Named/Designated Professionals for safeguarding adults to influence the development of policies and procedures developed locally, regionally and nationally. • Provide assurance to Trust Board and external assessors regarding effective and efficient Safeguarding Adults strategy/policy implementation. • Provide highly specialised advice and guidance to Trust staff in relation to Safeguarding Adults and Public Protection. • Ensure effective supervision processes are in place for staff managing complex cases. • Responsible for ensuring the provision of safeguarding training that meets the needs of our staff.
<p>Senior Nurse and/or Professional Safeguarding Adults</p>	<ul style="list-style-type: none"> • Support the Named Nurse for Safeguarding Adults in delivering the safeguarding adults agenda including safeguarding supervision and training to Trust staff.

Safeguarding / MARAC Advisor	<ul style="list-style-type: none"> • Develop and implement the Trust training strategy. • Deliver specialist safeguarding supervision • Offer advice and support to Trust staff
All employees of the Trust	<ul style="list-style-type: none"> • To identify and report abuse or suspected abuse • To comply with safeguarding policy and procedures.

4 Policy

4.1 6 key principles of safeguarding

The [Care and Support Statutory Guidance \(Department of Health & Social Care, 2022\)](#) issued under the Care Act 2014, describes **six key principles** that underpin all safeguarding adult work. These principles should always inform the ways in which professionals and other staff work with adults.

Principle	What it means?	How it relays to the adult
Empowerment	People being supported and encouraged to make their own 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>
Prevention	It is better to take action before harm occurs.	<i>"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."</i>
Proportionality	The least intrusive response appropriate to the risk presented.	<i>"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."</i>
Protection	Support and representation for those in greatest need.	<i>"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."</i>
Partnership	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 treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."</i>
Accountability	Accountability and transparency in delivering safeguarding.	<i>"I understand the role of everyone involved in my life and so do they."</i>

4.2 Types of abuse

The Care Act 2014 identifies **ten types of abuse or neglect** to consider for the safeguarding of adults. These may occur alone or in combination:

- Physical
- Financial or Material
- Sexual
- Psychological
- Modern Slavery
- Discriminatory
- Self-neglect
- Domestic
- Organisational
- Neglect and Acts of Omission

See **appendix 5** for indicators of these types of abuse.

4.2.1 Domestic Abuse

Domestic abuse is listed as a type of abuse or neglect within the Care Act 2014 and applies to those people listed within the **section 3.1**. Trust staff must be aware that not all people who are experiencing domestic abuse meet the requirements of safeguarding under the Act and must refer to the Trust **Domestic Abuse procedure** for further guidance.

4.2.2 Prevent

In addition to the above categories, Prevent is one of the Governments Strategies for Counter Terrorism and extremism in the UK. This is in relation to safeguarding those who are vulnerable to radicalisation.

Staff have a key role and must refer to the stand-alone Trust **Prevent procedure** for roles, responsibilities, and expectations as a Trust employee.



The Trust Safeguarding & Public Protection team must be made aware of all Prevent related concerns and will have oversight of all cases providing additional support to clinical services.

4.3 Making Safeguarding Personal

Making Safeguarding Personal (MSP) means that the safeguarding process should be person-led and outcome-focussed, enhancing the individual's involvement and choice and control together with seeking to improve quality of life, wellbeing and safety.

The Care Act 2014 emphasises a personalised approach to adult safeguarding that is led by the individual, not by the process. It is vital that the adult at risk feels that they are the focus and they have control over what happens during the safeguarding enquiry.

Trust staff should familiarise themselves with the Local Government Association guidance in relation to MSP '[Making Safeguarding Personal for commissioners and providers of health and social care](#)' and '[Myths and Realities about MSP](#)' and implement these principles when managing concerns of abuse and neglect.

On identification of a safeguarding concern, this should be discussed with the adult with the safeguarding procedure explained to them in a format that is appropriate and their views and wishes of the outcome should be obtained. Where the person lacks capacity, this should be sought from someone who is advocating on their behalf (**see section 4.5**).

4.4 Think Family

Everyone has a responsibility to take a 'Think Family' approach. 'Think Family' is an approach that requires all agencies to consider the needs of the whole family from working with individual members of it, making sure that support provided by children's, adults and family services is coordinated and takes account of how individual problems effect the whole family.

All assessments must identify who is living in the same household as an adult. There is a requirement for all staff, no matter who the primary client is, to consider the welfare and needs of all those living in the household.

As many Trust service users are parents or carers, this policy should be read in conjunction with the Trust **Safeguarding Children Policy** which reflects the Think Family model and the use of the PAMIC tool when assessing the impact of parental mental ill health on children. Where there is a safeguarding enquiry for an adult and there are children in the household, the staff member investigating the concern must also consider the child's welfare and if a referral to children's social care is required.

4.5 Mental Capacity, safeguarding and advocacy

The Mental Capacity Act 2005, provides a comprehensive framework to safeguard and empower people over 16 who are unable to make all or some decisions themselves. The Act includes a range of principles, powers and services which must be considered as a part of a safeguarding plan for a person lacking capacity who may be at risk of being abused or neglected.

Where an adult who lacks capacity is alleged to have been abused or neglected or to have abused or neglected another person, consideration must be given to appointment of an Independent Mental Capacity Advocate (IMCA).

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

There is also a separate duty to arrange an independent advocate for adults who are subject to a safeguarding enquiry or Safeguarding Adults Review (SAR) under the following conditions:

- The person would have substantial difficulty in being fully involved in these processes without and independent advocate; and
- There is no appropriate individual available to support and represent the person's wishes (someone who is paid or professionally engaged in providing care or treatment to the person or their carer is not considered appropriate).

Staff must follow this policy in conjunction with the Trust **Mental Capacity Act 2005 policy** and **Deprivation of Liberty policy** and **Deprivation of Liberty Safeguards procedure**.

4.6 Consent, confidentiality, and information sharing

Good information sharing practice is at the heart of good safeguarding practice.

Staff should use this policy in conjunction with the Trust **Confidentiality and Sharing Information policy** which covers consent, confidentiality and information sharing and multi-agency information sharing agreements.

Staff should seek the views of the adult about raising a safeguarding concern ascertaining their wishes and views (MSP). They should seek the consent of the adult for raising the safeguarding concern (and in the process, sharing information with the local authority and/or police).

Staff cannot give assurance of confidentiality where there are concerns about abuse or neglect particularly where other people may be at risk.

Disclosure without consent may be justified where:

- Seeking consent is likely to increase risk to the adult in question or another person.
- Permission has been refused but sufficient professional concern remains to justify disclosure in the wider public interest.
- Seeking permission is likely to delay commencing a criminal investigation, or to prejudice it by alerting potential perpetrators.
- There is significant risk to others (particularly children and young people under the age of 18 years). Please note that the interests of children (and young people under 18) are paramount under the Children Act 2004 – so this would outweigh the adult's interests.

4.7 Managing the concern

Any member of Trust staff could be the first to suspect, witness or have abuse or neglect directly disclosed to them and it is important to understand your roles and responsibilities. All Trust staff should attend the safeguarding relevant to their role and as outlined within **section 7.1**.



If the adult is in immediate danger then the relevant emergency services should be contacted to maintain their safety and that of others.

All concerns should be managed by a Trust staff member trained at Safeguarding Level 3 or above.

It is the expectation that all forms of abuse or neglect are to be taken seriously and exploration with the adult on how to manage these concerns should not be delayed.

The response to the concern should be proportionate to the level risk that is involved and follow the 6 key safeguarding principles, MSP, mental capacity and consent and confidentiality as outlined within the policy thus far.

4.7.1 Police referral

Where a crime is suspected to have been committed then the police are to be notified immediately and evidence should be preserved wherever possible. Staff must also follow the Trust **Criminal Incident Reporting procedure**.

There may be occasions where the police would require confidential patient information when responding to a reported crime / incident to safeguard the adult or their wider family members. On these occasions, staff should follow the Trust **Confidentiality and Sharing Information policy**.

4.7.2 Referral to the Local Authority

The Local Authority is the **lead agency** for safeguarding. They must lead a multi-agency local safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.

There are local decision making / threshold tools that are available to assist you to with adult safeguarding concerns. These tools assist you to decide the type and seriousness of abuse and whether you need to raise them further with the Local Authority Safeguarding. Abuse may fall within the low risk threshold but other factors can make the concerns more serious which requires escalation for formal adult protection procedures. These tools do not replace professional judgement or aim to set a rigid threshold for intervention.

All concerns that meet the safeguarding adult requirements under the Care Act, for individuals outlined in **section 3.1**, are to be raised with the Local Authority.

A decision to raise a concern requires a **concern form / or via telephone** (dependent on which area) to the Local Authority **where the alleged abuse or neglect has taken place**.

Continuous safeguarding of the person is to be addressed via appropriate interventions and clinical risk management regardless of the decision to refer on and should not be delayed.



Don't delay! Concerns should be raised with the Local Authority Safeguarding Adults team within 24 hours of the concerns being raised. Urgent concerns raised out of hours should be raised with the Emergency Duty Team – see appendix 4.

Appendix 6 signposts Trust staff to the safeguarding adult tools and concern forms that are required to be completed once the decision to refer on has been made.

4.7.3 Multi-Agency Risk Assessment Conference (MARAC)

In situations where the adult is experiencing high risk domestic abuse, it may be necessary that they meet both the requirements to raise this concern within safeguarding procedures *and* the need to refer into MARAC.

For further guidance on how to assess this risk and refer, staff are to follow the Trust **Domestic Abuse procedure**.

4.8 Persons alleged to have caused harm

Indicators of abuse or neglect often include the misuse of power by one person over another.

An individual, a group or an organisation may perpetrate abuse or neglect which can be deliberate or the result of ignorance, lack of training, knowledge or understanding.

4.8.1 Allegations of abuse from one adult at risk to another

Where both parties are deemed to be an adult at risk support should be offered to both throughout the safeguarding procedure.

In all such cases care must be taken to ascertain and understand the nature of the allegation / disclosure from the point of view of both the alleged victim and the alleged perpetrator. Someone in whom both individuals have confidence should undertake this most important element of the procedure. Both parties should have different workers to ensure separate, independent representation and who are able to give both individuals support in coping with the safeguarding procedures.

If abuse is suspected or confirmed safeguarding adult procedures should be followed to ensure the protection of the alleged victim and a positive outcome for both individuals.

The ability of the alleged perpetrator to understand their actions, intentions and the possible consequences of their behaviour will be considered throughout the process.

If one or both persons is deemed not to have capacity, this and the rationale/assessment must be clearly recorded, along with subsequent risk management plans.

Where there are multi agency public protection (MAPPA), Safeguarding Children or Domestic Abuse issues, staff must refer to the Trust **MAPPA procedure, Safeguarding Children policy and Domestic Abuse procedure.**

4.8.2 Allegations of abuse by staff



The Trust Safeguarding & Public Protection team and Human Resources team should be informed of all adult safeguarding concerns that are made against Trust staff.

If there are concerns that a Trust member of staff may have caused or put an 'adult at risk' (as defined by the Care Act) at risk of abuse or neglect then safeguarding adult procedures should be followed. For effective planning of a safeguarding enquiry, the focus on both the needs of the adult and the disciplinary processes should be considered.

There may also be occasions where concerns are raised about a staff members behaviour, outside of their professional practice, that may cause concern in relation to working with vulnerable adults. The Trust Safeguarding & Public Protection team and Human Resources team should also be informed of these and the relevant local authority safeguarding adult team.

Where local multi-agency policies and procedures are in place, these must be followed in conjunction with this policy when managing any allegations made against staff. These can be found within the safeguarding sections of the local authority websites (**appendix 3**). E.g. Person In Position Of Trust (PIPOT) procedures.

Staff facing allegations should also be supported through their line manager and the Trust Employee Support Services where appropriate.

The Trust Safeguarding & Public Protection team will have oversight of all safeguarding concerns involving a staff allegation, and support clinical and/or corporate services, until the safeguarding enquiry closes.

A communication pathway is in place between the Trust Safeguarding team, Human Resources team and Professional Nursing & Education team to ensure effective liaison between all processes take place.

Where appropriate, Human Resources will lead on any referrals to the Disclosure and Barring Service (DBS) and the individual's registering body (e.g. Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), and the General Medical Council (GMC).

All allegations made toward Trust staff is monitored at the Trust Safeguarding & Public Protection sub-group of the Quality and Assurance Committee.

All staff should make themselves familiar with the Trust **Freedom to Speak Up policy** should they have concerns around individual or organisational practice.

4.8.3 Safer Recruitment

The Trust follows guidance in relation to Safer Recruitment practices to safeguard children and adults, ensuring systems are in place to conduct Disclosure and Barring Service checks in accordance with national and statutory guidelines.

Refer to the Trust **Disclosure and Barring service procedure** and **Recruitment and Selection procedure**.

4.9 Section 42 enquiries

Section 42 of the Care Act 2014 states that Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect an adult with care and support needs is, or is at risk of, being abused or neglected.

An enquiry is the action taken or instigated by the Local Authority in response to a concern that abuse or neglect may be taking place.

The purpose of a Section 42 safeguarding enquiry is to decide what action is needed to help and protect the adult.

Its aims are to:

- establish the facts about an incident or allegation;
- ascertain the adult's views and wishes on what they want as an outcome from the enquiry;
- assess the needs of the adult for protection and how they might be met;
- protect the adult from the abuse and neglect, as the adult wishes;
- establish if any other person is at risk of harm;
- make decisions as to what follow-up actions should be taken with regard to the person or organisation responsible for the abuse or neglect
- enable the adult to achieve resolution and recovery.

The Local Authority may decide that Trust staff should make the enquiry, advising on timescales and outcomes.

Ward/Team managers and Modern Matrons should be made aware of all Section 42 enquiries into the Trust and have oversight of these once completed. Entrusted enquiries should only be delegated to a staff member competent to complete the enquiry and who is trained at Safeguarding level 3 at a minimum. The Trust Safeguarding & Public Protection team can support with these enquiries if required.

4.9.1 Parallel processes

Sometimes other enquiries will also be needed under other procedures.

- If a criminal offence is suspected the police may undertake an investigation, and if so, this **will take priority**.
- If the person is an employee, then a disciplinary process may be required.
- There may also be a need for an internal incident investigation.

A safeguarding enquiry is separate from these, but often it is possible for organisations to work together so that people do not need to be interviewed more than once.



Criminal investigations take priority over all other investigation processes such as Section 42 enquiries and disciplinary procedures.

4.10 Carers and Safeguarding

It is important that professionals in the Trust are aware of the [Department of Health guidance](#) in relation to carers and safeguarding. Professionals responding to a safeguarding concern should consider the needs of the carer as part of the safeguarding of the adult.

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

- a carer may witness or speak up about abuse or neglect
- a carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others

4.10.1 Assessment & support planning

Section 1 of the Care Act includes protection from abuse and neglect as part of the definition of wellbeing. As such, a needs or carers assessment is an important opportunity to explore the individual's circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring.

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

If a carer experiences intentional or unintentional harm from the adult they are supporting, or if a carer unintentionally or intentionally harms or neglects the adult they support, consideration should be given to:

- as part of the assessment and support planning process, whether support can be provided for the carer and/or the adult they care for that removes or mitigates the risk of abuse, and;
- whether other agencies should be involved

4.10.2 Key considerations

Other key considerations in relation to carers should include:

- involving carers in safeguarding enquiries relating to the adult they care for, as appropriate (taking into account gaining consent from the adult at risk)
- whether or not joint assessment is appropriate in each individual circumstance
- the risk factors that may increase the likelihood of abuse or neglect occurring
- whether a change in circumstance changes the risk of abuse or neglect occurring

A change in circumstance should also trigger the review of the care and/or support plan.

All TEWV staff are to routinely identify carers and discuss their support needs, which may include a carers assessment and should follow the locally agreed procedures for providing this level of support.

The triangle of care provides a framework to guide staff on how best to support carers.

Information for this can be found at [triangle of care link](#).

Contact with carers and the support offered is to be clearly documented on PARIS.

4.11 Professional Challenge

4.11.1 What is professional challenge

Professional challenge can be a positive activity; a sign of good professional practice, a healthy organisation and effective multiagency working. Being professionally challenged should not be seen as a criticism of the person's professional capabilities.

Decisions are made on the information available to people at the time; no-one sets out with the intention to make a bad professional decision. We need to be open to someone questioning why we reached a decision or took a particular course of action.

4.11.2 Why professionally challenge

Some safeguarding adult reviews (SAR), both nationally and locally, have identified an apparent reluctance to challenge decision making – both decisions within our own organisation and across agencies. Many SARs have identified that concerns have not been followed up with robust professional challenge which may have altered the professional response.

In the safeguarding process there may be reason to challenge decisions, practice or actions which could jeopardise the safety or well-being of any adult at risk of or subject to abuse or neglect.

4.11.3 Safeguarding and MSP

Problem resolution is an integral part of professional co-operation and joint working to safeguard adults with care and support needs and it is important to:

- Ensure professional disputes do not put adults at risk or obscure the focus on the adult
- Ensure professional disputes between agencies are resolved in a timely, open and constructive manner
- Identify problem areas in working together where there is a lack of clarity

4.11.4 Process for challenge

Many professional challenges will be resolved on an informal basis by contact between the individual raising the challenge (or their manager) and the individual/manager/agency receiving the challenge and will end there.

If the issue cannot be resolved between them the person who disagrees about the decision or action should raise the issue with their manager and the Trust Safeguarding & Public Protection team.

Some Local Authority areas have specific procedures in place that can be followed which can be found in the relevant areas Safeguarding Adults Board /Partnerships websites (**see appendix 4**).



The safety of the adult is the paramount consideration in any professional disagreement and any unresolved issues should be escalated with due consideration to the risks that might exist for the adult.

4.12 Record Keeping

All safeguarding adult concerns are to be recorded upon receipt of the concern being raised.

When recording interventions for an adult, staff must also record their assessment of any risk to others living in the household.

All records must follow the Trusts **Records Management policy** i.e:

- Be accurate and factual as they may well be relied upon at a later date in court.
- All dates and times should be recorded in sequence and the entry signed.

Consideration must be given to the degree of detail recorded on PARIS which could be accessed by the alleged perpetrators. Any safeguarding activity that needs to be kept manually must be referenced on PARIS showing where the manual information may be accessed.

The annual Safeguarding Adults policy audit will include the documentation of the safeguarding concern.

See **appendix 7** for specific guidance on recording keeping of safeguarding concerns within the electronic care records, PARIS.

4.13 Safeguarding Adult Reviews (SAR)

The Care Act 2014, Section 44 requires that Safeguarding Adults Boards /Partnerships must arrange a Safeguarding Adults Review when:

- an adult in its area dies either 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 adult; or
- if an adult has not died, but the Safeguarding Adult Board / Partnership knows or suspects that the adult has experienced serious abuse or neglect.

The Care Act also states that Safeguarding Adult Board / Partnerships 'are free to arrange a SAR in any other situations involving an adult in its area with needs for care and support.'

4.13.1 SAR principles

The following principles are applied to all reviews:

- a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice
- the approach taken to reviews is proportionate according to the scale and level of complexity of the issues being examined
- reviews of serious cases are led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed
- professionals are involved fully in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith
- families are invited to contribute to reviews. They will understand how they are going to be involved and their expectations should be managed appropriately and sensitively

4.13.2 Outcomes from SARs

SAR reports will:

- provide a sound analysis of what happened, why and what action needs to be taken to prevent a reoccurrence, if possible
- be written in plain English
- contain findings of practical value to organisations and professionals

There is a legal duty for the Trust to share information for the purpose of enabling or assisting the Safeguarding Adult Board / Partnership to perform its functions, including that of a SAR. The Trust Safeguarding & Public Protection team is the point of contact for all SAR proceedings.

The Safeguarding Adult Board / Partnership will ensure that there is appropriate involvement in the review process of professionals and organisations who were involved with the adult.

In the interest of transparency and disseminating learning the Safeguarding Adult Board / Partnership will consider publishing the reports within the legal parameters about confidentiality.

The Trust has a responsibility to ensure that the learning is disseminated and embedded across the organisation.

4.13.3 Serious Incidents

Serious Incidents involving abuse or neglect of an adult may meet the criteria for reporting as safeguarding concerns as well as a SAR. Such incidents are likely to include:

- Death or injury to a vulnerable adult where abuse or neglect is suspected to be a factor
- Where a vulnerable adult has suffered harm as a result of staff failing to follow agreed procedures or acceptable practice
- Other situations may be considered including Grade 3/4 pressure ulcer that is found after admission, or any pressure ulcers developed whilst an inpatient where there are concerns regarding the care provided. Repeated falls where a care plan has not been developed. Repeated /serious medication errors.

All complaints or concerns expressed via PALS where there are safeguarding concerns should consider safeguarding proceedings.

Good safeguarding practice requires openness, transparency and trust. There is a legal 'Duty of Candour' in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred.

Staff should refer to multi-agency Safeguarding Adult Review procedures and the Trust **Incident Reporting and Serious Incident Review policy**, **Complaints policy**; and **Duty of Candour policy** for additional information.

4.14 Safeguarding Supervision

All clinical staff must receive supervision in accordance with the Trusts **Clinical Supervision policy** and **Allied Health Professionals Professional and Clinical Supervision protocol**.

Supervision regarding safeguarding is incorporated into each routine clinical supervision session to ensure that where there is a safeguarding concern, risks are analysed, an exploration of information is considered, and any actions identified are implemented. This includes consideration of the wider family in line with the Think Family approach.

There are no mandatory requirements for specialist safeguarding adult supervision however it is good practice this takes place. The Trust Safeguarding & Public Protection team provides specialist safeguarding adult supervision for more complex safeguarding cases across the Trust with the purpose of encouraging practitioners to reflect on the impact of their decision on the adult and their family whilst adhering to safeguarding procedures and providing emotional support for professionals.

Tony Morrison's 4X4X4 is the model used within the Trust for safeguarding supervision. This provides a framework that incorporates:

- 4 Stakeholders (service users / staff / organisation / partners)
- 4 Elements (experience, reflection, analysis & plans / actions)

It is the staff members and line managers responsibility to identify where additional support is necessary for staff e.g. during a Safeguarding Adult Review or Safeguarding Enquiry.

There are also opportunities for the Trust Safeguarding Public Protection team to deliver group supervision when required and requested.

For guidance of cases that meet the criteria for specialist safeguarding adults supervision and how to record this, please refer to the safeguarding adult supervision and specialist safeguarding adult supervision protocol **appendix 8**.

5 Definitions

Term	Definition
Adult at Risk	An adult at risk is 'any person who is aged 18 years or over and at risk of abuse or neglect. because of their needs for care and support.
Abuse	A violation of an individuals human and civil rights by another person or persons which results in significant harm.
Care and support needs	Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent.
Radicalisation	The action or process of causing someone to adopt radical positions on political or social issues.
Allegation	A claim or assertion that someone has done something illegal or wrong, typically one made without proof.

6 Related documents

This policy should be read in conjunction with local multi-agency policies and procedures which can be found in the corresponding Safeguarding Adult Board / Partnership websites in appendix 3.

Trust policies and procedures referenced within this policy are listed below and can be found within the [policies and procedures section of the Trust intranet](#) – just input the title in the search bar:

- Allied Health Professionals Professional and Clinical Supervision protocol
- Clinical Supervision policy
- Complaints policy
- Confidentiality and Sharing Information policy

- Criminal Incident Reporting procedure
- Deprivation of Liberty policy
- Deprivation of Liberty Safeguards procedure
- Disclosure and Barring service procedure
- Domestic Abuse Procedure
- Duty of Candour policy
- Freedom to Speak Up policy (Whistleblowing / Raising Concerns)
- Human Rights, Equality, Diversity and Inclusion Policy
- Incident Reporting and Serious Incident Review policy
- MAPPA (Multi-Agency Public Protection Arrangements) procedure
- Mental Capacity Act 2005 policy
- Records Management policy
- Recruitment and Selection procedure
- Safeguarding Children Policy

The policy also links with a wider variety of other Trust policies and procedures as safeguarding is integral to the delivery of quality care.

7 How this policy will be implemented

- This policy will be published on the Trust’s intranet and external website.
- This policy will be communicated to all Trust staff to implement.

7.1 Implementation Action Plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Inclusion within the safeguarding and public protection e-bulletin	Communicate the new policy to all Trust staff	1 month	Safeguarding & Public Protection team	Confirmation within safeguarding & public protection e-bulletin
Inclusion within the policy e-bulletin	Communicate the new policy to all Trust staff	1 month	Policy department	Confirmation within policy e-bulletin
Inclusion within the Trust electronic staff brief	Communicate the new policy to all Trust staff	1 month	Safeguarding & Public Protection team and Communications team	Confirmation within Trust electronic staff brief

Shared with members of the Safeguarding & Public Protection sub group	Cascade into clinical services via local quality assurance and improvement meetings	1 month	Safeguarding & Public Protection team sub-group	Agenda item / email communication with Safeguarding & Public Protection team sub-group members Minutes of the local quality assurance & Improvement meeting
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7.2 Training needs analysis

The Trust has the following training packages in place which follows the guidance set within the [Royal College of Nursing \(2024\) Adult Safeguarding: Roles and Competencies for Health Care Staff](#), [Royal College of Nursing \(2019\) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff](#) and [Royal College of Nursing \(2020\) Looked After Children: Roles and Competencies for Healthcare Staff](#).

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All non-clinical staff i.e., corporate, housekeeping	Safeguarding Level 1	e-learning	Every 3 years
All clinical band 4 and below who have contact with service users of any age.	Safeguarding Level 2	e-learning – 4 hours	Every 3 years
All clinical staff Band 5 and above including Medics and Allied Health Professionals	Safeguarding Level 3	e-learning – 3 hours pre-reading material – 2 hours face to face training - 3 hours	Every 3 years
Safeguarding & Public Protection Professionals including Named Doctor	Safeguarding Level 4	24 hours	Over 3-year period

8 How the implementation of this policy will be monitored

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	<p>The following key performance indicators will be monitored:</p> <ul style="list-style-type: none"> • Training compliance • Safeguarding Adults concerns • Safeguarding Adult concerns referred to the Local Authority • Safeguarding Adults concern by types of abuse • Staff allegations • Specialist Safeguarding Adults supervision 	<p>Quarterly, through data collection, by the Safeguarding & Public Protection team.</p> <p>Bi-annually, through data collection, by the Safeguarding & Public Protection team.</p>	<p>Safeguarding & Public Protection Sub-Group of the Quality and Assurance Committee.</p> <p>Clinical Quality Review Group / Quality & Performance Meeting.</p>
3	Safeguarding Adults Policy audit	Annual audit by the Safeguarding and Public Protection team.	Safeguarding & Public Protection Sub-Group of the Quality and Assurance Committee.

9 References

- Department of Health & Social Care (2022) Care and support statutory guidance
- Department of Health (2011) Safeguarding Adults: The Role of the Health Service Practitioners
- HM Government (2014) Care Act
- Local Government Association (2019) Making Safeguarding Personal for commissioners and providers of health and social care
- Local Government Association (2019) 'Myths and realities' about Making Safeguarding Personal
- Royal College of Nursing (2018) Adult Safeguarding: Roles and Competencies for Health Care Staff

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- Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff
 - Royal College of Nursing (2020) Looked After Children: Roles and Competencies for Healthcare Staff
 - SCIE Publication Guide 30 (2009) Think Child, Think Parent, Think Family

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	21 January 2025
Next review date	06 July 2025
This document replaces	Safeguarding Adults Policy CLIN-0048-v8.2
This document was approved by	Safeguarding and Public Protection meeting
This document was approved	21 November 2024
This document was ratified by	Management Group
This document was ratified by	21 January 2025
An equality analysis was completed on this policy on	18 May 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v8	06 July 2022	Full review with major amendments. These include: <ul style="list-style-type: none"> Change from procedure to policy Incorporated procedural elements into the policy 	Withdrawn
v8.1	25 May 2023	Section 3.2 – added the role and responsibilities of the Named Doctor Safeguarding Adults Section 8 – changed Contract Management Board to Quality & Performance Meeting. Appendix 9 – added link to poster on the T drive rather than embedding this.	Withdrawn
v8.2	21 June 2023	Job title ‘Executive Director of Nursing and Governance’ updated to ‘Chief Nurse’ in body of policy. N.B. this change requested Management Group 21 June 2023	Withdrawn

v8.3	20 March 2024	<p>Updated/corrected the following:</p> <p>Appendix 4 - York link not working, Redcar telephone incorrect.</p> <p>Appendix 6 - North East link not working. D'ton link to concern form not working.</p> <p>Appendix 7 & 8 updated to reflect no longer using PARIS / Datix.</p> <p>Appendix 9 – link to poster doesn't work</p> <p>(*note full retrospective approval recorded in SPPG minutes of 09 May 2024)</p>	Withdrawn
v8.4	21 Jan 2025	<p>Minor amendments only:</p> <p>Section 6 – reference to Human Rights, Equality, Diversity and Inclusion Policy</p> <p>Section 7.4 - Update to the Royal College of Nursing (2024) Adult Safeguarding: Roles and Competencies for Health Care Staff</p> <p>Fixed broken links</p>	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Safeguarding Adults – Nursing & Governance
Title	Safeguarding Adults Policy
Type	Policy
Geographical area covered	All areas of the Trust
Aims and objectives	To direct and support all staff in the recognition and reporting of concerns of abuse and neglect of an adult (person aged 18 years or older) in line with local policies and procedures from the Safeguarding Adults Boards / Partnerships covered by the Trust geographical area.
Start date of Equality Analysis Screening	13 May 2022
End date of Equality Analysis Screening	18 May 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All adults who are at risk from abuse or neglect.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO

	<ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	Not applicable
Describe any positive impacts	Safeguarding adults is a part of patient safety and wellbeing and the expected outcomes of the NHS, providing additional measures for those least able to protect themselves from harm or abuse, regardless of a persons protected characteristics. A persons protected characteristics will however always be taken into consideration to ensure that there are no barriers to the safeguarding process.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references within body of the policy.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Consultation for this policy has been made with the Safeguarding & Public Protection team, the Safeguarding & Public Protection sub group of the Quality and Improvement Committee and for full consultation in the Trust.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Not applicable

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No further training has been identified from this equality analysis however training requirements for Safeguarding Adults is already in place for Trust Staff.
Describe any training needs for Trust staff	Not applicable
Describe any training needs for patients	Not applicable
Describe any training needs for contractors or other outside agencies	Not applicable

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	Policy
2.	Rationale		
	Are reasons for development of the document stated?	Yes	Within section 1 & 2.
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	Through consultation process.
	Is there evidence of consultation with stakeholders and users?	Yes	As part of the consultation and referred to in section 3.1.
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	This will replace the Safeguarding Adult Procedure.
4.	Content		
	Is the objective of the document clear?	Yes	Section 2.
	Is the target population clear and unambiguous?	Yes	Section 3.
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	Throughout and in Section 9.
	Are key references cited?	Yes	Section 9
	Are supporting documents referenced?	Yes	Throughout and in Section 6.
6.	Training		
	Have training needs been considered?	Yes	Section 7.1
	Are training needs included in the document?	Yes	Section 7.1
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	Sections 7 & 8
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	Appendix 1
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	Appendix 1
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	Safeguarding and Public Protection Sub-Group of the Quality and Assurance Committee.
10.	Publication		
	Has the policy been reviewed for harm?	Yes	No harm impact identified.
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Not applicable	

Appendix 3 – Safeguarding at a glance

<p>Ensure the immediate safety and well-being of the adult at risk. Contact 999 where urgent medical attention or police presence is required.</p> <p>If there is any concern that a potential crime has occurred, follow the Criminal Incident Reporting procedure. ALWAYS consider the need to preserve evidence.</p>
<p>Gather information, INCLUDING the desired outcomes of the adult at risk (unless this may impact upon any potential police investigation/safeguarding enquiry), in order to inform your decision (MSP):</p> <p><i>What has happened? - What do they want to happen now? - What changes/actions does the adult desire to feel safe?</i></p>
<p>Consider a persons capacity to understand the safeguarding concern, process and ability to inform any subsequent support as a result. Follow the guidance within the Mental Capacity Act 2005. Consider the involvement of family / friends or referral to advocacy services where a person lacks capacity.</p>
<p>Make a decision on whether to raise a concern. Consider the information available to you and the views and wishes of the person. Refer to local safeguarding tools to assist your decision.</p> <p>You should seek consent to raise a concern however, at times, you may need to raise a concern without consent dependent on risk.</p>
<p>A decision to raise a concern further requires a concern form / or via telephone (dependent on which area) to the Local Authority where the alleged abuse or neglect has taken place. The Local Authority is the LEAD AGENCY.</p> <p>Continuous safeguarding of the person is to be addressed via appropriate interventions and clinical risk management regardless of the decision and should not be delayed.</p>
<p>Local Authorities must carry out Section 42 enquiries, or cause others to do so, if they reasonably suspect an adult is at risk or experiencing abuse or neglect.</p>
<p>Record, inform and support. Document all information relating to the concern and any actions taken, inform any other key people or agencies and support the adult(s).</p> <p>Record keeping.</p>

Appendix 4 – Safeguarding Adult Boards / Partnerships websites and contacts

Darlington Safeguarding Partnership	01325 406111 – Out of hours: 01642 524552	
Durham Safeguarding Adults Partnership	03000 267979	
North Yorkshire Safeguarding Adult Board	0300 1312131	
York Safeguarding Adult Board	01904 555111 – Out of hours: 0300 1312131	
East Riding Safeguarding Adults Board	01482 396940 – Out of hours: 01377 241273	
Teeswide Safeguarding Adults Board	Hartlepool	01429 523390
	Stockton	01642 527764
	Middlesbrough	01642 065070
	Redcar & Cleveland	01642 771500
	Out of hours: 01642 524552	

Appendix 5 – Types and Indicators of Abuse

<p>Physical Abuse</p>	<p>Financial or Material Abuse</p>
<p>Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.</p>	<p>Including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.</p>
<p>Sexual Abuse</p>	<p>Psychological Abuse</p>
<p>Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.</p>	<p>Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustified withdrawal of services or supportive networks.</p>
<p>Modern Slavery</p>	<p>Discriminatory Abuse</p>
<p>Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.</p>	<p>Including forms of harassment, slurs or similar treatment; because of age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p>
<p>Organisational Abuse</p>	<p>Neglect and Acts of Omission</p>
<p>Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.</p>	<p>Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.</p>
<p>Self-Neglect</p>	<p>Domestic Abuse</p>
<p>This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.</p>	<p>Any incident or pattern of incidents of controlling, coercive, 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. The abuse can be, but not limited to: psychological, sexual, financial and emotional.</p>

Appendix 6 – Safeguarding Adult referrals (Decision Making tools & Concern forms)

Safeguarding Adults Decision Making tools

- [Darlington](#)
- [Durham](#)
- [Teeswide](#) (Hartlepool, Stockton, Redcar & Cleveland, Middlesbrough)

North Yorkshire, York and East Riding safeguarding adult boards do not currently have a specific safeguarding adult decision making tool in place.

The Trust supports professionals working in these areas to use existing Local Authority tools regionally to support their decision making.

Safeguarding Adults Concerns forms

- [Darlington](#)
- [Durham](#) – Call Social Care Direct 24 hours a day on 03000 267 979
- [Teeswide](#) (Hartlepool, Stockton, Redcar & Cleveland, Middlesbrough)
- [North Yorkshire](#)
- [York](#)
- [East Riding](#)

Appendix 7 – Record Keeping guidance



Advice from the Trust Safeguarding & Public Protection team should be sought for all concerns against Trust staff. Precautions should be taken to avoid having a negative impact on any current investigations.

- All safeguarding concerns should be managed and recorded by a staff member trained at Safeguarding level 3 and above.
- When the safeguarding concern is identified, this and the actions taken to address the immediate safety of the adult is to be recorded within the patients **progress notes**. You should also **tag this with the safeguarding category**.
- This concern should be explored further and recorded within a **Combined Safeguarding e-form** on Cito choosing the option of 'Adult' (if a child is also involved then there is the option of choosing 'Both' – the Safeguarding Children policy should also be referred to at this point).
- **Page 1 – 3 of the Combined Safeguarding e-form** should be completed, with emphasis on:
 - The nature of the concern and the decision making – referencing safeguarding decision making / threshold tools
 - Making Safeguarding Personal
 - The action taken
- Ongoing plans to safeguard the patient is to be recorded within the patients **progress notes tagged with safeguarding**.
- Outcomes to referrals should be recorded within the **progress notes** and on **page 4 of the Combined Safeguarding e-form** before signing the e-form off.
- **Incident recording (Inphase)** - [Guidance on recording safeguarding on InPhase is found here](#) : \\tewv.nhs.uk\data\Trustwide Shares\Intranet Published Documents\InPhase Oversight
- All referrals to the Local Authority are to be uploaded into Cito by choosing 'Acquire Attachment' and categorised **Safety & Risk Assessments – Correspondence - Safeguarding**.
- Any ongoing safeguarding activity should be recorded as part of a **progress notes tagged with safeguarding**.
 - This will include: enquiries, outcomes, safeguarding meetings and supervision.
- All safeguarding concerns should be reflected in the **safety summary and plan**.

Appendix 8 – Safeguarding Adults Supervision and Specialist Safeguarding Adults Supervision Protocol

SAFEGUARDING ADULTS SUPERVISION

When is Safeguarding Adults supervision required?

- All Safeguarding Adult cases referred to the Local Authority Safeguarding.
- All open cases heard within MARAC.

What needs to happen?

All clinical staff must receive supervision in accordance with the Trusts **Clinical Supervision policy** and **Allied Health Professionals Professional and Clinical Supervision** protocol.

Supervision regarding safeguarding is to be incorporated into each routine clinical supervision session to ensure that where there is a safeguarding concern, risks are analysed, an exploration of information is considered, and any actions identified are implemented. This includes consideration of the wider family in line with the Think Family approach.

SPECIALIST SAFEGUARDING ADULTS SUPERVISION

When is specialist safeguarding adults supervision required?

- Multiple Safeguarding Adult concerns involving the same adult ie 3 incidents in last 4 months
- 3 MARAC meetings in the last 6 months and the individual is open to TEWV.
- Multiple repeat Safeguarding Adult concerns within the same service area
- All organisational abuse incidents
- Where the incident resulted in significant harm to the victim
- Any incidents where there is media interest in the case
- Professional Judgement

What needs to happen?

- The clinical team are to contact the Safeguarding Adult team upon identifying a case for specialist safeguarding adults supervision
- The Safeguarding Adult team will deliver specialist safeguarding supervision
- The Safeguarding Adult team will liaise with the Care Co-ordinator/ Lead Professional to agree the method and type of providing the specialist safeguarding supervision:
 - Face to face / Telephone / MS Teams
 - Individual / MDT / Huddle/ Report out / Professionals meetings
- Identification that specialist supervision is required is to be recorded on Cito in the Combined Safeguarding e-form (page 3).
- Using the proforma, a record of the supervision discussion is recorded on Cito in a progress note tagged with safeguarding supervision. [See proforma.](\\tevv.nhs.uk\data\Trustwide\Shares\Safeguarding and Public Protection\RESOURCES\SAFEGUARDING ADULTS\SAFEGUARDING ADULTS SUPERVISION PROFORMA.pdf) (\\tevv.nhs.uk\data\Trustwide\Shares\Safeguarding and Public Protection\RESOURCES\SAFEGUARDING ADULTS\SAFEGUARDING ADULTS SUPERVISION PROFORMA.pdf)

Appendix 9 – TEWV Safeguarding Organisational Chart / Poster

<T:\Safeguarding and Public Protection\RESOURCES>