

# Here

## Here Safeguarding Children & Vulnerable Adults Policy

### Document History and Control

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<b>Policy Awareness</b>	
People who need to know this policy in detail and know where to find it	All clinical Colleagues employed or on contract with HERE/Brighton Race Course Vaccination Service (BRCV) and identified Safeguarding Managers
People who need to have a broad understanding of this policy and know where to find it	Directors, Non-Executive Directors and Associate Directors
People who need to be aware this policy exists and know where to find it	All other individuals at Here/ BRCV

<b>Training Requirements</b>	
People who should carry out Safeguarding Adults training – Level 1	All individuals at Here/BRVC - every three years
People who should carry out Safeguarding Adults training – Level 1 and Level 2	All clinical colleagues, both employed and on contracts with HERE/BRVC – every three years
Safeguarding Lead & Safeguarding Manager	Individual training plan according to developmental needs and job role. May include Safeguarding level 3

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## 1.0 Introduction

The electronic copy of the Safeguarding Vulnerable Adults Policy is located in **S:\BICS Operations\Policies\BICS Policies\Governance** – if for any reason you are unable to access this file please inform the Quality Coach or other appropriate individual in order to rectify.

## 2.0 Policy statement

This policy applies to all healthcare professionals working within our services and any non-medical personnel who may be involved in providing care. This policy also relates to agency individuals and contractors working on our behalf.

Safeguarding is everyone's responsibility, and we have a legal duty to have regard to it when working with children, young people and adults at risk of harm or abuse. Every person has a right to live a life free from abuse, neglect, and fear.

Anyone who has a concern should raise them with the support of their Line Manager/Responsible Team Member.

The legislation that sets out our safeguarding responsibilities to children and vulnerable adults will be reviewed and some of these duties will only apply to children, some apply to adults and some apply to both.

This policy sets out the responsibility of Here to ensure that all services comply with local and national safeguarding procedures, guidance and legislation.

The policy will support individuals by providing clear guidance on how to respond to and report any concerns in relation to adults at risk.

For child safeguarding concerns, The Pan Sussex Child Safeguarding Policy –and Process provides clear instructions on alerting Child Protection concerns and should be the principal document for all Child Safeguarding concerns identified by Here/BRCV colleagues.

For adult safeguarding concerns, the Sussex Safeguarding Adults Policy should be the principal document identified by Here/BRCV colleagues,

There may be occasions where it has been agreed that services Here operates will differ in minor ways from the Here/BRCV Safeguarding Procedure as a result of Service Level integrated governance arrangements within jointly delivered services. In these instances, alerts may be escalated and dealt with in line with our partner's policy and the Here/BRVC Safeguarding Manager will not be responsible for logging or escalating alerts. It should be noted that all organisations within the health economy have compliant policies with the Pan Sussex Safeguarding Procedures.

This policy has been designed to be read in conjunction with the following policies and procedures:

- Clinical Appraisal and Supervision Policy (regarding the supervision of clinicians)

- Training and Professional Development Policy (regarding the supervision and support of non-clinical individuals)
- Statutory and Mandatory Training Policy (regarding the training of both clinical and non-clinical individuals)
- HR Protocols and Procedures (regarding the monitoring of individuals at Here/BRCV)
- Incident Reporting Policy and Procedure (regarding dealing with safeguarding allegations against individuals)
- The policy will support individuals by providing clear guidance on how to respond to and report any concerns in relation to adults at risk.

### **3.0 What is safeguarding?**

Every person has a right to live a life free from abuse, neglect and fear. Safeguarding is everyone's business and responsibility to protect the vulnerable people who are unable to protect themselves.

- An adult at risk is any person aged 18 years or over who meets the following three key tests: The adult has needs for care and support (whether or not those needs are being met)
- The adult is experiencing, or at risk of, abuse or neglect. As a result of their care and support needs, the adult is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

A child is a person aged under 18 years; young people aged 16 to 17 who are living independently are still defined as 'children'.

Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

## **4.0 Legislative frameworks**

### **4.1 Legislative framework for adults**

The key legislative framework supporting safeguarding adults this policy includes:

- Human Rights Act 1998
- Mental Capacity Act 2005
- The Care Act (2014)
- Deprivation of Liberty Safeguards 2007

### **4.2 Legislative framework for children**

The key legislative framework supporting safeguarding children this policy includes:

- The Children Act 1989, 2004

- Human Rights Act 1998
- Care and Support Statutory OFFICIAL 6 Guidance (Chapter 14)
- Children and Social Work Act 2017
- Working Together to Safeguard Children (2018).
- Crime and Disorder Act (1998).

There are fundamental differences between the legislative framework for the safeguarding of children and that of adults, based on who can make decisions.

The responsibility for decision-making relating to children lies with those who have parental responsibility. Parental Responsibility is defined in s 3(1) Children Act 1989 as being “the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property”. The term ‘Parental Responsibility’ attempts to focus on the parent’s duties towards their child rather than the parent’s rights over their child.

Adults have a legal right to make their own decisions, even if they are unwise, as long as they have capacity to make those decisions and are free from coercion or undue influence.

While many key statutory provisions apply directly to a broad range of public bodies, including the NHS and the police, some key legislative provisions impose duties directly on Local Authorities. However, the NHS and other agencies are covered by these duties indirectly, because they must co-operate with Local Authorities over safeguarding.

## **5.0 The Mental Capacity Act**

The Mental Capacity Act 2005 (MCA) is the statutory framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. It also makes provision for those who have capacity and wish to make plans for the future. The MCA introduced the offense of willful neglect and ill treatment (s44). The MCA Applies to people aged 16 and over.

The Deprivation of Liberty Safeguards (DoLS) 2007 are designed to protect the interest of an extremely vulnerable group of service users who do not have the capacity to decide where to live to receive care and treatment and to:

- Ensure people can be given the care they need in the least restrictive regimes
- Prevent arbitrary decisions that deprive vulnerable people of their liberty
- Provide safeguards for vulnerable people
- Provide them with rights of challenge against detention



## 6.0 Adults at risk

The Care Act 2014 reformed the law relating to care and support for adults and safeguarding adults who are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives and protecting those who lack the mental capacity to make those decisions.

The legal framework for the Care Act 2014 is supported by Care and Support Statutory Guidance which provides information and guidance about how the Care Act should operate in practice. The guidance has statutory status which means that there is a legal duty to have regard to it when working with adults with needs for care and support and carers.

Sections 42 to 47 of the Care Act set out the legal duties and responsibilities in relation to adult safeguarding.

The Government's policy statement on adult safeguarding and the Care Act 2014, sets out six principles for all safeguarding adults:

- **Empowerment:** the presumption of person-led decisions and consent
- **Protection:** support and representation for those in greatest need
- **Prevention:** taking action before harm occurs
- **Proportionality:** taking the least intrusive response appropriate to the risk
- **Partnership:** local solutions through collaborative working
- **Accountability:** Accountability and transparency in delivering safeguarding.

## 7.0 Definition of safeguarding - adults.

Safeguarding means protecting the adult's right to live in safety and free from abuse and neglect and promoting the adult's wellbeing.

### 7.1 Type of harm, abuse, and risk – Adults.

Abuse can be experienced in different forms and in many different environments. Below outlines that type of harm and abuse and provides some examples. The examples provided below are to aid learning and awareness and are not exhaustive.

- **Physical harm:** Any physical contact that results in discomfort, pain or injury. It can also be considered as inappropriate restraint, or knowingly giving an adult too much or not enough medication. Domestic violence and self-harm should also be considered as possible indicators of, and/or contributory factors to, harm or abuse.
- **Sexual harm and exploitation:** an adult being made to take part in sexual activity when they do not, or cannot, consent to this. It includes rape, indecent exposure, inappropriate looking or touching, or sexual activity where the other person is in a

position of power or authority. Sexual harm can also include transmission of STD. Sexual exploitation can also be experienced as being forced to watch a sexual act.

- **Neglect:** Neglect occurs when a person's physical, medical or emotional needs, either deliberately, or by failing to understand these, are not met. It includes ignoring an adult's needs, or not providing them with essential things to meet their needs, such as medication, food, water, shelter and warmth.
- **Self-Neglect:** Being unable, or unwilling, to care for their own essential needs, including their health or surroundings (for example, their home may be infested by rats or very unclean, or there may be a fire risk due to their obsessive hoarding).
- **Organisational Neglect:** Providing poor care in a care setting such as a hospital or care home, or in an adult's own home. This may be a one-off incident, repeated incidents or on-going ill-treatment. It could be due to neglect or poor care because of the arrangements, processes and practices in an organisation.
- **Financial:** is the use of a person's property, assets, income, funds or other resources without their informed consent or authorisation. It also includes internet scams tricking adults out of money or pressuring an adult into making decisions about their financial affairs, including decisions involving wills and property.
- **Psychological or emotional:** This is behaviour that causes mental distress or has a harmful effect on an individual's emotional health and development. It can include being shouted at, ridiculed or bullied, threatened, humiliated, or controlled by intimidation or fear. It includes harassment, verbal abuse, cyber-bullying (bullying which takes place online or through a mobile phone) and isolation.
- **Discrimination:** Discrimination exists when values, beliefs or culture result in a misuse of power, or the denial of rightful opportunities, so causing harm. Forms of harassment, ill-treatment, threats or insults because of an adult's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability, or mental-health needs. Discriminatory abuse can also be called 'hate crime'.
- **Modern Slavery:** An adult being forced to work for little or no pay (including in the sex trade), being held against their will, tortured, abused or treated badly by others.

## 8.0 Children at risk

A child is a person aged under 18 years; young people aged 16 or 17 who are living independently are still defined as 'children'

### 8.1 Definition of safeguarding - children

Children should be safe and able to develop to their full potential. Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

The Children Act 2004 (Section 11) and the revised "Working Together to Safeguard Children" (2018) define safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision

of safe and effective care

- Taking action to enable all children to have the best outcomes

## 8.2 Type of Harm, abuse and risk –children

The types of harm that apply to adults do also apply to children and the below examples show how the definition of harm and abuse can be applied to children.

Abuse can be experienced in different forms and in many different environments. Below outlines that type of harm and abuse and provides some examples. The examples provided below are to aid learning and awareness and are not exhaustive.

- **Physical:** Contact that results in discomfort, pain or injury. It may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm.

Supplying drugs to children, or the use of inappropriate or unauthorised methods of restraint, also fall under this definition.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces or causes, illness in a child. This situation is commonly described as ‘factitious illness by proxy’ or ‘Munchausen syndrome by proxy’.

- **Sexual:** activity involving a child under the age of consent. It involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.
- Activities, such as involving children in the looking at, or production of, pornographic material, causing them to watch sexual activities, or encouraging them to behave in sexually inappropriate ways. Downloading child pornography, taking indecent photographs of children, and sexualised texting, are all forms of sexual harm.
- **Neglect:** A persistent failure to meet a child’s basic physical and/or psychological needs, which is likely to result in serious impairment of the child’s health or development. Neglect may occur during pregnancy as a result of maternal behaviours that may harm the unborn baby.
- **Emotional and psychological:** behaviours that causes mental anguish. It involves the emotional maltreatment of a child, which causes severe and adverse effects on the child’s emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- Such harm may feature age or developmentally inappropriate expectations being imposed on a child. These can include interactions that are beyond the child’s development capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- Emotional harm may also involve witnessing aggressive, violent or harmful behaviour towards another individual (e.g. domestic violence). It may also involve serious bullying, frequently causing a child to feel frightened or in danger,

exploitation or corruption.

- Some level of emotional harm is involved in all types of maltreatment of a child (e.g. grooming, harassment, or inappropriate emotional involvement), though it may occur alone.
- **Female Genital Mutilation (FGM):** FGM is a procedure where the female genitals are deliberately cut, injured or changed, without medical justification. FGM is usually carried out on young girls between infancy and the age of 15, most commonly before puberty starts. It can also be carried out on women prior to a marriage. It is very painful and can seriously harm the health of women and girls. It can also cause long-term problems with sex, childbirth and mental health.

## 9.0 Making safeguarding personal

Making Safeguarding Personal (MSP) is a national approach to promote person centered safeguarding responses where adopting the principle of ‘no decision about me without me’. People at risk should be involved in decision making process to ensure that outcomes that will improve their quality of life, wellbeing and safety.

Personalised care and support is for everyone and some people will need more support than others to make choices and manage risks. A person led approach is supported by personalised information and advice and, where needed, access to advocacy support.

### 9.1 Promoting wellbeing

As part of any safeguarding process, we should all ensure that the person’s wellbeing is at the heart of our decision making processes. People have many aspects to their lives and being safe may be only one of the things which are important to them.

Where possible we should all work with any person at risk to understand what being safe means to them and how that can best be achieved.

## 10.0 Duties

### 10.1 Duties: All colleagues

It is the responsibility of all colleagues to:

- Remain updated through appropriate training and seeking of advice to recognise harm or the risk of and raise a safeguarding concern (alert) when needed.
- Colleagues to undertake Safeguarding Mandatory training in line with the Mandatory Training Policy. This would enable them to understand what constitutes abuse.
- For ensuring they are aware of the Safeguarding Policy and to understand how it applies to them. This includes undertaking the specified mandatory training.

To act on any suspicion of abuse and to bring it to the attention of their line manager/team and if required to seek the support of their Service Safeguarding Lead.

- All have a duty to report any allegations or suspicions of abuse or potential abuse of a vulnerable adult.
- Individuals raising an alert should follow guidance in section 6 of this policy or seek advice and support from the Safeguarding Manager/ Director.

Ensuring all allegations against colleagues are discussed with the Safeguarding Service Lead or Here Safeguarding Lead. Should the allegation of abuse relate to the safeguarding manager or Director then the Chief executive or a Non-Executive Director should be informed.

### **10.2 Duties: Service Managers**

All colleagues with line management responsibility are responsible for:

- Ensuring all Here/BRVC colleagues within their team have access to this policy (if relevant to their service) either electronically or in paper version, and that all new starters have undertaken the specified mandatory training.
- Ensuring all non-Here/non-BRVC colleagues within their team (e.g., within integrated services with colleagues from more than one organisation) are clear which safeguarding policy applies to them and that they have access to the relevant policy either electronically or in paper version
- Taking all allegations brought to their attention seriously and facilitating the person raising a concern to make an alert without delay. (see section 11)

Service managers should seek advice and guidance from their Safeguarding Service Lead as required and escalate to Here Safeguarding Lead if required or as appropriate.

### **10.3 Duties: Service Safeguarding Leads.**

All Service Safeguarding Leads are responsible for:

- Providing advice and guidance to Here/BRVC colleagues in line with the relevant multi-agency procedures
- Maintaining their own training and knowledge
- Supporting colleagues to where concerns are and support them to raise the concern/alert.
- Collate safeguarding queries received (for services where the Here/BRVC policy applies)

Safeguarding Managers should seek advice and guidance from the Here Safeguarding Lead as required.

### **10.4 Duties: Here Safeguarding Lead**

The Here Safeguarding Manager is responsible for overseeing the Safeguarding Children's and Adults process including:

- Providing advice and guidance to Here colleagues in line with the relevant multi-agency procedures
- Maintaining their own training and knowledge
- Collate safeguarding queries received (for services where the Here/BRVC policy applies)

- Review and update (if required) this policy on a biannual basis to ensure it meets local and national requirements and incorporates new legislation or guidance
- Provides colleagues annual updates either directly or in the form of a written briefing as required.
- Providing advice to Here Board in conjunction with the CQC registered managers
- Taking all allegations brought to their attention seriously and supporting the person raising a concern to make an alert without delay. (see section 11)
- Producing an annual report. This report will include the numbers of queries received, alerts raised, policy amendments required and mandatory training levels.
- Identifying any appropriate action from this report and ensuring these are completed in a timely way
- Safeguarding manager will access safeguarding supervision (normally) group. No less than 2 times per year.

### **10.5 Duties: Corporate Services (Fusion team)**

The Governance lead in association with Human Resources is responsible for:

- Maintaining a record of individuals mandatory training
- Safe recruitment practices are in place.

Ensuring DBS checks are made prior to hire In line with the recommendations of the initial Saville review (2012) and subsequent reviews, all individuals should be mindful that any visitors with access to service users should not be left in situations with service users, which might place vulnerable adults at risk.

All individuals are required to have the relevant Disclosure and Barring (See Section 12) checks prior to working unsupervised with service users.

### **10.6 Duties: CQC Registered Manager**

The Health and Social Care Act (2008), saw the creation of a new regulator called the Care Quality Commission (CQC), whose purpose was to provide registration and inspection of services. The intension of Section 13 of the legislation was to safeguard people who use services from suffering any form of abuse or improper treatment and set out robust zero tolerance approach to abuse.

The CQC can prosecute for a breach of regulation (13.1 to 13.4) if a failure to meet those parts results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm.

The CQC registered manager is legally accountable for the safety and care of people using Here services including the Safeguarding of Vulnerable adults and children, as such has overall responsibility for ensuring the implementation and review of this policy.

The Safeguarding Lead will support CQC Registered Managers in their safeguarding duties and the Registered Manager has overall responsibility for policy implementation and review rests with the designated Executive Director.

The CQC registered managers will report directly to the Here Board

Here will ensure that all clinical colleagues employed and on contract adhere to the aforementioned Sussex-wide guidelines

### **11.0 CQC Notification and safeguarding**

The Safeguarding Manager is responsible for ensuring consideration is given regarding whether a Notification needs to be submitted to CQC. Notifications must be submitted for all Regulated Activity services in which Here operate, these currently include:

- Memory Assessment Service
- Sussex MSK Partnership
- Improving Access Service
- Benfield Valley Health Care Hub

Notification types relevant to Safeguarding include:

- Statutory notification - Abuse or allegations of abuse concerning a person who uses the service
- Statutory notification - Incidents reported to or investigated by the police
- Statutory notification - Serious injury to a person who uses the service

Further information regarding Notifications can be found here [S:\BICS Business\Fusion Team\Care Quality Commission\nOTIFICATIONS\Notifications overview and guidance.docx](#) or speak directly to the CQC Registered Manager.

### **12.0 Procedure for raising an alert or concern**

Alerting is a necessary first stage in the process of keeping people safe and empowering them for the future. Alerting through formal channels will enable a proper assessment and investigation to be carried forward.

Raising an alert or concern about abuse means; recognising signs of adult abuse; responding to disclosures; stepping in, where appropriate, to protect an adult and preserving evidence in the aftermath of an incident; recognising bad practice; reporting a concern, disclosure or allegation; collating and recording initial information; and, working in accordance with anti-discriminatory practice. It is important that whenever possible the adult who is thought to be at risk should be supported to express a view about what they want to happen and to understand their options and that they are informed about Adult Safeguarding Procedures. Please see the Sussex Safeguarding Adults Policy and Procedures for more details.

As an alerter you are not being asked to verify or prove that information is true. You are being asked to log your concerns and report them to the appropriate authorities.

A flowchart is available to help with decision making for raising an alert (see Appendix ii).

- If any person is in immediate danger or needs urgent medical attention: Call the police or an ambulance on 999 and then contact Adult Social Care
- If no one is in immediate danger: Ensure the adult at risk is as safe as possible AND always contact Adult Social Care. Adult Social Care Services oversee all safeguarding adults alerts to ensure a co-coordinated and consistent response
- Depending on the home address of the vulnerable adult, contact:

#### What Information Is Required When Raising a concern?

- The services will need to know the following information:
  - When it happened
  - Where it happened
  - Who was involved (names and relationships)
  - Whether there is an immediate or future risk
  - The nature of the concern as it won't always be an incident
- Do not:
  - Promise the person you can keep any disclosure secret
  - Start to investigate the situation
  - Confront the person you think is responsible for the abuse
  - Destroy any evidence

Upon receipt of an alert, Adult Social Care will determine if the concern raised needs to be investigated under the adults safeguarding procedures, or if the concern might best be addressed in another way.

As part of this process Adults Social Care will gather as much relevant information as they can include, if this would not put the person at further risk, talking to the person who might be at risk as well as to the person who raised the concern. This decision must be taken within one working day of receipt of the Alert. It will take account of: the wishes of the adult regarding any further action they may or may not wish to be taken; the seriousness of the allegation; and whether anyone else is affected or at risk in relation to the allegation or concern raised.

If a decision is made that this should be looked into further under the Adults Safeguarding Procedures, there the local authority undertakes a safeguarding enquiry (for detailed guidance, refer to "Pan Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk at <http://sussexsafeguardingadults.procedures.org.uk/>)

### 12.1 Raising a concern for an adult

<b>Brighton &amp; Hove</b>	<b>West Sussex</b>	<b>East Sussex</b>
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<p><b>Adult Social Care</b></p> <p>The Access Point Team</p> <p><u>Direct Phone:</u> 01273 295555 (Mon-Fri 8.30am-5pm)</p> <p><u>Minicom/ Talk type:</u> 01273 296 205</p> <p><u>Email:</u> <a href="mailto:hascsafeguardinghub@brighton-hove.gov.uk">hascsafeguardinghub@brighton-hove.gov.uk</a></p> <p><a href="mailto:accesspoint@brighton-hove.gov.uk">accesspoint@brighton-hove.gov.uk</a></p> <p><u>Website:</u> <i>Raise a Concern</i> <a href="https://www.brighton-hove.gov.uk/adult-social-care/keep-people-safe/help-adult-risk-abuse-or-neglect">https://www.brighton-hove.gov.uk/adult-social-care/keep-people-safe/help-adult-risk-abuse-or-neglect</a></p> <p><i>Adult Social Care</i> <a href="https://www.brighton-hove.gov.uk/adult-social-care">https://www.brighton-hove.gov.uk/adult-social-care</a></p>	<p><b>Adult Safeguarding Hub</b></p> <p>West Sussex County Council</p> <p><u>Direct Phone:</u> 01243 642121 (not to be used by professional)</p> <p><u>Text Relay:</u> 18001 01243 642121 (available as an app for tablets and smartphones)</p> <p><u>Email:</u> <a href="mailto:Safeguardingadultsboard@westsussex.gov.uk">Safeguardingadultsboard@westsussex.gov.uk</a></p> <p><u>Email Portal:</u> <a href="https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/raise-a-concern-about-an-adult/">https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/raise-a-concern-about-an-adult/</a></p> <p><u>Website:</u> <i>Adult Safeguarding Form</i> <a href="https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/raise-a-concern-about-an-adult/">https://www.westsussex.gov.uk/social-care-and-health/social-care-support/adults/raise-a-concern-about-an-adult/</a></p>	<p><b>Adult Social Care</b></p> <p>East Sussex County Council</p> <p><u>Direct Phone:</u> 0345 60 80 191 (8am-8pm, 7 days a week including bank holidays)</p> <p><u>SMS Text-</u> 07797 878 111</p> <p><u>Minicom via type talk-</u> 18001 0345 60 80 191</p> <p><u>Email Portal for healthcare professionals:</u> <a href="https://adultsocialcare.eastsussex.gov.uk/web/portal/pages/presafeguardingpage">https://adultsocialcare.eastsussex.gov.uk/web/portal/pages/presafeguardingpage</a></p> <p><u>Website:</u> <i>Raise a Concern</i> <a href="https://www.eastsussexsa.org.uk/what-is-safeguarding/raise-a-concern/">https://www.eastsussexsa.org.uk/what-is-safeguarding/raise-a-concern/</a></p> <p><i>Adult Social Care</i> <a href="https://www.eastsussex.gov.uk/socialcare/getting-help-from-us/contact-adult-social-care/">https://www.eastsussex.gov.uk/socialcare/getting-help-from-us/contact-adult-social-care/</a></p>
<p><b>Out of Hours Emergency</b></p> <p>01273 295 555 (Carelink Plus)</p>	<p><b>Adult Social Care</b></p> <p><u>Address:</u> West Sussex County Council Adults' Care Point, Second Floor, The Grange, County Hall, Chichester, West Sussex, PO191RG</p> <p><u>Phone:</u> 01243 642121</p> <p><u>Email:</u> <a href="mailto:socialcare@westsussex.gov.uk">socialcare@westsussex.gov.uk</a></p>	<p><b>Out of Hours Emergency</b></p> <p><u>Monday to Thursday</u> 5pm to 8.30am</p> <p><u>Friday</u> 4.30pm to 8.30am</p> <p><u>Weekends and Public holidays:</u> 24 hours</p> <p><u>Phone:</u> 0300 330 9475</p> <p><u>Adult Social Care</u> 0345 60 80 191 (open 8am to 8pm 7 days a week including bank holidays)</p>

	<b>Out of Hours Emergency</b> 0330 222 7007 (Adult Social Care)	
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## 12.2 Raising a concern for a child

Brighton & Hove	West Sussex	East Sussex
<b>Child Protection Referrals</b> MASH/Front Door for Families 01237 290400 Email: <a href="mailto:FrontDoorForFamilies@brighton-hove.gcsx.gov.uk">FrontDoorForFamilies@brighton-hove.gcsx.gov.uk</a>	<b>Child Protection Referrals</b> MASH (Mon-Fri 9-5pm) 01403 229900 Email: <a href="mailto:MASH@westsussex.gcsx.gov.uk">MASH@westsussex.gcsx.gov.uk</a>	<b>Child Protection Referrals</b> Single Point of Advice (SpoA) 01273 464222 Email: <a href="mailto:0-19SPOA@eastsussex.gov.uk">0-19SPOA@eastsussex.gov.uk</a> or <a href="mailto:0-19SPOA@eastsussex.gcsx.gov.uk">0-19SPOA@eastsussex.gcsx.gov.uk</a>
<b>Out of Hours Emergency Duty Service</b> 01273 335905 (Emergency Duty Service)	<b>Out of Hours Emergency Duty Service</b> 0330 222 6664	<b>Out of Hours Social Care Service</b> 01273 335905/6
<b>Police- Safeguarding Investigations Unit</b> Telephone 101 and ask for Brighton Safeguarding investigations Unit or in an emergency dial 999	<b>Police- Safeguarding Investigations Unit</b> Telephone 101 and ask for Brighton Safeguarding investigations Unit or in an emergency dial 999	<b>Police- Safeguarding Investigations Unit</b> Telephone 101 and ask for Brighton Safeguarding investigations Unit or in an emergency dial 999
<b>Designated Doctor</b> Jamie Carter 01273 238703	<b>Designated Nurse</b> Michael Brown Email: <a href="mailto:Michaelbrown23@nhs.net">Michaelbrown23@nhs.net</a> / 07901 757673	<b>Designated Doctor</b> 01424 758012
<b>Designated Nurse</b> Jo Tomlinson 01273 238703/ 07770 381421		<b>Designated Nurse</b> 01424 735664

<p><b>Local Authority Designated Officer (LADO)</b></p> <p>01273 295643</p> <p>Email: <a href="mailto:Darrel.clews@brighton-hove.gcsx.gov.uk">Darrel.clews@brighton-hove.gcsx.gov.uk</a></p>		<p><b>Local Authority Designated Officer (LADO)</b></p> <p>01323 747363/ 07825 782793</p> <p>Email: <a href="mailto:Amanda.glover@eastsussex.gov.uk">Amanda.glover@eastsussex.gov.uk</a></p>
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### 13.0 Allegations against colleagues

All allegations of abuse against colleagues should be brought to the attention of the Safeguarding Director immediately and no later than 24 hours of the allegation being made.

Allegations against colleagues may be from patients, carers, other colleagues, other organisations, and regulatory bodies, friends of family member or police. This list is not exhaustive. Irrespective of from whom the allegation is made. The Safeguarding Manager/ Director will take action in line with the Pan Sussex Safeguarding procedures

All allegations against colleagues working with children and vulnerable people will be treated seriously and consideration of the seriousness, sensitivity and nature of the allegation will be considered and external advice taken if required. All action will be in line with the Pan Sussex Adults Safeguarding procedures <http://sussexsafeguardingadults.procedures.org.uk/>

### 14.0 Training requirements

Here/BRVC uses e-LfH (Health Education England) an e-learning programme in partnership with the NHS and Professional bodies providing high quality training of the NHS workforce across the UK.

All individuals, both clinicians and non-clinicians, employed or on a sessional contract must complete Safeguarding Vulnerable Adults training every three years.

Please see the table below for further details of levels required and review cycle. Further, please see the Statutory and Mandatory Training Policy for details regarding accessing the training.

Training	Appropriate for	Review cycle	Course Content
Safeguarding Vulnerable Adults – Level 1	Level 1 is intended for all colleagues working within the NHS. This course provides an introduction to the Safeguarding Adults e-learning programme for	Every three years with annual review when policy is reviewed	<ul style="list-style-type: none"> <li>Describe the importance of dignity and respect in individual-centred care</li> <li>Define the term 'safeguarding' and understand the role you must play to recognise and</li> </ul>

	individuals all working within the NHS, including clinicians and non-clinicians in a management or supervisory role.		<p>report abuse</p> <ul style="list-style-type: none"> <li>• Define abuse and list the different types of abuse</li> <li>• Identify why some adults are vulnerable or more at risk from abusive behaviour</li> <li>• List the indicators of abuse</li> <li>• Explain who you need to speak to if you have a safeguarding concern</li> <li>• Meet the learning outcomes outlined in the UK Core Skills Framework</li> </ul>
Safeguarding Vulnerable Adults Level 2	This session builds on Safeguarding Adults Level 1. We require all clinicians to complete this training. It will equip you with a greater knowledge and understanding of your role in relation to safeguarding adults, and an awareness of referral and multi-agency adult safeguarding procedures.	Every three years with annual review when policy is reviewed	<ul style="list-style-type: none"> <li>• Explain how to support people to keep safe, minimise risk and keep service users at the heart of decision-making</li> <li>• Explain how to respond to safeguarding alerts/referrals</li> <li>• Describe the roles and responsibilities of different agencies involved in investigating allegations of abuse</li> <li>• Describe the importance of sharing information and preserving evidence</li> <li>• Explain what legislation is relevant to undertaking safeguarding activity</li> <li>• Identify the risk factors for radicalisation and who to contact regarding preventative action</li> </ul>

### 14.1 Colleagues supervision

Here has a Clinical Appraisal and Supervision Policy which supports the supervision of clinicians. Supervision regarding safeguarding is supported by our Safeguarding Manager who in turn is supported by a 6-monthly supervision arrangement with the designated professional Safeguarding Lead at Sussex Community Trust.

All non-clinical individuals have supervision in line with the Training and Professional Development Policy and the Statutory and Mandatory Training Policy.

### 15.0 Physical control/restraint

All services currently delivered by Here/BRVC have been assessed as being very low risk of individuals finding themselves in a situation where a vulnerable adult would need to be physically restrained e.g. in order to protect the vulnerable adult, public or colleagues from harm of physical violence.

The Mental Capacity Act advises that any action intended to restrain a person who lacks capacity will not attract protection from liability unless the following two conditions are met:

- The person taking action must reasonably believe that restraint is *necessary* to prevent *harm* to the person who lacks capacity; and
- The amount or type of restraint used and the amount of time it lasts must be a *proportionate response* to the likelihood and seriousness of harm. (MCA code of practice 6.41)

All situations of physical restraint or physical violence should be reported as an incident in line with the Incident Reporting Policy and Procedure.

As new services are commenced or scope of existing services changes, a risk assessment will be undertaken to ensure consideration is given to having in place a Restraint Policy. If it is considered required, appropriate Physical restraint or Breakaway Training will be provided and their training regularly monitored, and the colleagues supervised accordingly.

Clinicians in the Memory Assessment Service are required to attend Break away training which teaches colleagues how to “Break away” from dangerous situations. This is provided through their employing organisation (Sussex Partnership Trust) in line with their Statutory and Mandatory Training Policy.

## 16.0 Consent to treatment and the Mental Capacity Act

In English law all individual (aged 16 and above) are normally presumed to have sufficient capacity to decide on their medical care unless there is significant evidence to suggest otherwise.

The general rule of English law, whatever the context, is that the test of capacity is the ability to understand the nature and quality of the interaction i.e. whether the adult understands the pros and cons of the treatment being offered are.

Normally if a referring GP is aware that a patient does not have the capacity to understand treatment options they will notify Here of this in the referral. In these circumstance the Patient Care Adviser will arrange for the patient is accompanied by a carer who is able to support the patient in decision making or indeed make a decision on their behalf.

Whilst all adults should be presumed to have the capacity to make decisions on treatment options, where the clinician has doubts about capacity and consent it is their responsibility to decide whether they have capacity to consent to that treatment. Before adults can be assessed as lacking capacity two things need to be established:

- i. First it has to be shown that the adult is suffering from some sort of impairment or disturbance of the mind or brain. This can include factors such as mental illness or cognitive decline e.g. Alzheimer’s disease. It can also refer to short term factors such as extreme intoxication by drug or alcohol.
- ii. Having identified the existence of such an impairment can they:
  - Understand the information relevant to the decision
  - Retain the information long enough to be able to make the decision
  - Use the information; or

- Communicate the decision by any means

If an individual is unable to do any of these then s/he is deemed to lack decision-making capacity for the specific decision in question. The clinician should consider seeking advice before proceeding to offering treatments in this situation. This can include the safeguarding manager or Director or consulting with the referring GP.

### **17.0 Monitoring**

All employed clinicians, the MAS administration team and those colleagues with direct patient contact e.g. reception staff will undertake a background check by the Disclosure and Barring Service prior to hire to ensure they are fit for work with adults at risk.

Further, monitoring of compliance of this policy is via:

- Individuals participation in training
- Audit and analysis of reports, complaints, or serious case reviews
- Policy review will take place annually
- Incidents and Complaint monitoring
- Log of all safeguarding queries received kept by Safeguarding Manager for services where the Here policy applies
- Annual Safeguarding Report for the period 1 January – 31 December to be produced and discussed at safeguarding group (CQI)

## Appendix i - Schedule of Applicable Publications and other References:

Reasonable steps have been taken to ensure that this policy reflects the Care Quality Commission Schedule of Applicable Publications, the following guidelines have been referenced:

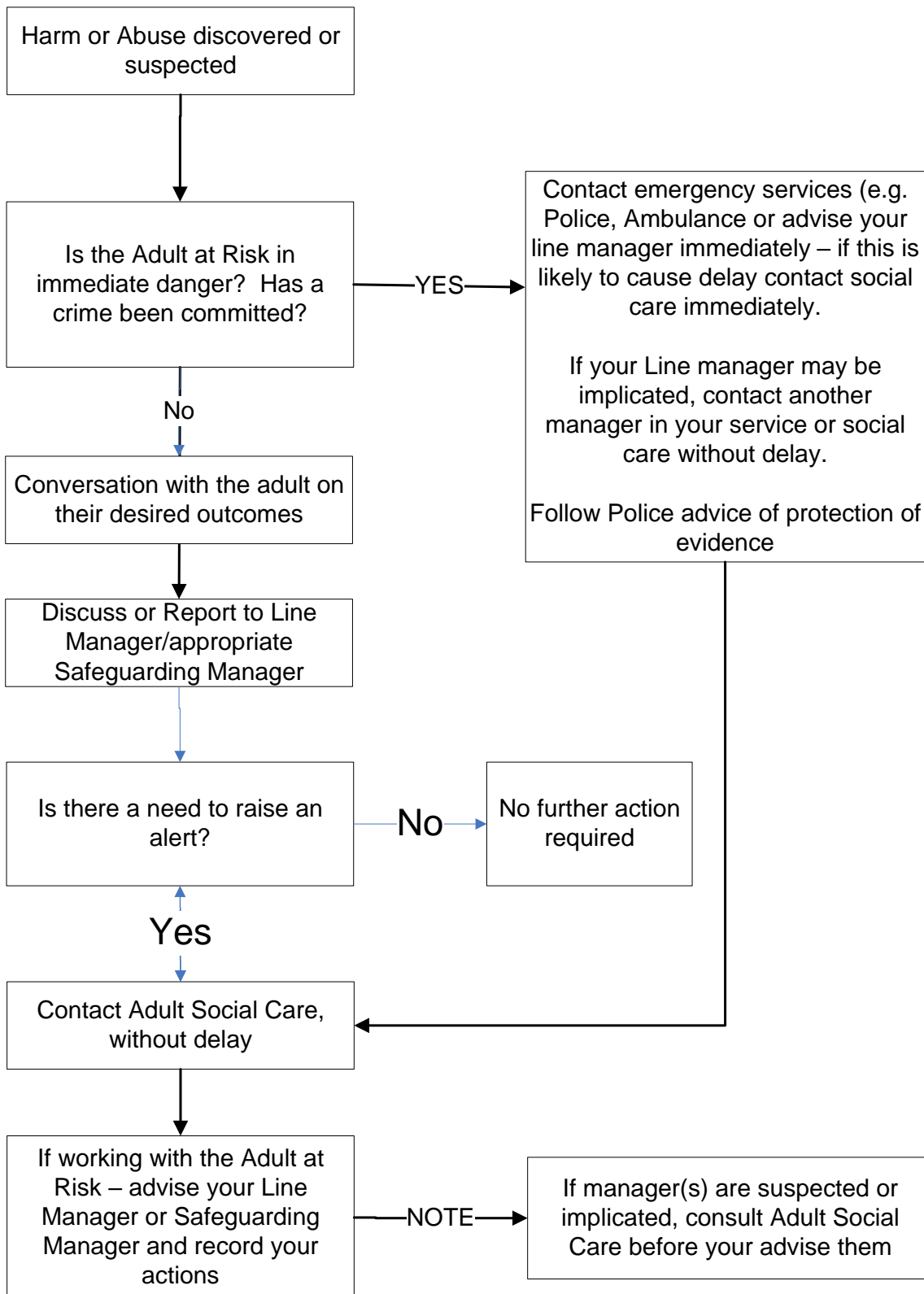
- Brighton and Hove SAB Safeguarding Adults Board (Useful Guidance)  
<https://www.brightonandhovelscb.org.uk/safeguarding-adults-board/useful-links-sab/>
- SAB Safeguarding Adults Review Protocol..\SAB Safeguarding Adult Review Protocol FINAL.doc
- Association of Directors of Social Services (2005). Safeguarding Adults – A National Framework of Standards for Good Practice and outcomes in adult protection work  
<http://www.adass.org.uk/old/publications/guidance/safeguarding.pdf>
- Mid Sussex District Council  
[http://www.midsussex.gov.uk/media/Safeguarding\\_Policy\\_2013.pdf](http://www.midsussex.gov.uk/media/Safeguarding_Policy_2013.pdf)
- NHS Constitution (March 2013) <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
- No Secrets (2009): guidance on protecting vulnerable adults in care  
<https://www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care>
- Safeguarding Adults: The role of health services  
<https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services>
- Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk  
<http://sussexsafeguardingadults.procedures.org.uk/>
- ADASS Safeguarding Adults: *|A National framework of Standards for good practice and outcomes in adult protection work:* <http://www.adass.org.uk/home/>
- Care Quality Commission – Essential Standards of Quality and safety – Outcome 7  
[http://www.cqc.org.uk/sites/default/files/documents/guidance\\_about\\_compliance\\_summary.pdf](http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf)
- Sussex Multi-Agency Procedures to Support People Who Self-Neglect  
[http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Self-Neglect%20policy%2028%2005%2013%20FINAL\\_0.pdf](http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Self-Neglect%20policy%2028%2005%2013%20FINAL_0.pdf)
- Mental Capacity Act: deprivation of Liberty Safeguards  
<https://www.gov.uk/government/publications/mental-capacity-act-deprivation-of-liberty-safeguards>
- Mental Capacity Act Code of Practice  
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Public concern at work helpline <http://www.pcaw.co.uk/>
- Care Act 2014 – factsheets <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

- Care Act Guidance  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf)
- Healthwatch <http://www.healthwatch.co.uk/>
- Department of Health – The Care Act - Factsheet 7  
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-7-protecting-adults-from-abuse-or-neglect>
- Care Act 2014 – chapter 23  
[http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga\\_20140023\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf)



## Appendix ii - Flowchart for Raising a Safeguarding Concern

Raising a Safeguarding Adult Concern Flowchart



### Appendix iii – Equality Assessment

<b>1. Name of Policy</b>	Safeguarding Vulnerable Adults Policy
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<b>2. Clinical/Governance/HR</b>	Governance
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<b>3. Assessment completed by (Author/Owner/Other)</b>	<b>a) Name</b>	<b>b) Title</b>
Author	Jason Willcox	Safeguarding Manager
<b>Date assessment completed:</b>	January 2021	

<b>4. Does the policy benefit or have an impact on colleagues and/or the public? (please ✓)</b>						
<b>Colleagues</b>	Yes	✓	No		Not Sure	
<b>Public</b>	Yes	✓	No		Not Sure	

5. Is there a Differential Impact?					6. Is there concern?		7. Total Scores	
	<b>5a)</b> Is there any information or reason to believe that the operation of this policy would or does affect groups differently?  Answer: No Yes/No/NA/Not Sure		<b>5b)</b> How much information or evidence is there?  Answer: Little NA/ None/Little/Some/Major		Has there been any concern expressed by the public or colleagues about the operation of this function or policy?  Answer: None NA/None/Little/Some/Major		Colleagues	Public
	Colleagues	Public	Colleagues	Public	Colleagues	Public		
Age	0	0	0	0	0	0	0	0
Disability	0	0	0	0	0	0	0	0
Gender reassignment	0	0	0	0	0	0	0	0
Marriage and civil partnership	0	0	0	0	0	0	0	0
Pregnancy and maternity	0	0	0	0	0	0	0	0
Race	0	0	0	0	0	0	0	0
Religion and belief	0	0	0	0	0	0	0	0
Sex	0	0	0	0	0	0	0	0
Sexual orientation	0	0	0	0	0	0	0	0
<b>Sub Total</b>							0	0
<b>Grand Total</b>							0	
8. Priority								
Grand Total Score			0		Priority (low, medium, high)		Low	

Priority Scoring	
Low	0 – 9
Medium	10 – 29
High	30+

**Low** = A full Equality Analysis is not required, but details of non-applicability must be detailed in 9. below.

**Medium** = A full Equality Analysis must now be completed, ensuring engagement with appropriate internal stakeholders

**High** = A full Equality Analysis must now be completed ensuring engagement with appropriate internal and external stakeholders

9. Reasons for non-applicability	
Equality strand	Reasons
Age	This policy does not have any negative impact on this characteristic.
Disability	This policy does not have any negative impact on this characteristic.
Gender reassignment	This policy does not have any negative impact on this characteristic.
Marriage and civil partnership	This policy does not have any negative impact on this characteristic.
Pregnancy and maternity	This policy does not have any negative impact on this characteristic.
Race	This policy does not have any negative impact on this characteristic.
Religion and belief	This policy does not have any negative impact on this characteristic.
Sex	This policy does not have any negative impact on this characteristic.
Sexual Orientation	This policy does not have any negative impact on this characteristic.

10. Manager Approval	
Signed	Jason Willcox- Safeguarding Manager
Date	January 2021