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Harrogate and District NHS Foundation Trust

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Safeguarding: Adults Safeguarding Policy and Guidance

SAFEGUARDING ADULTS POLICY

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In Office 2010 use "References" – "Table of Contents" and select first list and it will automatically insert contents from headings and page numbers. This can be updated when work is complete by right clicking in the TOC and selecting "Update Field".

1. **PURPOSE**

The purpose of this policy is to ensure that when adult abuse is disclosed, suspected, or apparent, Harrogate and District (HDFT) staff are able to respond appropriately and effectively.
Safeguarding is everyone's business. The contents of this policy apply to all staff working within the Trust, including agency staff, volunteers and all contractual staff.
This policy is in line with the Joint Multi-Agency Adults Policy and Procedures for West Yorkshire, North Yorkshire and York (2018, updated 2023) and has been informed by The Care Act (2014).

2. **BACKGROUND/CONTEXT**

2.1 Safeguarding means protecting an adult's right to live in safety, free from harm, abuse and neglect (The Care Act, 2014). Adult safeguarding is a multi-agency partnership and is both reactive and proactive. Its aims are:

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- To stop abuse or neglect wherever possible.
- To safeguard adults in a way that supports them to make choices and have control about the way they want to live.
- To promote an approach that concentrates on improving life for the adult.
- To raise public awareness so that communities as a whole, alongside professionals, play their part in identifying and responding to abuse and neglect.
- To provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and well and what to do to raise a concern about the safety and wellbeing of themselves or another adult, and;
- To address what has caused the abuse or neglect.

1. The duty to safeguard applies when the adult is an "adult at risk", defined as:

- Having needs for care and support (whether or not the local authority is meeting any of those needs);
- Is experiencing, or is at risk of abuse or neglect; and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or risk of it.

An adult at risk may be a person who:

- Is an older person with frailty due to ill health, disability or cognitive impairment;
- Has a learning disability;
- Has mental health needs;
- Is a younger adult with a physical disability.

2.3 The Care Act statutory guidance defines six principles that should underpin all safeguarding functions, actions and decisions:

1. Empowerment – adults at risk being supported and encouraged to make their own decisions and informed consent.

2. Prevention – it is better to take action before harm has occurred.

3. Proportionality – proportionate and least intrusive response appropriate to the risk presented.

4. Protection – support and representation to those in greatest need.

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

6. Accountability – accountability and transparency in delivering safeguarding.

The duty to promote a person's wellbeing applies at all times within safeguarding. Wellbeing is the single most important concept of the Care Act.

2.4 Making Safeguarding Personal (MSP)

Safeguarding should be person led and outcome focused. MSP engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control, as well as improving quality of life and wellbeing. This promotes involvement, choice and control, as well as improving quality of life, wellbeing and safety.

2.5 Types of abuse:

The Care Act sets out 10 types of adult abuse:

- Physical;
- Sexual;
- Emotional/Psychological;
- Financial/Material;
- Domestic;
- Discriminatory;
- Organisational;
- Modern Slavery;
- Self-Neglect;
- Neglect/Acts of Omission.

Appendix 1 details examples and indicators of each type of abuse.

3DEFINITIONS

Adult at Risk: A person aged 18 or over who meets the criteria as defined in 2.2.

Care and Support Needs: a mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent.

Making Safeguarding Personal (MSP): See section 2.4.

MAPPA: Multi-Agency Public Protection Arrangements. MAPPA are a national set of arrangements to manage the risk posed by sexual, violent, and potentially dangerous and high profile offenders.

MCA: Mental Capacity Act.

PiPoT: Person in a Position of Trust.

SAB: Safeguarding Adults Board.

SAR: Safeguarding Adult Review. A SAR is a multi-agency review of safeguarding practice which occurs when an adult at risk either dies, or is seriously harmed, as a result of abuse or neglect and there are suspicions that agencies did not work well together in safeguarding the adult.

Think Family: The Think Family approach recognises and promotes the whole family approach, taking

into account family circumstances and responsibilities.

Vital Interests: interests to cover things that are essential to someone's life.

4 POLICY EFFECT

The Joint Multi-Agency Safeguarding Policy and Procedures identify four stages to a safeguarding response:

The procedures to deliver this:

Each stage will now be described, detailing HDFT responsibilities within each stage.

1. Responding to alleged abuse (Tell us your concern/reporting a concern)

NB – The following information is summarised in the flowchart found in Appendix 2

4.1.1 **Disclosure of Abuse**

If abuse is alleged or suspected, staff have a duty of care to take prompt and appropriate action. When a disclosure about abuse is made, or abuse is suspected, the person to whom it is reported should:

- Take the disclosure seriously.
- Accept what the person is saying.
- Listen carefully (don't interrupt them).
- Try to remember the words used by the adult at risk, and anything they want to happen next.
- Stay calm and avoid reactions such as shock, disbelief or anger.
- Ask questions to establish the basic facts.
- Establish if the adult at risk feels safe now, to identify any immediate action that may be required.
- Establish any emotional support they may need.
- Talk about the safeguarding adults process and seek consent to refer.
- Explain what will happen next and when they can expect to hear from someone.

- Reassure them that they will be involved in all decisions.
- When talking to them about what will happen next, think about any specific communication needs they have and how to make sure information is accessible.

The staff member should **not**:

- Question their motives for disclosing.
- Interview them.
- Ask them to repeat the disclosure to someone else.
- Make promises about keeping the information confidential (there is a need to explain how the information will be shared; with whom and why).
- Speculate about the outcome of the safeguarding process.

A written record of the disclosure should be made as a matter of urgency, as soon as possible after it is made. All records should contain the following:

- The date, time and location that the disclosure was made.
- The facts that have been provided.
- The evidence that has been seen (including any injuries or witnesses).
- The views and wishes of the adult at risk (or their representative).

All records should be legible and should be signed and dated by the author.

The record of the disclosure should be stored securely.

The staff member should adopt a *Think Family* approach by considering the patient's family network and considering who else may be at risk, e.g. a child cared for by the patient, or an informal carer who may have needs for care and support and who else therefore may require a safeguarding response.

1. **Immediate Actions:**

Following a disclosure, or in any other circumstances where concerns are present, the staff member who the risk has been disclosed to; in consultation with their line manager if required, should always evaluate the risk to identify any urgent steps to ensure the adult at risk is in no pressing danger. This may involve an element of gathering information; checking relevant records, ascertaining concerns from colleagues, gathering background information etc. However, information gathering should be limited to that which is necessary to decide about whether to report a safeguarding concern and any actions to keep the adult at risk safe.

Unless it might prejudice a safeguarding enquiry or a police investigation, the staff member should speak to the adult at risk to get their views about any immediate action required. Immediate actions should take place in line with the views and wishes of the adult at risk (or their representative), unless there is a risk to life, or they lack capacity to make decisions in relation to the concern.

Any injuries sustained should be described and marked on a body map.

If the person meets the definition of an adult at risk, in line with MSP, the person should be asked what they would like to happen and what they would like to achieve through safeguarding or what would help them feel "safer". This should be documented.

If a patient or their representative reports that a crime has been committed, they should be encouraged to contact the police. Where appropriate, the police should be contacted by the staff member. For more information on police engagement, see section 4.3.

4.1.3 **Consent**

It is a legal requirement under The Care Act to seek consent from the adult at risk before reporting the safeguarding concern, unless:

- Seeking consent will increase the risk posed to them (or another adult at risk or a child).
- Consent cannot practically be sought (for example, the referrer is being denied access to the adult).
- The adult lacks capacity to consent (note that a mental capacity assessment must be completed to determine this).

The adult at risk's capacity should be assessed in line with the MCA in relation to their ability to make a decision about what they want to happen in relation to the suspected or alleged abuse. If they have capacity, then their consent should be sought to make a safeguarding referral.

If the adult at risk does not give their consent, their wishes should usually be respected. However, there are some circumstances in which a safeguarding referral would still need to be sent, even without their consent. These circumstances are:

- It is in the public interest – e.g. because there are other adults at risk who may also be experiencing abuse; a member of staff or volunteer is involved, or the abuse has occurred on property owned or managed by an organisation with a responsibility to provide care.
- The adult lacks mental capacity to consent, and it is in their best interests.
- It is in the adult's vital interests (to prevent serious harm or distress or in life threatening situations).
- The adult is subject to coercion or undue influence, to the extent they are unable to give consent.

There should be clear reasons documented for overriding the wishes of a person with capacity. It should be explained to the adult at risk why their lack of consent is being overridden and their view, i.e. that they did not wish for a safeguarding concern to be raised, should still be documented on the referral form.

If the adult at risk cannot consent to a safeguarding concern being raised due to a lack of mental capacity, a referral should be made in their best interests, in line with the MCA. A person cannot give or refuse consent on behalf of another person in law, so it is important that decision making is not influenced by this.

If there are concerns that a child/children who are cared for by the patient have either directly experienced abuse, or have witnessed the abuse, the consent of the patient does not need to be sought to make a children's safeguarding concern.

4.1.4 **Reporting a Concern**

A safeguarding referral form should be completed and sent to the local authority where it is suspected/alleged that the abuse took place. Links to referral portals and forms can be found on the safeguarding adults' intranet page. The referral should be made within one working day of becoming aware of the concern.

Referrals to North Yorkshire Council are sent via an online referral portal. After the referral has been submitted, a copy of the form must be downloaded, saved on the patient's record, and emailed to HDFT's safeguarding team: hdft.adult.safeguarding@nhs.net

For local authorities that do not have an online referral portal, the safeguarding form should be

completed, saved on the patient's record and emailed to HDFT's safeguarding team, who will send the form to the relevant local authority. Staff should consult an individual local authority's adult social care website for details on how to raise a safeguarding concern to that particular local authority.

If a patient is transferred from the area that the concern is raised in, the receiving ward /department /community team should be made aware that a concern has been raised.

If a patient is the subject of a safeguarding enquiry and is in hospital, staff must check whether the patient can be discharged while the safeguarding enquiry is ongoing. This can be done either by contacting the relevant local authority's adult social care team, or by contacting HDFT's safeguarding team, who will check with the relevant adult social care team. It may be necessary to keep the patient in hospital even if they are fit for discharge until the safeguarding enquiry is complete and/or a safeguarding protection plan is in place. This will be communicated via the adult safeguarding team.

If allegations have been made regarding a family member/friend and the patient has requested that they do not visit them in hospital, it is the responsibility of the nurse in charge to ensure that visiting is supervised/not permitted.

4.1.5 **Support for Staff**

Any person raising a safeguarding concern will be supported by their line manager and the adult safeguarding team throughout the process. Out of hours, support/guidance can be sought from the site coordinator.

1. **Allegations against HDFT**

4.2.1 **Omissions in Care**

Where the patient is under the care of HDFT and omissions in care have been suspected, or known, and the patient meets the adult at risk definition, appropriate measures should be taken to protect the patient from further harm and a safeguarding concern should be raised, which should be discussed with the patient prior to it being raised. If the patient does not want a safeguarding concern to be raised, it should be explained to them that their view will be noted on the safeguarding concern form but that a concern will need to be raised due to other adults potentially being at risk (see section 4.1.3). This should be done at the point the incident is reported (or at the 48 hour review, if more information is required), rather than at the conclusion of any internal investigation. Where it appears that a criminal offence has taken place, the police should be notified.

Pressure ulcers and falls:

Pressure ulcers and falls represent a significant proportion of safeguarding concerns raised against the trust. See the pressure ulcer and falls guidance for more detail as to how the safeguarding process interacts with pressure ulcers and falls.

Patient on patient abuse:

If patient on patient abuse occurs it must be determined whether all was done to keep the patient experiencing the abuse safe. For example, if it was known the patient alleged to have caused harm had behaviour that challenged, and the appropriate risk assessments had not been completed, or followed, a safeguarding concern in relation to neglect/omissions in care against HDFT should be raised.

4.2.2 **Allegations against Staff/PiPoT**

The adult safeguarding team should be contacted immediately when an allegation against a staff member is made where the staff member is alleged to have:

- Behaved in a way that has harmed, or may have harmed, an adult or child or,
- Possibly committed a criminal offence against, or related to, an adult or child, or
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs or children

If the allegation relates to the conduct of a Person in a Position of Trust (PiPoT) in their personal life, and they are not employed by HDFT, or if they are employed by HDFT but work/volunteer elsewhere with adults with care and support needs, then an external PiPoT referral should be made. The adult safeguarding team should be notified and will advise how to make a referral. The North Yorkshire Safeguarding Adults Board PiPoT policy gives more detail on this process.

4.3**Police Engagement**

Where a criminal offence has been committed, or is suspected, consideration must be given to contacting the police. If a staff member witnesses a crime, they have a duty to report it to the police. A Partnership Information Sharing form should be completed as a means of sharing intelligence with the police, if the staff member witnesses something that may be concerning to them; for example suspicious activity; or an unusual exchange between two or more people.

If the patient alleges that a criminal offence has occurred, they should be encouraged/supported to contact the police (if they have mental capacity to make this decision). If they lack capacity, the staff member to whom the patient makes the allegation (or their line manager) should contact the police in their best interests. If a patient with capacity refuses to contact the police, or refuses consent for the staff member to contact the police on their behalf, their wishes should be respected. The exceptions to this are:

- When the adult has experienced, or is at risk of experiencing, serious/life threatening harm and it is necessary to protect their vital interests.
- Where it is in the public interest – to prevent/detect serious crime or other people are at risk.
- Where the person is subject to coercion or undue influence to the extent that they are unable to give consent.
- Where there are children involved.

While the first concern must be to ensure the safety and wellbeing of the patient, in situations where a crime may have been committed, or the adult at risk wishes to report alleged abuse or neglect to the police, it is important that forensic and other evidence is preserved. The police may need to attend the scene and agencies and individuals can play an essential part in ensuring that evidence is not contaminated or lost. It is important that assumptions are not made about what evidence to preserve and how to preserve it. The police should be contacted for guidance.

Depending on the nature of the concerns raised, the preservation of physical evidence could involve:

- Not cleaning surfaces, door handles etc.
- Not washing clothing or bedding.
- Not throwing anything away (e.g. containers, documents).
- Limiting physical contact with the patient.
- Discouraging the patient from washing/bathing.
- Securing the area where the incident took place.

4.4 **Specific Considerations/Actions:**

4.4.1 **Domestic Abuse:**

In cases where there is a disclosure, or suspicion, of domestic abuse, either in relation to a patient or to a staff member, the HDFT Domestic Abuse policy should be followed. HDFT staff members will also be victims of domestic abuse.

Domestic abuse is defined in the Domestic Abuse Act 2021 as "abusive behaviour between two people aged 16 years or above that are personally connected to each other, regardless of whether the behaviour consists of a single incident or a course of conduct (pattern of behaviour).

Behaviour is abusive if it consists of any of the following:

- Physical or sexual abuse.
- Violent or threatening behaviour.
- Controlling or coercive behaviour.
- Economic abuse.
- Psychological, emotional or other abuse.

The following specific types of abuse are all recognised as types of domestic abuse:

- "Honour" based violence.
- Forced marriage.
- FGM.

4.4.2 **Modern Slavery:**

Modern slavery is a serious crime in which victims are exploited for someone else's gain. It can take many forms, including: human trafficking; forced labour; debt bondage; and forced marriage.

The Modern Slavery Helpline (0800 0121 700) can provide information and advice when an adult is at risk.

The National Referral Mechanism (NRM) is the framework through which potential victims of trafficking in the UK are identified so they can be supported and protected. Whenever a safeguarding concern has identified potential trafficking, a referral to the NRM should be considered. The adult safeguarding team should be contacted for further advice.

4.4.3 **Pressure Ulcers**

Where a patient has sustained a pressure ulcer and HDFT were not the organisation alleged to have caused harm, the North Yorkshire SAB Pressure Ulcer guidance North Yorkshire SAB Pressure Ulcer Screening Tool should be followed, and a safeguarding referral should be raised if the incident meets the threshold identified in the pressure ulcer screening tool.

4.4.4 **MAPPA**

Section 3 of this policy provides a definition of MAPPA. A person who is under MAPPA will have a risk assessment, which will determine what precautions need to be taken in the event of them accessing HDFT services. The safeguarding team should be contacted, who will advise about the risk assessment.

4.5**Information Gathering/Responding to the Concern (Stage 2)**

The local authority should make decisions about the most appropriate and proportionate response within 5 days of the concern being reported.

In coming to a decision, the local authority must establish if the safeguarding duty applies as well as

any other relevant matters for consideration. More information may be sought by the local authority directly from the staff member reporting the concern, or via the HDFT adult safeguarding team.

4.6 **Safeguarding Response (Stage 3)**

An adult safeguarding enquiry can either be statutory (Section 42); or non-statutory.

Under The Care Act, any professional or organisation asked to cooperate in a safeguarding enquiry has a duty to do so. Examples of cooperating in an enquiry include: providing further information in relation to a clinical opinion as to how an injury was sustained; or, if the staff member reporting the concern has a good relationship with the adult at risk, they may be asked to have subsequent conversations with them as part of the safeguarding enquiry. Staff may be asked to attend a formal safeguarding planning and/or outcomes meeting, which the HDFT safeguarding team will also attend.

The objectives of the enquiry are:

- To establish facts.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection, support and redress and how they might be met.
- Protection from the abuse and neglect, in accordance with the wishes of the adult.
- Make decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect; and
- Enable the adult to achieve resolution and recovery.

4.7**Outcomes and Closure (stage 4)**

By the end of a safeguarding enquiry, the enquiry officer will formulate a safeguarding plan, setting out what steps are to be taken to assure the future safety of the adult at risk. This plan will be discussed at the safeguarding outcomes meeting; and will include any on-going risk management strategy. At the conclusion of a safeguarding enquiry, there should be evidence of enhanced safeguarding practice and evidence of conversations with the adult at risk or their representative to establish to what extent their desired outcomes have been met.

4.8 **Learning from SARs/Section 42 Enquiries**

During the course of a SAR and/or a Section 42 enquiry or a non-statutory multi-agency review of practice, it may become apparent that there is learning for HDFT. The Named Professional – Safeguarding Adults – will discuss the learning with relevant clinicians and managers and an action plan, if required, will be formulated.

4.9 **Information Sharing**

It is important that information is shared effectively between agencies in order to safeguard adults effectively. There are seven golden rules to information sharing in relation to safeguarding adults:

1. The UK General Data Protection Regulations (GDPR), Data Protection Act and Human Rights Act provide a framework, not a barrier, to sharing information.
2. Staff must be open and honest with the individual (or their family/representative) as to why, what, how and with whom, information will, or could, be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
3. Seek advice from other staff members (e.g. Caldicott Guardian/Adult Safeguarding Team/ Information Governance Manager) if in any doubt about sharing information.

4. Where possible, share information with consent and respect the wishes of those who do not want to have their information shared. Under the GDPR and Data Protection Act, information can be shared without consent if there is a lawful basis to do so. The reason for sharing information must be justifiable
5. Base information sharing decisions on the safety and wellbeing of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information shared is necessary for the purpose for which it is being shared; it is only shared with those individuals who need to have it; is accurate and up to date; is shared in a timely fashion; and is shared securely.
7. Keep a record of the decision to share, or not share information, and the reasons for it.

All information should be shared in accordance with the HDFT Data Protection, Confidentiality and Security Policy.

1. **ROLES AND RESPONSIBILITIES**

Executive Director of Nursing, Midwifery and AHPs

The Executive Director of Nursing, Midwifery and AHPs has overall responsibility for ensuring that policies and procedures are in place to protect adults at risk in HDFT.

Deputy Director of Children, Young People and Safeguarding

The Deputy Director of Children, Young People and Safeguarding receives delegated authority to lead on behalf of the Executive Director of Nursing, Midwifery and AHPs.

Director of Workforce and Organisational Development

The Director of Workforce and Organisational Development is responsible for ensuring that safe recruitment practices are in place. They are also responsible for ensuring disciplinary, whistleblowing and other related policies are in place and that statutory guidance is adhered to with regard to DBS.

Clinical Lead (doctor with a specialist interest in safeguarding adults)

Provides support and advice to the adult safeguarding team in relation to clinical decisions/clinical presentation.

Named Professional – Safeguarding Adults

- Ensures HDFT fulfils its statutory duties in relation to adult safeguarding.
- Provides leadership for the adult safeguarding agenda.
- Develops and reviews policies in relation to adult safeguarding.
- Develops and delivers a training programme that meets national requirements.
- Produces annual safeguarding adults' reports.
- Plans and undertakes safeguarding adults' audits.
- Represents HDFT on North Yorkshire Safeguarding Adult Board Partnership meetings.
- Represents HDFT at safeguarding enquiry meetings.
- Provides advice and support to all HDFT staff in relation to safeguarding adults.

Specialist Nurse – Safeguarding Adults

- Provides support and advice to staff.

- Records and monitors all safeguarding referrals made by HDFT staff.
- Holds regular meetings with safeguarding/LD link workers.
- Develops and delivers training for all staff.
- Deputises for the Named Professional as required.

Safeguarding Link Workers

- Represent their department, ward or team at adult safeguarding link worker meetings.
- Act as a resource in their area in relation to safeguarding adults.
- Actively promote the agenda and profile of safeguarding adults.

Line Managers/Registered Health Care Staff:

- Ensure that staff are aware of this policy and associated guidance.
- Know how to respond appropriately to safeguarding concerns/disclosures of abuse.
- Support staff who have raised safeguarding concerns.
- Attend safeguarding planning and outcomes meetings if required.
- Support the adult safeguarding team in gathering information in relation to the safeguarding enquiry.

All Employees and Volunteers:

- Be aware of this policy and know how to raise a safeguarding concern.
- Notify their line manager/supervisor, or other senior staff member, or the adult safeguarding team, within one working day, or sooner if required, of any safeguarding concern.

1. **EQUALITY ANALYSIS**

This policy adheres to the Equality and Diversity Strategy by reflecting its beliefs and aims in order to ensure that the Trust's workforce implements this policy in a non-discriminatory and appropriate way in its delivery of healthcare. It has undergone stage 1 Equality Impact Assessment screening. This policy does not require a full stage 2 Equality Impact Assessment.

7 CONSULTATION, REVIEW AND COMMUNICATION

This policy will be reviewed every two years, or earlier, in response to policy/practice/legislation change.

This policy will be communicated via relevant governance groups; training, the HDFT intranet and the safeguarding newsletter

8 STANDARDS/KEY PERFORMANCE INDICATORS

The following KPIs will evidence if this policy has been implemented effectively:

- Safeguarding concerns being appropriately identified and referred (numbers should increase).
- Low proportion of safeguarding concerns being closed by the local authority due to being inappropriate.
- MSP: patients are being asked what their desired outcomes from safeguarding processes are.
- No recurrence of practice/process issues identified as part of lessons learnt from SARs/ section 42 enquiries/non-statutory safeguarding processes.

9MONITORING COMPLIANCE AND EFFECTIVENESS

This section, using the template below, must include details of how compliance and effectiveness of implementation of the Policy will be monitored. This will include monitoring for any adverse impact on different groups. This should include the role of the Policy Lead and overseeing Governance Group in reviewing assurance.

Where an audit is required in order to measure compliance or effectiveness, the audit should be included in the Trust Annual Clinical Audit Programme and an audit tool should be made available.

Policy element to be monitored	Standards and Performance indicators	Process for monitoring	Individual or group responsible for monitoring	Frequency or monitoring	Responsible individual or group for development of action plan	Responsible group for review of assurance reports and oversight of action plan
Making Safeguarding Person – are patient specific outcomes being identified? *Safeguarding referral process* *Identification of safeguarding concerns* *No recurrence of practice issues identified through lessons learnt*	*Patients should be asked what they would like to achieve from the safeguarding process 100% of the time* *Safeguarding concerns should be raised via the correct process 100% of the time* *Safeguarding concerns should be identified appropriately – numbers of safeguarding concerns raised should increase* *Practice is aligned to this policy and the legislation/ policies/ procedures*	Audit (ongoing from individual referrals) and via an annual audit and attendance at mandatory training Adult safeguarding team email inbox/adult social care database and attendance at mandatory training Audit/data analysis/ adult social care information and attendance at mandatory training Via individual action plans/audit/	Adult safeguarding team Adult safeguarding team Adult safeguarding team Adult safeguarding team	Ongoing Ongoing Ongoing Ongoing	Named Professional – Safeguarding Adults Named Professional – Safeguarding Adults Named Professional – Safeguarding Adults Named Professional – Safeguarding Adults	HDFT Safeguarding Governance Group HDFT Safeguarding Governance Group HDFT Safeguarding Governance Group HDFT Safeguarding Governance Group

	identified in this policy	adult social care information				

10REFERENCES/ASSOCIATED DOCUMENTATION

Joint Multi-Agency Safeguarding Adults Policy and Procedure – North Yorkshire Safeguarding Adults Board

North Yorkshire Safeguarding Adults Board Pressure Ulcers and Safeguarding Adults Guidance

North Yorkshire Safeguarding Adults Board Managing Concerns around People in Positions in Trust

HDFT Domestic Abuse Policy

HDFT Mental Capacity Act Policy

HDFT DoLS Policy

HDFT Pressure Ulcer Prevention and Management Policy

HDFT Data Protection, Confidentiality and Security Procedure Document

Consultation Summary

Those listed opposite have been consulted and any comments/actions incorporated as appropriate. The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.	**List Groups and/or Individuals Consulted**
	Safeguarding CAG
	Doctor with a specialist interest in safeguarding adults
	Lead Named Nurse for Safeguarding and Children in Care
	Deputy Director of Nursing for Children, Young People and Safeguarding

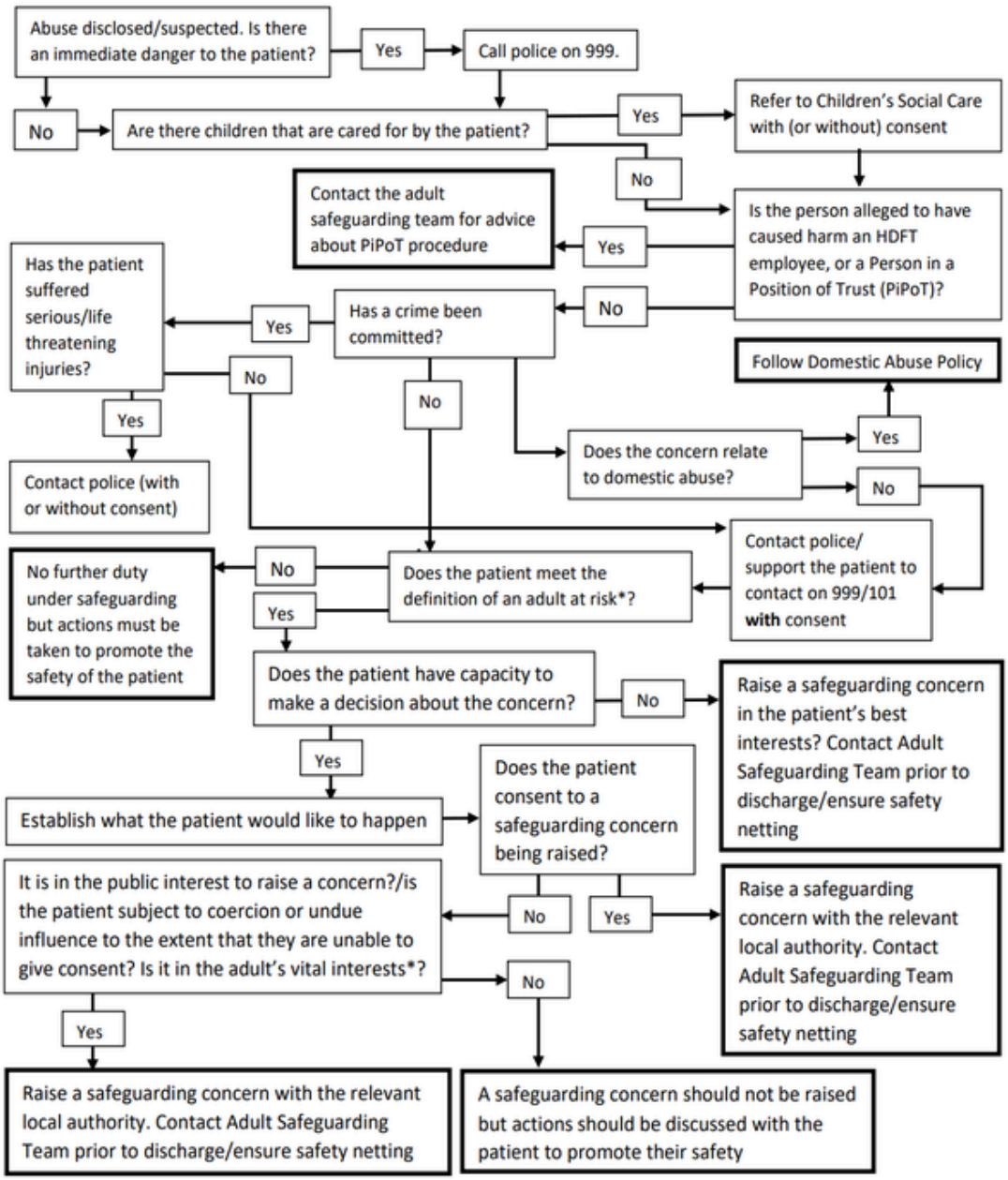
Appendix 1:

Type of Abuse	Examples	Indicators
Domestic	Honour based violence; FGM; forced marriage; non-fatal strangulation; coercive (act or a pattern of acts of assault, threats, humiliation and intimidation) or controlling behaviour, e.g. fabricated illness (by proxy). Domestic abuse can be emotional; physical; sexual or financial or a combination	Fear of partner/family member, not speaking for themselves, signs of other forms of abuse e.g. financial, psychological, sexual, fabricated illness by proxy
Physical	Hitting, slapping, pushing, kicking, scalding or burning, the use of inappropriate restraints, or sanctions; self-inflicted injury; inappropriately giving medication; overdosing and withholding, using objects as weapons	Bruising; redness; marks on skin; broken bones
Sexual	Sexual assault; rape; coerced nudity; unwanted sexual attention; showing pornography or other sexually explicit images over which the person has no control; being photographed in inappropriate ways and placing images on social media	Pain, bleeding, fear; pregnancy; oversexualised behaviours
Emotional/ Psychological	Intimidation; threats; humiliation; extortion; racial abuse; verbal abuse; blackmail; deprivation of contact; coercion; harassment; ridiculing	Distress; fear; not motivated; sad; dejected
Organisational	Neglect and/or poor practice as a result of the structure, policies, processes and practices within an organisation	Uncared for patients; staff not attending to patients; bells ringing; distressed patients; low staff morale
Neglect/Acts of Omission	Ignoring medical or physical care needs; failure to provide access to appropriate services; withholding of the necessities of life (e.g. medication, nutrition, shelter, water, heating)	Pressure area damage, dehydration, weight loss, unkempt, signs of ill health due to lack of care/medications, unsecure environment, falls, patient on patient abuse
Self-neglect	Covers a wide range of behaviours such as neglecting to care for personal hygiene, health or surroundings and includes behaviours such as hoarding; induced illness	Unkempt, poor physical health, hoarding; no/little formal or informal support
Discriminatory	Racial and sexual harassment; discrimination on the basis of race, gender, age, sexuality, disability or religion, slurs and deliberate exclusion, inappropriate DNA CPR forms	Inappropriate DNACPR form because the person has a 'learning disability'; isolation due to exclusion from services; failure to act on a concern
Modern	Slavery, servitude and forced or	Lack of money, scared, few personal

slavery	compulsory labour. Someone is in slavery if they are: Forced to work – through mental or physical threat; Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse; Dehumanised, treated as a commodity or bought and sold as 'property'; Physically constrained or has restrictions placed on his/her freedom of movement; Humans who are trafficked, recruited and transported for example using threats, to coerce or force a person into sexual exploitation, forced labour or domestic servitude.	possessions, no passport/papers/poor health/ signs of other forms of abuse.
Financial/ Material	Monies being withheld, prevention of the appropriate purchase of care; theft; fraud; pressure in connection with wills, property or inheritance	Lack of access to money, food, funding for care,

Appendix 2

Safeguarding Adults **Flow Chart**



Adult at risk -Safeguarding duties apply to any adult (18 years and over) who meet the following criteria:

- They have care and support needs, whether or not the local authority is meeting any of those needs
- They are experiencing, or are at risk of, abuse or neglect
- They are unable to protect themselves from abuse or neglect, because of their care and support needs.

Care and Support Needs - the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers

Vital interests - Vital interests are very limited in scope, and generally only apply to matters of life and death, however they may differ depending on the context and the perspective of the parties involved.

Approval Signatures

Step Description	Approver	Date
Policy Governance Team Review	PGT Policy Governance Team [ND]	26 Mar, 2024
Policy Governance Team Review	Karen Cleminson: Administrative Assistant	26 Mar, 2024
Policy Owner	Frances Aldington: Global Learner	26 Mar, 2024