

# CARE HOME NAME

# CARE HOME SAMPLE SAFEGUARDING ADULT POLICY

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Your Safeguarding Lead is:

Your Safeguarding Champion is:

|     |            |                 |               |  |
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### Circulation List

Following Approval this Policy Document will be circulated to:

- Care Homes

**Review of Policy: This document will be reviewed in 2023 or before this date in the event of national updates.**

This sample Safeguarding Adult Policy is based on the Lancashire Safeguarding Adults Board procedures. It will support Care homes in promoting the wellbeing of Adults at risk who may have difficulty in protecting themselves from harm and abuse and in promoting their own interests. It has been adapted by the Deputy Designated Professional for Safeguarding Adults and MCA from Chorley and South Ribble CCG, Greater Preston CCG and West Lancashire CCG from the GP Sample Policy.

| <b>CONTENTS</b> |   | <b>Page</b> |
|-----------------|---|-------------|
| <b>1</b>        | <b>INTRODUCTION</b>   | <b>5</b>    |
| 1.1             | Why is safeguarding necessary?  | 5           |
| 1.2             | Scope   | 5           |
| 1.3             | Principles  | 5           |
| 1.4             | Breaches of policy  | 6           |
| 1.5             | Key Definitions   | 6           |
| <b>2</b>        | <b>SAFEGUARDING ADULTS POLICY</b>   | <b>10</b>   |
| 2.1             | Statement of Responsibilities   | 10          |
| <b>3</b>        | <b>RECOGNITION OF THE ABUSE AND NEGLECT OF ADULTS AT RISK</b>             | <b>12</b>   |
| 3.1             | Categories of Abuse   | 12          |
| 3.2             | Prevent   | 13          |
| <b>4</b>        | <b>WHAT TO DO IF YOU HAVE CONCERNS ABOUT AN ADULT AT RISK'S WELFARE</b>   | <b>14</b>   |
| 4.1             | Responding to an adult who tells you about abuse                          | 14          |
| 4.2             | Risk Assessment   | 15          |
| 4.3             | Raising a concern with local authority safeguarding adults enquiry team   | 16          |
| 4.4             | What to do if there is a professional disagreement                        | 17          |
| <b>5</b>        | <b>SAFEGUARDING CHILDREN</b>  | <b>17</b>   |
| <b>6</b>        | <b>INFORMATION SHARING</b>  | <b>17</b>   |
| <b>7</b>        | <b>ATTENDANCE AT SAFEGUARDING MEETINGS</b>                                | <b>18</b>   |
| <b>8</b>        | <b>RECORDING INFORMATION</b>  | <b>18</b>   |
| <b>9</b>        | <b>MANAGING ALLEGATIONS</b>   | <b>18</b>   |
| 9.1             | Managing allegations against workers who have contact with Adults at risk | 18          |
| 9.2             | Whistleblowing  | 20          |
| 9.3             | Complaints Procedure  | 20          |
| <b>10</b>       | <b>LEARNING AND DEVELOPMENT OF STAFF</b>                                  | <b>20</b>   |
| <b>11</b>       | <b>SUPERVISION OF STAFF</b>   | <b>21</b>   |

|           |  |           |
|-----------|--|-----------|
| <b>12</b> | <b>REQUEST FOR CELEBRITY, VIP/non-VIP VISIT TO THE SERVICE</b> | <b>21</b> |
|-----------|--|-----------|

|           |                            |           |
|-----------|----------------------------|-----------|
| <b>13</b> | <b>REFERENCE DOCUMENTS</b> | <b>21</b> |
|-----------|----------------------------|-----------|

### **APPENDICES**

|     |   |    |
|-----|---|----|
| I.  | Flow chart: 'What to do if an adult is at risk of significant harm' | 24 |
| II. | Adult safeguarding protocol poster v2                               | 26 |
| III | Flow chart: 'Sharing Information'                                   | 28 |
| IV. | Safeguarding Adults Training for Care homes                         | 29 |
| v.  | Flow chart: 'Safeguarding Children'                                 | 31 |

## 1. INTRODUCTION

The Care Act 2014 was implemented in April 2015 and sets out the first ever statutory framework for adult safeguarding. Local authorities are required to make enquiries into allegations of abuse or neglect. Safeguarding is mainly aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases, local services must work together to identify those at risk and take steps to protect them.

### 1.1 Why is safeguarding necessary

1.2 Care providers play an important role in helping people with care and support needs to live full lives, free from abuse and neglect. Good care adopts the principles of person-centered approaches and takes account of the individual's qualities, abilities and interests. Good care also includes preventing abuse, minimising risk without taking control away from individuals and responding proportionately if abuse or neglect has occurred.

Safeguarding Adults at risk is a complex area. It is extremely wide, ranging from individuals who are incapable of looking after any aspect of their lives, to individuals experiencing a short period of illness or disability. A wide range of community services and professionals can also be involved, making it difficult to identify those with responsibility. Safeguarding adults is everybody's responsibility.

A key area of consideration is the implementation of the Mental Capacity Act (MCA) which is supported by a Code of Practice and sets out the legal framework for people who lack capacity. The MCA identifies who can take decisions and in what situations, as well as protecting the right of the individual not to be treated as unable to make a decision merely because they make an unwise decision.

### 1.2 Scope

The aim of this policy is to ensure that throughout the work of **[Insert name of care home]** we will safeguard and promote the welfare of adults at risk. We aim to do this by ensuring that we comply with statutory and local guidance for safeguarding and by ensuring safeguarding the rights of adults at risk is integral to all we do.

**[Insert name of care home]** is committed to implementing this policy and the practices it sets out. The home will provide learning opportunities and make provision for appropriate safeguarding adults training to all staff. This policy will be made widely accessible to staff and reviewed on **[Insert date: suggest annually from date of ratification]**.

This policy addresses the responsibilities of all employees. It is the responsibility of the registered Manager and the Safeguarding Lead to brief all staff on their responsibilities under the policy.

## 1.3 Principles

[insert name of care home] recognise that safeguarding adults at risk is a shared responsibility with the need for effective joint working between staff, external agencies, professionals, service users and families with acknowledgement of different roles and expertise if the adult at risk is to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- The commitment of all staff, at all levels within the care home to safeguarding and promoting the welfare of adults at risk;
- The commitment of Senior Managers to seek continuous improvement with regards to safeguarding;
- Clear lines of accountability within the care home for work on safeguarding;
- Developments that take account of the need to safeguard and promote the welfare of adults at risk and is informed, where appropriate, by the views of the adult at risk and their families where appropriate;
- Staff supervision, training and continuing professional development so that staff have an understanding of their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding adults at risk;
- Safe working practices including recruitment and vetting procedures;
- Effective interagency working, including effective information sharing;

## 1.4 Breaches of policy

For employees, failure to adhere to the Safeguarding Adults Policy could lead to possible disciplinary action being taken. For others (volunteers, supporters, agency staff and partner organisations) their individual relationship with the care home may be terminated.

## 1.5 Key Definitions

### 1.5.1 Adult Safeguarding

The Department of Health (2011) and the Care Act (2014) have agreed best practice principles for safeguarding adults that should be utilised to provide a benchmark for achieving good outcomes for patients.

#### **Principle 1 – Empowerment - Presumption of person led decisions and consent**

Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. Clear justification must be made and documented where action is taken without consent, such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they should still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

#### **Principle 2 - Protection - Support and representation for those in greatest need**

All staff have a duty to support all patients to protect themselves. Staff have a positive obligation to take additional measures for patients and service users who may be less able to protect themselves.

### **Principle 3 - Prevention**

Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within the service.

### **Principle 4 – Proportionality - Proportionality and least intrusive response appropriate to the risk presented**

Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

### **Principle 5 – Partnerships - Local solutions through services working with their communities.**

Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse. The skills of the multiagency team should be utilised when safeguarding adults at risk.

### **Principle 6 - Accountability - Accountability and transparency in delivering safeguarding**

#### **Making Safeguarding Personal**

In addition to these principles, Making Safeguarding Personal is about engaging with people to understand what outcomes they wish to achieve from a safeguarding response, by seeking to achieve a personalised approach to safeguarding, where safeguarding is done in partnership with someone and not 'done to them'. The aim is to focus practice on achieving an improvement to people's circumstances which is meaningful to them and their own wishes and preferences should be acted on as far as possible, in keeping with the principles set out in 'Making Safeguarding Personal'.

**[Insert name of care home]** is accountable to patients, service users and to their commissioning agencies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

## **1.5.2 Adults at Risk**

The Pan Lancashire and Cumbria Safeguarding Adults Boards procedures have adopted the definition of an adult at risk from Section 42 of the Care Act 2014:

1. An adult who may be vulnerable to abuse or maltreatment is deemed to be someone aged 18 or over, who is in an area and;
2. Has needs for care and support (whether or not the authority is meeting any of those needs);
3. Is experiencing, or is at risk of, abuse or neglect and;
4. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This could include people with learning disabilities, mental health problems, older people and people with physical disabilities or impairments. This can include people who are vulnerable themselves as a consequence of their role as a carer for such a person. They may need additional support to protect themselves, for example, in situations such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

Support provided should be appropriate to the person's physical and mental abilities, culture, religion, gender and sexual orientation and tailored to enable people to live lives that are free from violence, harassment, humiliation and degradation.

### 1.5.3 Adults with capacity

A person's ability to make a decision in regard to adult abuse may be affected by (not an exhaustive list):

- Duress and undue influence;
- Lack of mental capacity;
- Use of threat or influence;
- Power imbalance within a relationship.

There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired, e.g. by duress or undue influence. Nonetheless, it is an important distinction to make

Adults at risk who are in receipt of health or social care services and whose independence and well-being is at risk due to abuse can expect arrangements to be made that will promote their safety, independence and well-being in both the short and longer term. **[Insert name of care home]** will ensure all relevant and appropriate professionals are alert and involved to support all adults wherever possible:-

- The right to be safeguarded from abuse;
- Their needs regarded as paramount;
- The right to be taken seriously;
- To be offered independent advocacy and / or support and be kept informed of safeguarding processes and outcomes, as appropriate. **[Insert name of care home]** will support any adult in facilitating access to advocacy services including making a referral in the absence of statutory services;

- The right to appropriate information on the safeguarding adults' process;
- The right to privacy and confidentiality throughout the safeguarding process, except where there is a requirement to override;
- The right to be involved in decisions regarding themselves, made as a result of the safeguarding process.

Any intervention to protect an adult at risk must be carried out with the consent of the adult concerned, there may be occasions where their consent may not be valid, due to consent needing to be over-riden by an agency's duty to protect others. This may be when there are concerns regarding wider groups of adults at risk or children or when a criminal offence has taken place.

The [Domestic Abuse Act 2021](#) makes provisions to protect people who experience domestic abuse as well as strengthening measures to deal with perpetrators. The Act creates a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, coercive or controlling and economic abuse, along with creating a new offence of non-fatal strangulation.

#### **1.5.4 Lack of mental capacity for a specific decision.**

The Mental Capacity Act (MCA) 2005 provides a [statutory framework](#) that underpins issues relating to capacity and protects the rights of individuals where capacity may be in question. MCA implementation is integral to safeguarding adults at risk. [The Mental Capacity Amendment Act 2019](#) introduces the Liberty Protection Safeguards due to be implemented in April 2022 and will replace the Deprivation of Liberty Safeguards. The guidance and associated documents are not yet ready so this date could be delayed. The safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements.

The 5 principles of the MCA must be followed and are directly applicable to safeguarding:

1. **A person must be assumed to have capacity unless it is established that he lacks capacity.** Assumptions should not be made that a person lacks capacity merely because they appear to be vulnerable;
2. **A person is not to be treated as unable to make a decision unless all practicable steps to help him do so have been taken without success.** Empower the person to make decisions about managing risks e.g. use communication aides to assist someone to make decisions; choose the optimum time of day where a person with dementia may best be able to evaluate risks;
3. **A person is not to be treated as unable to make a decision because he makes an unwise decision.** The person will wish to balance their safety with other qualities of life such as independence and family life. This may lead them to make choices about their safety that others may deem to be unwise but they have the right to make those choices;

4. **An act or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.** Best interest decisions in safeguarding take account of all relevant factors including the views of the person, their values, lifestyle and beliefs and the views of others involved in their care;
5. **Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action.**

Where a person lacks capacity to make a decision, any use or restriction and restraint must be necessary and proportionate and to prevent harm to that person.

Safeguarding interventions need to balance the wish to protect the person from harm with protecting other rights such as right to family life.

**All interventions in safeguarding adults at risk must be:-**

- Lawful;
- Proportionate to the risk;
- Respectful of the wishes of the person at risk with regard to their human rights;
- Documented within the person's care plan.

## **2. SAFEGUARDING ADULTS POLICY**

### **2.1 Statement of Responsibilities**

All roles must comply with all safeguarding requirements in regulations 12 and 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- **Director/Responsible person** Ensure the responsible person and Home Manager is of good character, has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
- Ensure the responsible person and Home Manager is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
- Ensure the responsible person and Home Manager has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
- Ensure that the culture of the organisation promotes open discussion and reporting
- of safeguarding concerns with opportunities for learning and development of practice.
- 

#### **Registered Manager**

- To ensure that safeguarding adults at risk is integral to clinical governance and audit arrangements within the home;
- Ensure that the home meets the contractual and clinical governance arrangements on safeguarding adults;

- To ensure that all staff in contact with adults at risk to be alert to the potential indicators of abuse or neglect, and know how to act on those concerns in line with local guidance;
- To ensure that the home operates safe recruitment processes in line with national and local guidance including disclosure and barring and managing allegations against staff;
- Ensure safeguarding responsibilities are reflected in all job descriptions.
- Ensure that the culture of the organisation promotes open discussion and reporting of safeguarding concerns with opportunities for learning and development of practice. The roles and responsibilities do not equate to a full time role but where a person is identified to take on this role, these duties should be included in the job description.
- The home's Safeguarding Lead is **[insert name and contact details]**
- The home's Mental Capacity Act Lead is **[insert name and contact details if different to Safeguarding lead]**
- His/her deputy is **[insert name and contact details]**

Their role is to:

- Act as a contact on safeguarding adult and Mental Capacity Act matters; this may include requests to contribute to sharing information required for safeguarding investigations where appropriate;
- Disseminate information in relation to safeguarding adults/Mental Capacity Act to all staff members;
- Act as a point of contact for family members to bring any concerns that they have to document those concerns and to take any necessary action to address concerns raised;
- Share information received on safeguarding concerns promptly with LCC Enquiry Team, clarifying or obtaining more information about the matter as appropriate and as advised;
- Facilitate access to support and supervision for staff working with adults at risk and families;
- Ensure that the staff team complete the homes agreed incident forms and analysis of significant events forms; for those homes with individuals on the CHC framework incidents forms should be submitted to the commissioning support unit. **[identify the forms the home use]**

The responsibilities are to:

- Be fully conversant with the homes safeguarding adult policy, the policies and procedures of Lancashire's Safeguarding Adults Board; and the integrated processes that support safeguarding;
- Be responsible for facilitating training opportunities for individual staff groups.

**Individual staff members, including all employed staff and volunteers**

- To be alert to the potential indicators of abuse or neglect for adults at risk and know how to act on those concerns in line with national guidance and the Pan Lancashire safeguarding adult procedures;
- To be aware of and know how to access {insert name of safeguarding board [policies and procedures](#) for safeguarding adults;
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding adults and implementation of the Mental Capacity Act;
- Understand the principles of confidentiality and information sharing in line with local and [government guidance](#);
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect adults at risk;
- Recognise the importance of sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour.
- To minimise any potential risk to adults at risk.

### 3. RECOGNITION OF THE ABUSE AND NEGLECT OF ADULTS AT RISK

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's 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. **[Insert name of care home]** should work with the professionals involved and the adult at risk to establish what being safe means to them.

Consideration needs to be given to a number of factors; abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction to which he or she has not consented to, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. The following categories of abuse are taken directly from the Care Act.

#### 3.1 Categories of Abuse

**Physical abuse:** including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

**Domestic abuse:** including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence, forced marriage or female genital mutilation. The cross government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those age 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

[Lancashire County Council Adults Domestic Abuse Policy \(lancshiresafeguarding.org.uk\)](http://lancshiresafeguarding.org.uk) this will be updated in line with new domestic abuse legislation [Domestic Abuse Act 2021 \(legislation.gov.uk\)](http://legislation.gov.uk). (Lancashire Victim Services can also be accessed [here](#))

**Sexual abuse:** 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.

**Psychological abuse:** 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.

**Financial or material abuse:** 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.

**Modern slavery:** encompasses slavery, human trafficking and 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. The Modern Slavery Act 2015 was introduced in the UK with the intention of combatting slavery and human trafficking.

**Discriminatory abuse:** including forms of harassment, slurs or similar treatment, because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational abuse:** 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.

**Neglect and acts of omission:** 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.

**Self-neglect:** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

It is important to note that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

### 3.2 Prevent

(Radicalisation of vulnerable people)

**Radicalisation** is defined as the process by which people (children or adults) begin to support terrorism and violent extremism and in some cases, to then participate in terrorist groups. Radicalisation is the process where someone has their **vulnerabilities** or susceptibilities exploited towards crime or terrorism – more often by a third party, who has their own agenda; this may take place face to face or via social media or the internet.

Prevent is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views;
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support;
- Work with a wide range of sectors where there are risks of radicalisation and a multi-agency approach is needed including education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with the Police, Local Authorities, Government Departments and Health Services.

Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by identifying individuals who may be at risk, assessing the nature and extent of the risk and where necessary, referring cases to a multi-agency panel which decides on the most appropriate support package to divert and support the individual at risk.

The key challenge is to be vigilant for signs that someone has been or is being drawn into terrorism. Examples of concerns could be overhearing a staff member's conversation or a service user being encouraged to finance this type of activity. The care home Safeguarding/Prevent Lead will advise and signpost in raising concerns following the referral pathway in line with the policy and procedure.

**It is important to note that prevent operates within the pre-criminal space and is aligned to the multi-agency safeguarding agenda.**

- **NOTICE** – if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
- **CHECK** - discuss concern with appropriate other (Safeguarding Lead)
- **SHARE** – appropriate, proportionate information (Safeguarding Lead/Police)

[Further information](#) can be found on the Lancashire Constabulary website.

## 4. WHAT TO DO IF YOU HAVE CONCERNS ABOUT AN ADULT AT RISK WELFARE

### 4.1 Responding to an adult who tells you about abuse

Concerns about the wellbeing and safety of an adult at risk must always be taken seriously. This includes situations where the concern raised is anonymous.

A worker, who is either directly or indirectly involved, who first becomes aware of concerns of abuse must report those concerns as soon as possible and in any case within the same working day to the relevant Senior Manager/Safeguarding Lead within the home. If a worker is unable to speak to an internal source, they should refer concerns to the Local Authority immediately.

When an adult at risk makes a disclosure it is important to reassure the adult at risk and that the information will be taken seriously.

Give them information about what steps will be taken, also including any emergency action to address their immediate safety or well-being.

If an adult in need of protection or any other person makes an allegation to you asking that you keep it confidential, you should inform the person that you will respect their right to confidentiality as far as you are able to, but that **you are not able to keep the matter secret** and that **you must inform** your Manager/Safeguarding Lead within **[Insert name of care home]** and the Local Authority Safeguarding Team.

If it is thought a crime could have been committed, the police should be contacted immediately. It is important that you do not contact the alleged perpetrator or anyone that might be in touch with them. The disclosed information must be recorded in the care records in the way that the adult at risk describes the events, as this information could be required at a later stage to support the enquiry. It is not your responsibility to investigate any alleged abuse but to refer clear and concise information.

The human rights and views of the adult at risk should be considered as a priority, with opportunities for their involvement in the safeguarding process to be sought in ensuring that the safeguarding process is person centred. Ability to consent to the safeguarding process should be determined by the person's mental capacity at that specific time in their understanding of risk and consequences of their situation. In determining validity of consent to making a safeguarding adult concern, the possibility of threat or coercion from others should also be explored and considered.

There may be instances where a safeguarding concern can be raised without an adult at risk's consent, this could include circumstances where others could be at risk if the concern is not raised or instances where a crime may have been committed and this is known as a public interest disclosure, to share information. If in doubt about raising a concern, the case can be discussed with a senior colleague/ Line Manager, Safeguarding Lead or a member of the Safeguarding Team. (See Appendix 1 for contact details)

Anyone who is unsure as to whether abuse has occurred should raise concern in order for the relevant information to be gathered and a decision made about the appropriate course of action. Advice can be sought from the CCG Safeguarding Team and by contacting the Local Authority Safeguarding Adults Team.

## **4.2 Risk Assessment**

It is best practice to raise a concern as soon as the abuse is witnessed, suspected or a disclosure is made. A preliminary risk assessment should be undertaken with the main objective to act in the adult at risk's best interest and to prevent the further risk of potential harm. It is important to consider the following:

- Is the adult at risk, still in the place where the abuse was alleged or suspected or is the adult about to return to the place where the abuse was alleged or suspected?
- Will the alleged perpetrator have access to the adult at risk or others who might be at risk?
- What degree of harm is likely to be suffered if the alleged perpetrator is able to come into contact with the adult at risk or others again?

Once the concern has been raised and if appropriate to be managed by the safeguarding process, the multi-agency safeguarding plan sets out an individual risk assessment plan to ascertain what steps can be taken to safeguard the adult at risk, review their health or social care needs to ensure appropriate accessibility to relevant services and how best to support them through any action to seek justice or rectify the situation in line with Lancashire County Councils procedures.

## **4.3 Raising a concern with Local Authority Safeguarding Adults Team**

A 'concern' is a response to a concern, where an individual believes that an adult at risk may be at risk of harm or abuse. Concerns should be raised as soon as abuse or neglect is witnessed or suspected. This should always be the case if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred and the alleged abuser is likely to have access to the adult or others who might be at risk. This can be done directly to the Safeguarding Team or out of hours service or via whistleblowing procedures where necessary. The [LSAB Guidance for safeguarding concerns](#) supports providers to take immediate action to protect adults at risk and respond to safeguarding concerns, including when to raise a concern with the Local Authority.

On receiving a concern, the person responsible must decide whether to make a referral to the Local Authority Safeguarding Team. Anyone who suspects or knows that abuse has taken place (or is still occurring) has a duty of care to report immediately to their own line manager and raise a concern directly to the local authority Safeguarding Adults Enquiry Team immediately when the concern is identified.

The person raising the concern is not expected to prove abuse has happened but to provide information based on the disclosure from the adult at risk. All staff have a duty

of care in terms of challenging poor practice and escalating their concerns appropriately.

| <b>Information required to raise the concern</b> |
|--|
| Who the alleged victim is                        |
| Who the alleged perpetrator is                   |
| What has happened                                |
| When abuse has happened                          |
| Where abuse has happened                         |
| How often is it happening                        |
| Who witnessed it                                 |

**NB: A referral should still be made even if some of this information is missing**

| Contact Numbers   |                                   |
|---|-----------------------------------|
| <b>Safeguarding Adults Team</b><br>between 9am - 5pm  | <b>0300 123 6721</b>              |
| <b>Out of hours</b>   | <b>0300 123 6722</b>              |
| <b>In an emergency</b> if a person is at risk of serious harm or needs immediate medical attention  | <b>999</b>                        |
| <b>Police Public Protection Unit</b>  | <b>101 or 01772614444</b>         |
| <b>Prevent Officers</b>   | <b>01282 472329/ 01282 472324</b> |
| A concern can also be made online by completing an electronic concern form which can be found on the Lancashire Safeguarding Adults Board <a href="#">website</a> . |                                   |

#### **4.4 What to do if there is a professional disagreement**

Generally there are good working relationships between agencies, but occasionally there will be a difference of professional views. At no time must professional disagreement detract from ensuring that the adult at risk is safeguarded. The person's welfare and safety must remain paramount throughout.

Where there is a difference of opinion between professionals, refer to { insert name of safeguarding board procedures.

### **5. SAFEGUARDING CHILDREN**

This policy recognises a Child as defined in the Children Act 1989 and 2004; **a child** is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout. **[Name of care home]** acknowledges accountability for the safeguarding of children who are visiting the premises. All staff will receive level 1 training around the safeguarding of children and follow systems and processes in place to protect children when visiting the premises further to reporting concerns to the local authority. See Appendix 2

## 6. INFORMATION SHARING

Sharing of information is vital for early intervention to ensure that adults at risk get the services they require. It is also essential to protect adults at risk from suffering harm from abuse or neglect. It is essential that all staff understand when, why and how they should share information.

Always consider the safety and welfare of the adult at risk when making decisions on whether to share information about them.

Where there is concern that the adult at risk may be suffering or is at risk of suffering significant harm then their safety and welfare **must** be the overriding consideration and information must be shared.

Below are 7 key points on information sharing but for further detailed guidance refer to [Information sharing: advice for practitioners \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681127/information-sharing-advice-for-practitioners.pdf) (HM Government 2018)

### Seven key points on information sharing:

1. **Remember that the General Data Protection Regulation 2018 (GDPR) is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about 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** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those 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 your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## **7. ATTENDANCE AT SAFEGUARDING MEETINGS**

**[Insert name of care home]** contribution to multiagency safeguarding adults at risk meetings is invaluable and supports best practice. Priority should be given to attendance by the Registered Manager wherever possible. A written report should be made available for the meeting where the Registered Manager will not be in attendance. There is an expectation that an alternative senior member of the organisation is in attendance.

## **8. RECORDING INFORMATION**

Where there are concerns about an adult at risk welfare, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in writing in the care records. Any bruises, marks and/or unexplained injuries observed should be clearly documented on a body map within the records.

## **9. MANAGING ALLEGATIONS**

### **9.1 Managing allegations against workers who have contact with adults with care and support needs - Persons in a Position of Trust (PIPOT)**

Adults with care and support needs can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of adults with care and support needs by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with Lancashire Safeguarding Adult Board policy and procedures (LSAB). This includes implementation of the practice's disciplinary procedures and possible suspension without prejudice.

There should be a clear distinction between:

A concern / allegation about abuse or neglect by a professional or volunteer – this should be managed via the Safeguarding Board PIPOT procedures.

A concern about the quality of care or practice provided by the person in a position of trust, that do not meet the criteria for a safeguarding enquiry – these should be raised as quality issues initially to management within the organisation.

Or a complaint – these need to be dealt with via the organisations own complaints procedure and can be considered to be in a 'position of trust' where they are likely to have contact with adults with care and support needs as part of their employment or voluntary work and;

- Where the role carries an expectation of trust and;
- The person is in a position to exercise authority, power or control over an adult(s) with care and support needs (as perceived by the adult themselves).

Where such concerns are raised about someone who works with adults at risk, it will be necessary for agencies to assess any potential risk to other adults who use their

services and if necessary, to take action to safeguard those adults using the Pan Lancashire Multi Agency Adults Safeguarding Procedures and guidance documents.

Suspension of the employee concerned from his or her employment should not be automatic, but should be considered if:

- There is cause to suspect an adult at risk has suffered abuse or neglect and/or;
- The allegation warrants investigation by the police and/or ;
- The allegation is so serious that it might be grounds for dismissal.

The Home Manager should, following consultation with the local authority Safeguarding Adults Enquiry Team and the Police where appropriate, inform the subject of the allegations. If it is deemed appropriate to conduct an investigation prior to informing those who are implicated, clear records need to be made of who took the decision and why.

[Further information](#) can be found on the [Insert name of safeguarding board] website.

The Home Manager will need to balance supporting the alleged victim, the wider staff team, the investigation and being fair to the alleged perpetrator. The alleged perpetrator will be considered innocent until proven otherwise. Suspension offers protection for them as well as the alleged victim and other service users, and enables a full and fair investigation / safeguarding risk assessment to take place.

All allegations should be followed up regardless of whether the person involved resigns her/his post, responsibilities or a position of trust, even if the person refuses to co-operate with the process. 'Compromise agreements', where a person agrees to resign without any disciplinary action and agreed future reference must not be used in these cases.

When it is concluded there is insufficient evidence to determine whether the allegation is substantiated, the Chair of the safeguarding meeting will ensure that relevant information is passed to the Home Manager. The Home Manager will consider what further action, if any, should be taken in consultation with the Local Authority Safeguarding Lead for Managing Allegations and PIPOT.

When an allegation of abuse or neglect has been substantiated, the Home Manager should consult with the Local Authority Safeguarding Enquiry Team for advice on referral to the PIPOT Lead and consider whether it's appropriate to make a referral to the professional or regulatory body; and to the Disclosure and Barring Service (DBS), because the person concerned is considered unsuitable to work with adults with care and support needs.

The Home Manager should review the care home's procedures to help prevent similar events from occurring in the future and to ensure lessons learnt are implemented.

## **9.2 Whistle-blowing**

**[Insert name of home]** recognises the importance of building a culture that allows all staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also

include behaviour that is not linked to safeguarding but that has pushed the boundaries beyond acceptable limits. A link to the homes whistle blowing policy is her [Insert the link to your organisations whistleblowing policy] Guidance on developing a from CQC can be found [Whistleblowing: Guidance for providers | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/resources/guidance-providers/whistleblowing-guidance-providers)

### 9.3 Complaints procedure

**[Insert name of home]** has a clear well publicised procedure that is capable of dealing with complaints from all service users, families and employees.

Please refer to **[insert link or cite complaints document]**. Consideration should always be given to whether a complaint meets the criteria for an adult safeguarding referral or managing allegations procedures.

## 10 LEARNING AND DEVELOPMENT OF STAFF

To protect adults at risk from harm, all staff must have the competences to recognise adults at risk of or actual abuse and to take effective action as appropriate to their role. See Appendix 3 for Training Matrix and the

[Good practice resources can be found: Safeguarding adults in care homes \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG126)

All staff undergoing learning and development are expected to keep an annual learning log for their appraisals and/ or personal development

**[Insert name of care home]** will hold regular team meetings where safeguarding adults at risk will feature as a discussion topic within the organisation.

The purpose of this meeting is:

- to make sure all members of staff are fully aware of the homes policy and know what to do if they are worried an adult is being abused or neglected
- to cascade and discuss learning and key lessons from safeguarding concerns and incidents.

To support homes in ensuring staff are trained to the appropriate level, a range of e-learning material is available. E-learning training programmes are available on the Lancashire Safeguarding Adults Board [website](#) (See Appendix II: Safeguarding Adults Training for Care homes). The guidance for the levels of training required can be found here - [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/~/media/RCN%20org/Policy%20and%20Practice/Adult%20Safeguarding/Adult%20Safeguarding%20Roles%20and%20Competencies%20for%20Health%20Care%20Staff%20-%202016.pdf)

## 11 SUPERVISION OF STAFF

Staff working with adults at risk need to have access to support and supervision; this will provide an opportunity for staff to share their concerns and to enable them to manage the stresses inherent in this work. It also promotes good standards of

practice, which are soundly based and consistent with local and national guidance for safeguarding adults at risk.

Supervision also provides an opportunity to ensure there is an understanding of roles and responsibilities, as well as the scope of professional discretion and authority. Safeguarding incidents should be discussed at team meetings to support wider learning of recommendations for practice. Opportunities for reflection and to identify any development needs may also be available through the appraisal process as safeguarding issues should form a standard part of this process. It is important to note that staff shouldn't wait until supervision to share immediate concerns which need to be alerted to the safeguarding team.

Further guidance is available from the safeguarding lead.

## 12 REQUEST FOR CELEBRITY, VIP/non-VIP VISIT TO THE SERVICE

Any requests for Celebrity, VIP visits must be referred to and approved by the relevant person within the service who manages communications. It may be a non-VIP may attract media attention and as such be treated as VIP for their visit. All visits must be formally documented. If a celebrity, VIP or non-VIP attends the care home without any prior notice (and not undertaking a private visit to see a relative or friend being cared for within the home); the visitor should be asked to wait in reception/nursing station until the relevant communication lead has been notified. Determination around the nature of their visit must be made and decision around whether their visit should go ahead. For all planned and unplanned visits, the arrangements for supervision and chaperoning need to be delegated

## 13 REFERENCE DOCUMENTS

In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of Lancashire Safeguarding Adults Board.

DH (2005) The Mental Capacity Act [statutory framework](#)

DH (May 2011) [Statement of Government Policy on Adult Safeguarding.](#)

DH (November, 2011), [Building Partnerships, Staying Safe. - The Health Sector Contribution to HM Governments Prevent Strategy. Guidance for Healthcare organisations.](#)

HM Government (2018) [Information Sharing: Advice for Practitioners providing safeguarding services to children, Young people, parents and carers](#)

HM Government (2010) Care homes registration (England) <https://www.gov.uk/nursing-homes-registration-england>

HM Government (2014) [The Care Act](#)

HM Government (2019) [The Mental Capacity Amendment Act 2019](#)

HM Government (2021) [The Domestic Abuse Act 2021](#)

Prevent Policy and Strategy (2015) <https://www.lancashire.police.uk/help-advice/safer-communities/counter-terrorism/>

Local Safeguarding Adults Board [Policies, Procedures and Practice Guidance](#)

DH (2018) [Care and support Statutory Guidance](#)

NICE (2021) [Safeguarding adults in care homes \(nice.org.uk\)](#)

The responsibility for ensuring policies are reviewed belongs to the registered manager, who may delegate this responsibility to **[insert name here]**.

We have reviewed and accepted this policy.

Signed:

Dated

Signed by on behalf of the [insert organisations name here]

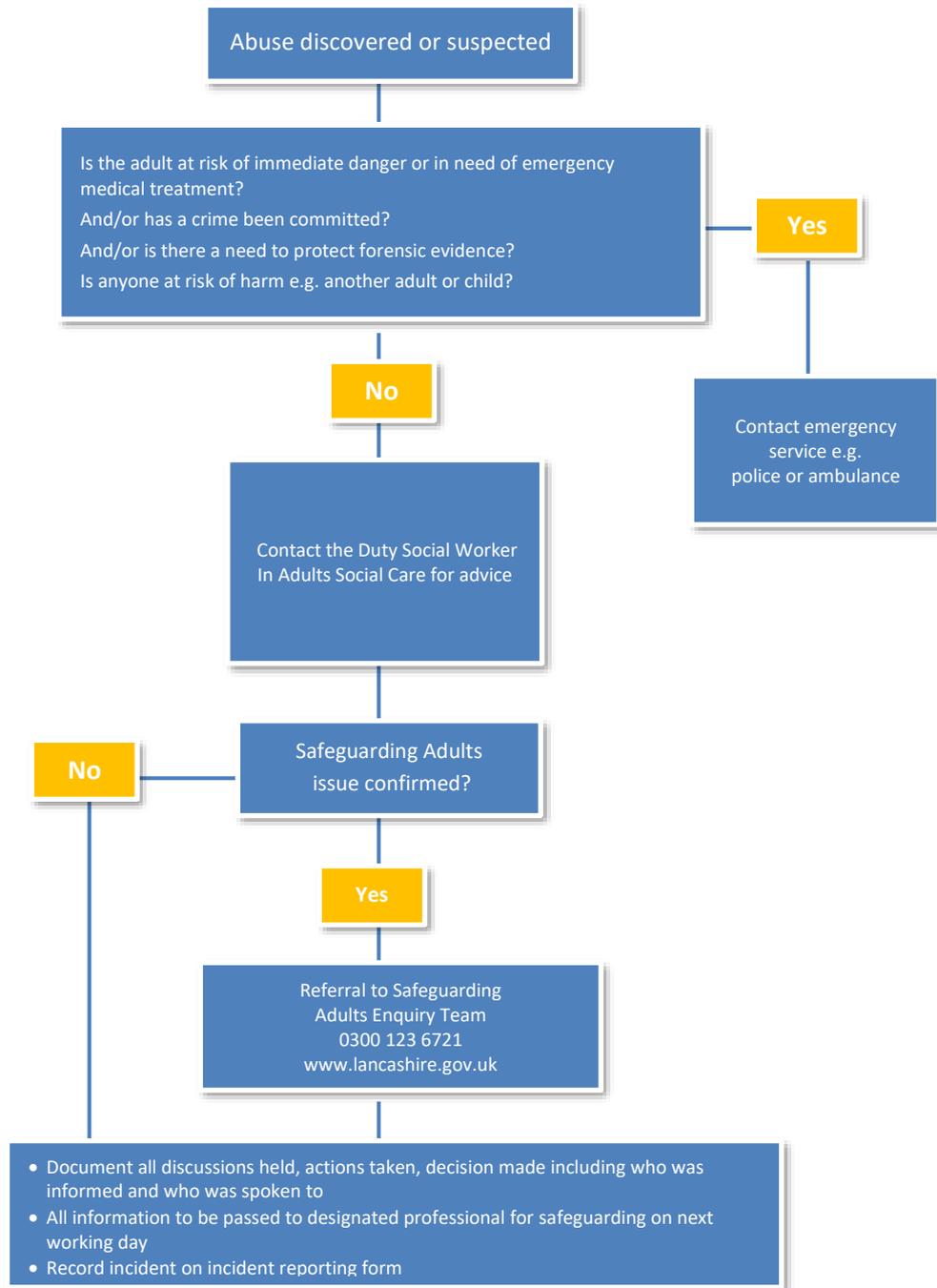
The team have been consulted on how we implement this policy.

Signed:

Dated

## APPENDIX I

### What to do if an adult is at risk of harm



# Safeguarding concern for an Adult

Appendix II



Refer to full guidance at [www.lancashire.gov.uk/safeguarding](http://www.lancashire.gov.uk/safeguarding)

If a criminal act or emergency ring 999 or 101 non-emergency

# Think Care Act

## Level 1 Low Risk Unlikely to raise a Safeguarding concern

Adults experiencing no harm or isolated incident

Risk Indicators

- No or minor harm
- Isolated incident - Minimal impact to person
- Resolved with proportionate approach to reduce reoccurrence
- Internal policies & procedures are Mental Capacity Act & Care Act compliant
- Comprehensive recording is in place
- Risk assessment/action plan in place
- Incident not caused by Person in Position of Trust

Example  
(Not exhaustive)

- Dispute between service users
- Poor handling/moving technique by inexperienced informal/family carer
- Care plan in place, needs not met but no harm/distress
- Risk can be managed by current professional oversight
- Person does not receive prescribed medication (missed/wrong dose). No harm occurs.
- One off incident of unpredictable low staffing. No harm caused

Actions

- Report any criminal act to Police 999/101
- Follow your organisation's Safeguarding procedure & routine assessments required
- Refer to additional guidance available on [www.lancashire.gov.uk/safeguarding](http://www.lancashire.gov.uk/safeguarding)
- Review /refresh education
  - Staff Training & Mentoring | Conduct
  - Service user standards of conduct
- Referral to (as appropriate)
  - Occupational Therapy/Physiotherapy
  - Adult Social Care
- Signpost to appropriate universal services
  - Local Voluntary/Religious/Housing/Community services/ Mental Health/Domestic Abuse/Neighbourhood Policing

## Level 2 Medium Risk Possibly raise a Safeguarding concern

Adults experiencing some harm or risk of harm

- Repeated incidents/patterns of similar safeguarding concerns
- Risk can/cannot be managed appropriately with current professional oversight or universal services
- Risk of escalation
- Incident not caused by Person in Position of Trust
- Risk of Escalation

- Care planning documentation not person centred
- Service provision does not respect equality and diversity principles
- Occasionally not having access to aids to independence e.g. services/equipment
- Repeated falls despite preventative advice - harm, distress and injury occurs
- Recurring missed medication or admin errors in relation to person - caused no harm

- Report any criminal act to Police 999/101
- Gather more information to inform decision making & next steps
- Follow your organisation's Safeguarding procedure & routine assessments required
- Refer to additional guidance available on [www.lancashire.gov.uk/safeguarding](http://www.lancashire.gov.uk/safeguarding)
- Review /refresh education
  - Staff Training & Mentoring | Conduct
  - Service user standards of conduct
- Referral to (as appropriate)
  - Occupational Therapy/Physiotherapy
  - Adult Social Care
- Signpost to appropriate universal services
  - Local Voluntary/Religious/Housing/Community services/ Mental Health/Domestic Abuse/Neighbourhood Policing

# Think Responsibly

## Level 3 Medium to High Risk Raise a Safeguarding concern

Adults experiencing significant harm or risk of harm

- Humiliation or Threats
- Harm motivated by prejudice
- Recurring failure to meet specific needs associated with culture and diversity
- Incident caused by Person in Position of Trust
- Criminal act is suspected
- Continued failure to adhere to care plan

- Recurrent medication errors/deliberate maladministration of medication e.g. sedation
- Preventable pressure ulcer due to omission of care, serious injury or death as a result
- Unexplained or significant marks, lesions, cuts or grip marks
- Movement or threat to move into a place of exploitation or take part in activities against their will
- Repeated teasing by Person in Position of Trust causing distress
- Physical restraint outside of care plan

- Report any criminal act to Police 999/101
- Gather more information to inform decision making & next steps
- Follow your organisation's Safeguarding procedure & routine assessments required
- Raise a Safeguarding concern at [www.lancashire.gov.uk/safeguarding](http://www.lancashire.gov.uk/safeguarding)

## APPENDIX III

### Legal framework to share information flowchart

#### Public Law

- Purpose
- Context
- Perform a task set down in UK law
- To protect child/adult

#### Supporting frameworks

- Care Act 2014 s45
- Children Act 1989
- GDPR – special category
- Common Law
- Duty of Confidentiality
- Caldicott
- Article 8 human rights act

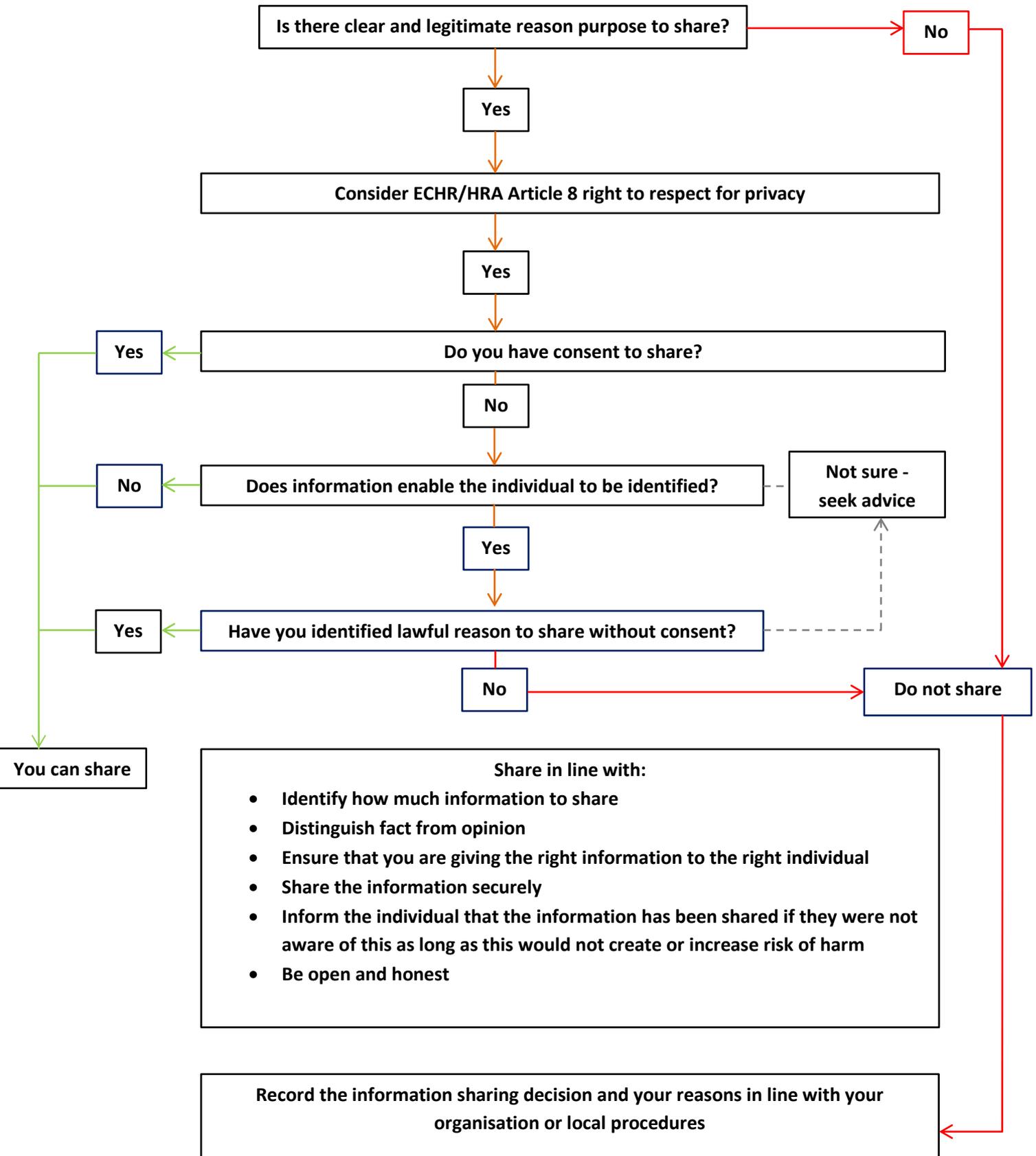
#### Share information in line with

- GDPR principles
- Consent
- Contract
- Legal obligation
- Vital interests – means life
- Public task
- Legitimate interests
- DPA 2019

#### Principles to consider

- Necessary and proportionate
- Relevant
- Adequate
- Accurate
- Timely
- Secure
- Record

## Flowchart of when and how to share information



**Safeguarding Adults Training for Care Homes /  
Requirements and Accessibility within Lancashire**

| <b>Adults</b>  |   |  |
|--|---|--|
| <b>Target Group</b>  | <b>Level/Group and suggested content</b>  | <b>Training opportunities available</b>  |
| <b>All clinical and non-clinical staff groups</b>                          | <p><b>Introduction to safeguarding adult training</b></p> <ul style="list-style-type: none"> <li>• What is abuse and neglect</li> <li>• How to recognise abuse and neglect</li> <li>• Appropriate action to take if an individual has concerns.</li> </ul> <p>Refresher training at a minimum every three years. The e-learning programme can also be accessed as part of refresher training.</p>   | <p>The <b>Lancashire Safeguarding Adults Board</b> provide training for staff working with adults at risk at level 1 via E learning to access:<br/> <a href="http://www3.lancashire.gov.uk/corporate/web/view.asp?siteid=3825&amp;pageid=38308&amp;e=e">http://www3.lancashire.gov.uk/corporate/web/view.asp?siteid=3825&amp;pageid=38308&amp;e=e</a></p>  |
| <b>All clinical staff i.e. nursing staff / health care assistants etc.</b> | <p><b>Safeguarding Adults – What you need to know</b></p> <ul style="list-style-type: none"> <li>• What is abuse and neglect</li> <li>• Understanding the terms ‘vulnerable’ and adults ‘at risk’</li> <li>• How to recognise potential or actual abusive situations</li> <li>• An overview of the background legislation and guidance</li> <li>• Recognition of local pathways and safeguarding structures</li> </ul> <p>Understanding of CQC outcome 7 expectations</p> | <p>Link to the <b>Pan Lancashire and Cumbria Multi Agency Safeguarding Adult Procedures Manual</b>. The manual provides information about safeguarding adults at risk of abuse and neglect and how to make a safeguarding adult concern into social care <a href="http://plcsab.proceduresonline.com/">http://plcsab.proceduresonline.com/</a></p> <p><b>eLearning programme SCIE</b> website<br/> <a href="http://www.scie.org.uk/publications/elearning/index.asp">http://www.scie.org.uk/publications/elearning/index.asp</a></p> <p><b>CCG Safeguarding and Mental Capacity Act Standards</b> for commissioned services appendix 4 safeguarding standards for staff can be accessed on the CCG websites.</p> |
| <b>All clinical staff</b>  | <p><b>Understanding the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DOLS)</b></p> <ul style="list-style-type: none"> <li>• Awareness of the legal framework underpinning the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards</li> <li>• Roles and responsibilities in respect of this legislation</li> </ul>  | <p>Safeguarding leads/champions and registered managers may wish to arrange <b>in house training sessions</b> as a time effective way of delivering training to a group. They could simply go through their current policy, discuss potential case scenarios or deliver a presentation.</p>  |

|                  |   |  |
|------------------|---|--|
|                  | <ul style="list-style-type: none"> <li>• Guidance on completing capacity assessments and applying the best interests check list</li> <li>• What makes a restriction a deprivation?</li> <li>• Awareness of the role of the Independent Mental Capacity Advocate (IMCA)</li> </ul> |  |
| <b>All staff</b> | <p><b>PREVENT training</b></p> <p><b>LEARNING OUTCOMES</b></p> <ul style="list-style-type: none"> <li>• How to support and redirect individuals with vulnerability</li> <li>• How to share concerns, get advice, and make referrals</li> </ul>                                    | <p><b>Via E:learning:</b> <a href="http://course.ncalt.com/Channel_General_Awareness">http://course.ncalt.com/Channel_General_Awareness</a></p> <p><b>Guidance- Building Partnerships, Staying Safe: guidance for healthcare organisations at</b><br/> <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf</a></p> |

# APPENDIX V

## Possible signs and indicators of child abuse and neglect

### Physical Abuse

|   |  |  |
|---|--|--|
| <b>Actions and behaviour of adult/ carer</b>                | <ul style="list-style-type: none"> <li>Minor injuries</li> <li>Serious head injuries eg. Those resulting in fractures or head injuries</li> <li>Premeditated sadistic injuries</li> <li>Burns and scalds</li> <li>Bites</li> <li>Repeated abuse resulting from lack of control</li> <li>Injury resulting from physical chastisement</li> </ul>   | <ul style="list-style-type: none"> <li>Shaking</li> <li>Poisoning</li> <li>Physical assaults regarded as bullying</li> <li>Suffocating</li> <li>Fabricated or induced illness</li> <li>Female circumcision</li> <li>Death/murder</li> </ul>  |
| <b>Physical signs on child/ young person</b>                | <ul style="list-style-type: none"> <li>Unconscious</li> <li>Unexplained bruising/marks or injuries</li> <li>Injuries of different ages</li> <li>Adult bite marks</li> <li>Outline bruising eg. belt, hand print</li> <li>Bruises to eyes, ears, finger tips</li> <li>Burns and scalds on hands, feet, buttock, groin, cigarette burns</li> </ul> | <ul style="list-style-type: none"> <li>Difficulty in moving limbs</li> <li>Blood in white of eyes, small bruises on head, bruises on rib cage—may be associated with shaking injuries</li> <li>Injuries and/or fractures in babies and children who are not mobile</li> <li>Drowsiness eg. from head injury or poisoning</li> <li>Female genital mutilation</li> <li>Genital/anal area injuries</li> </ul> |
| <b>Behaviour and emotional state of child/ young person</b> | <ul style="list-style-type: none"> <li>Aggressive</li> <li>Withdrawn or watchful behaviour</li> <li>Low self-esteem</li> <li>Poor concentration</li> <li>Poor self image</li> </ul>  | <ul style="list-style-type: none"> <li>Flinching when approached or touched</li> </ul>   |

### Emotional Abuse

|   |  |  |
|---|--|--|
| <b>Actions and behaviour of adult/ carer</b>                | <ul style="list-style-type: none"> <li>Rejection</li> <li>Lack of praise and encouragement</li> <li>Lack of comfort and love</li> <li>Lack of secure attachment</li> <li>Lack of continuity of care eg. frequent moves</li> <li>Serious over protectiveness</li> <li>Inappropriate non-physical punishment eg. locking in bedroom, cold water in bath, frequent shouting at a child</li> <li>Humiliating and degrading behaviour, including bullying and racial abuse</li> </ul> | <ul style="list-style-type: none"> <li>Exposure to repeated incidents of domestic abuse</li> <li>Age or developmentally inappropriate expectations being imposed on the child</li> <li>Making the children feel frightened or in danger</li> </ul> |
| <b>Physical signs on child/ young person</b>                | <ul style="list-style-type: none"> <li>Self harm behaviour, eg. mutilation, substance misuse, suicide attempts</li> <li>Developmental delay</li> <li>Eating disorders</li> </ul>   |  |
| <b>Behaviour and emotional state of child/ young person</b> | <ul style="list-style-type: none"> <li>Aggressive</li> <li>Withdrawn</li> <li>Low self-esteem and self worth</li> <li>Repetitive comfort behaviour eg. rocking or hair twisting</li> <li>Sudden speech disorders</li> </ul>  | <ul style="list-style-type: none"> <li>No sense of achievement</li> <li>Lack of confidence, lack of positive identity</li> <li>Inability to play</li> <li>Failure to thrive</li> <li>Severe behaviour problems</li> </ul>                          |

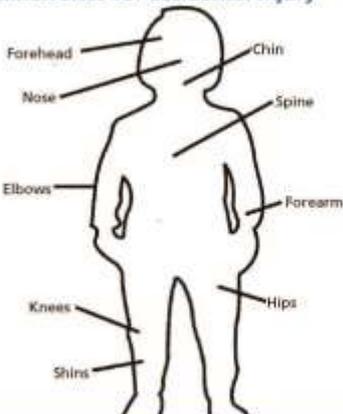
### Sexual Abuse

|   |   |   |
|---|---|---|
| <b>Actions and behaviour of adult/ carer</b>                | <ul style="list-style-type: none"> <li>Inappropriate fondling</li> <li>Mutual masturbation</li> <li>Digital penetration</li> <li>Oral/genital contact</li> <li>Anal or vaginal intercourse</li> <li>Sexual exploitation</li> <li>Exposure to pornography</li> </ul>               | <ul style="list-style-type: none"> <li>Encouraging children/young people to become prostitutes</li> <li>Encouraging children to witness intercourse or pornographic acts</li> <li>Leaving a child in the care of a known sex offender</li> <li>Internet child pornography</li> </ul>                  |
| <b>Physical signs on child/ young person</b>                | <ul style="list-style-type: none"> <li>Injuries to the genital/anal area</li> <li>Sexually transmitted diseases</li> <li>Pregnancy</li> <li>Bruises, scratches, burns or bite marks</li> <li>Eating disorders</li> </ul>  | <ul style="list-style-type: none"> <li>Self harm eg. suicide, self mutilation, substance misuse</li> <li>Bleeding from vagina or anus</li> <li>Pain in passing urine or faeces</li> <li>Persistent discharge</li> <li>Warts in genital or anal area</li> </ul>  |
| <b>Behaviour and emotional state of child/ young person</b> | <ul style="list-style-type: none"> <li>Nightmares and disturbed sleeping patterns</li> <li>Persistent offending, non-school attendance, running away</li> <li>Wetting, soiling, smearing excreta</li> <li>Significant changes in child's behaviour</li> <li>Depression</li> </ul> | <ul style="list-style-type: none"> <li>Sexual awareness which is inappropriate to child's age and developmental stage</li> <li>Sexually aggressive towards other children</li> <li>Low self-esteem</li> <li>Limited attention span</li> <li>Unexplained aggression or withdrawn behaviour.</li> </ul> |

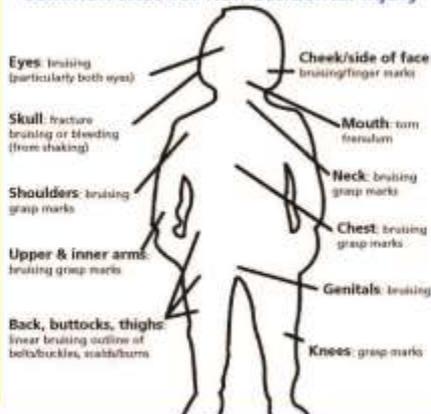
### Neglect

|   |  |   |
|---|--|---|
| <b>Actions and behaviour of adult/ carer</b>                | <ul style="list-style-type: none"> <li>Abandonment or desertion</li> <li>Leaving alone</li> <li>Malnourishment, lack of food, inappropriate food or erratic feeding</li> <li>Lack of warmth</li> <li>Lack of adequate clothing</li> <li>Lack of protection or lack of supervision appropriate to child's age and developmental stage</li> <li>Persistent failure to attend school</li> </ul> | <ul style="list-style-type: none"> <li>Leaving child alone to care for younger siblings</li> <li>Lack of appropriate stimulation</li> <li>Lack of protection from dangerous substances eg. fire, drugs, chemicals</li> <li>Lack of appropriate medical care</li> <li>Lack of secure attachment</li> </ul> |
| <b>Physical signs on child/ young person</b>                | <ul style="list-style-type: none"> <li>Delayed physical development: underweight and small of stature</li> <li>Hands and feet which are cold and puffy</li> <li>Chronic nappy rash</li> <li>Slow growth in both weight and height</li> <li>Frequently smelly</li> <li>Persistently dirty, unkempt appearance</li> </ul>  | <ul style="list-style-type: none"> <li>Persistently hungry</li> <li>Non-organic failure to thrive</li> <li>Impairment of health</li> <li>Death</li> </ul>   |
| <b>Behaviour and emotional state of child/ young person</b> | <ul style="list-style-type: none"> <li>Low self-esteem</li> <li>Destructive tendencies</li> <li>Neurotic behaviour</li> <li>Running away</li> <li>Stealing or hiding food</li> </ul>   | <ul style="list-style-type: none"> <li>Indiscriminately seeking affection from unfamiliar adults</li> <li>Impairment of intellectual behaviour</li> <li>Long-term difficulties with social functioning</li> </ul>   |

### Common sites for accidental injury



### Common sites for non-accidental injury



### Be alert to the possibility of child abuse

1. What is the injury?  
Does it appear accidental?
2. Where is the injury?  
Is it in an unusual site?
3. Does the explanation of the injury fit with the presentation?
4. When was it caused?  
Is the age of the injury right?
5. How was it caused?  
(both stated and suspected)
6. Who caused it?  
(both stated and suspected)
7. Witnesses?  
Do stories tally?
8. What action was taken afterwards by the family?

Implications for practice - signs and symptoms of abuse should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and explanation given