Policy title: Safeguarding Adults at Risk Policy

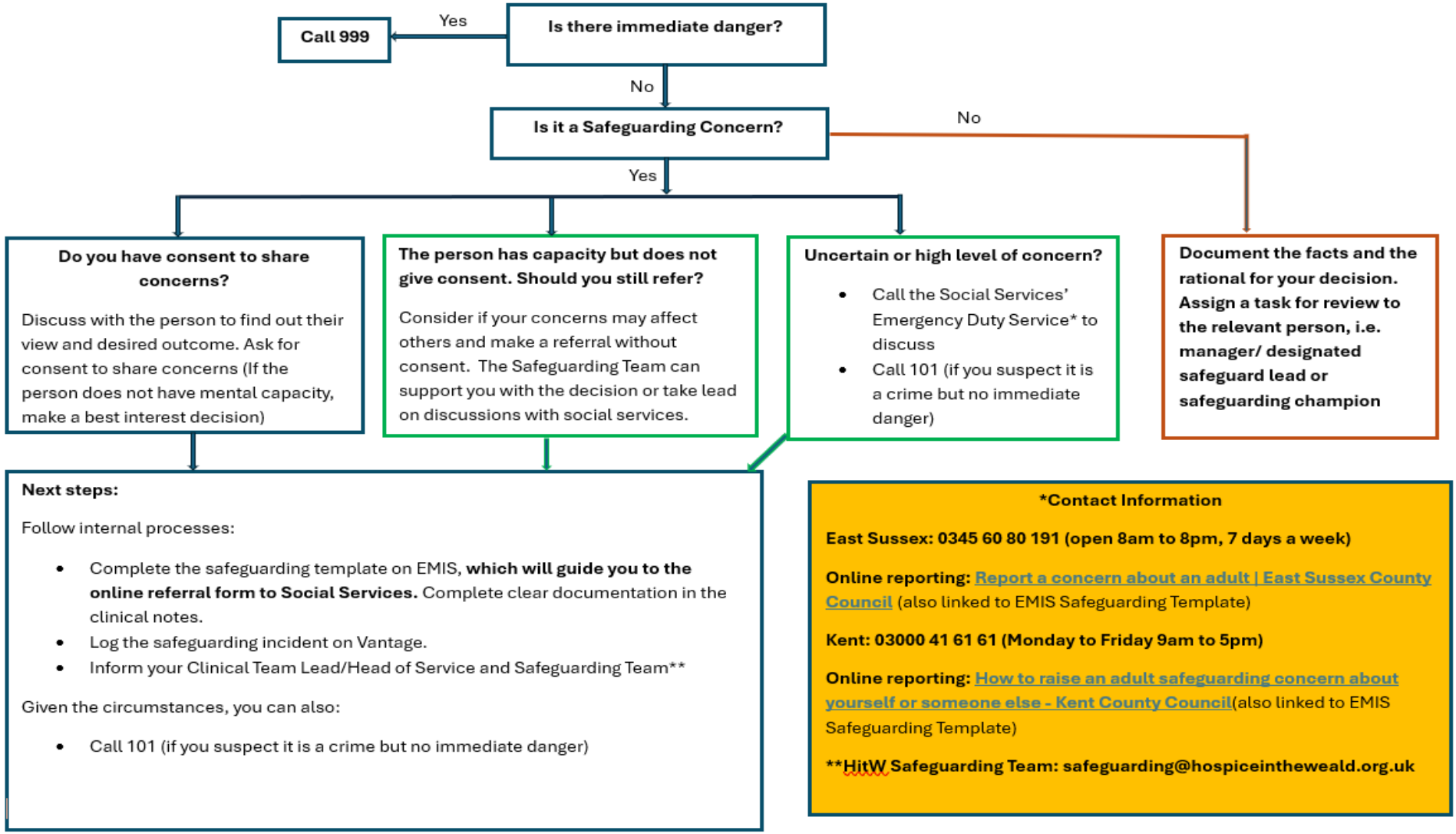
6.01

Document control sheet

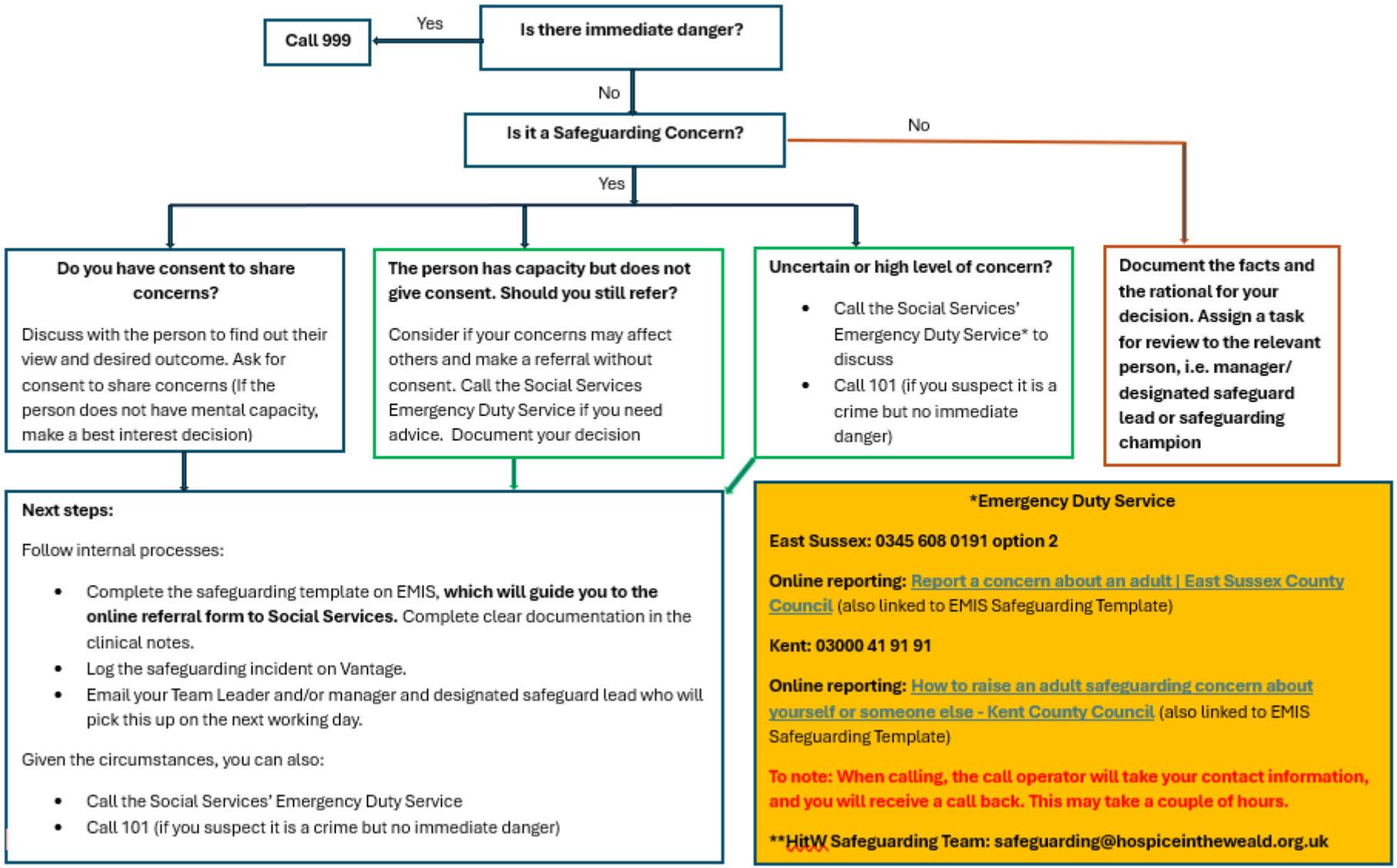
Document Detail	
Document type	*Policy*
Document name	*Safeguarding Adults at risk Policy*
Internal / external	*Internal*
Document location	*Hospice Web: Policies*
Version	*V2*
Effective From	*23 December 2024*
Review date	*23 December 2025*
Policy owner	*Director of Quality Governance*
Lead author	*Patricia Oparah*
Additional author(s)	*Libby Basson*
Applies to	*HitW Workforce*
Approved by date	*Board of Trustees 12/02/2025*

Change History		
Date	Change details since Approval	Approved by
23/12/2023	*V2 Policy was rewritten*	*Trustee Board 13/02/2025*

Safeguarding Adult at Risk Flowchart in Working Hours



Out of Hours Safeguarding Adult at Risk Flowchart



Contents

1. Overview

Policy Intent:
The intent of this policy is to ensure that HITW has a workforce who, whether they work directly with adults or not, are aware of their responsibility to safeguard and promote the welfare of all adults at risk. It must be used in conjunction with other policies, procedures, and local clinical guidelines.

Policy Purpose:
The purpose of this Policy is to ensure that Hospice in The Weald (HITW) has procedures and protocols in place to safeguard adults at risk and to make explicit the roles and responsibilities of all members of the workforce, agency staff and volunteers.

All organisations that provide care have a duty outlined in legislation (The Care Act 2014) to make arrangements to safeguard and to co-operate with other agencies to protect adults at risk from harm, abuse or neglect. Organisations must ensure that those who use their services are safeguarded, and that the workforce are suitably skilled and supported. Providers of health care services should ensure they have the key people, relationships, values and systems in place that will help them to keep safe the people they serve.

HITW is committed to working with other agencies to safeguard adults and will comply with the agreed 'multi-agency policy and procedures for the protection of adults with care and support needs in Kent, therefore this policy must be read in conjunction with that policy and procedures. This policy recognises that HITW workforce have a duty of care to patients/service users and colleagues. Safeguarding is everybody's business.

Exclusions: This policy does not cover anyone under the age of 18 years.

If you have any concerns about the content of this document, please contact the policy owner or advise the Policy Coordinator via policy.coordinator@hospiceintheweald.org.uk

2. Scope

This policy applies to any member of the HITW workforce and makes clear the actions that should be taken where concerns arise that puts adults at risk. The Safeguarding of adults is everyone's responsibility, and every member of the workforce is expected to work in accordance with the guidance contained within this policy.

3. Associated Documents

1. Adult Pressure Ulcer SOP 2.13
2. Consent Policy 3.01
3. Deprivation of Liberty Safeguards Policy 6.13
4. Duty of Candour Policy 6.11
5. Freedom to Speak Up Guardian Policy 6.03
6. Incident and Near Mis Reporting and Management Policy 9.08
7. Mental Capacity Act 2005 Policy 6.09
8. Privacy and Dignity Policy 6.12
9. Restraint and Positive Behaviour Support SOP 6.07

10. Safeguarding Children Policy 6.02

4. Key terms - abbreviations & definitions

The definition of Adult Safeguarding is “Adult safeguarding” is working with adults with care and support needs to keep them safe from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.’ – Care Act 2014

Abuse “A violation of an individual’s human and civil rights by any other person or persons” (No Secrets 2000)

Adult A person having attained the age of 18 years.

Adult at Risk (Previously Vulnerable Adult) A person aged 18 years or over who has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (The Care Act 2014).

Alert The point at which abuse is disclosed or suspected. All staff have a duty to share this information, even if the victim asks them not to. Staff should inform their line manager of their concerns immediately.

BIA Best Interest Accessor

Care Act 2014 Became law in April 2015 and represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. This has superseded the ‘No Secrets’ (2000) guidance.

Child Sexual Exploitation Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity

C**oncern** The stage of the Safeguarding process which will trigger an investigation. Concerns are made to the Local Authority Safeguarding Adults Team (see section 5).

DoLS Deprivation of Liberty Safegaurds

Female Genital Mutilation (FGM) The practice of Female Genital Mutilation includes procedures that intentionally alter or injure female genital organs for non-medical reasons

HitW Hospice in the Weald

KMSAB Kent and Medway Safeguarding Adults Board

MAPPA Multi Agency Public Protection Arrangements (MAPPA) are statutory arrangements for managing sexual and violent offenders.

MARAC Multi-agency risk Assessment Conference, arrangement to manage Domestic abuse

Mental Capacity The ability of an individual to make decisions regarding specific elements of his life. It is also sometimes referred to as 'competence'.

PiPoT The Care Act (2014) defines people in positions of trust (PiPoT) as 'people who work in paid or unpaid capacity, including celebrities and people undertaking charitable duties with adults with care and support needs.' (Department of Health, 2014, 14.120 to 14.132)

Safeguarding Adults Board (SAB) Each Local Authority must have a SAB, as directed by The Care Act 2014. The SAB's main objective is to assure itself that local safeguarding arrangements act to help and protect adults in its area.

Safeguarding Adults Review (SAR) A multi-agency review carried out when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult

Source of Harm (Previously Perpetrator) The individual/s or organisation suspected of carrying out abuse, or neglect.

Workforce: staff and volunteers employed by or working on behalf of Hospice in the Weald (i.e. agency staff and students on placement).

5. Policy

5.1 Introduction

'Safeguarding means protecting an adult's right to live safely, free from abuse and neglect.' (The Care Act 2014)

Safeguarding adults is underpinned by multi-agency working, with Local Authorities taking the lead. Hospice in The Weald work in partnership with other agencies on both Kent and Sussex Safeguarding Adults Boards (SABs) in order to ensure best practice is integral to the role of it's workforce. This policy forms a key part of those multi agency arrangements.

The Care Act 2014 (The Act) came into force in April 2015 and superseded the 'No Secrets' (2000) guidance document. This ensured that Safeguarding Adults became legislation, rather than 'good practice', as it had been previously.

The Care act requires that each local authority must:

- Set up a local Safeguarding Adults Board
- Make enquiries, or cause other organisations to do so, if an Adult at Risk is, or may be being abused or neglected.
- Co-operate with each of its partners in order to protect the Adult. Partner organisations have a duty to co-operate with the Local Authority

All HITW workforce, have a duty to treat adult patients, children and young people, relatives and carers with respect and dignity always and to ensure that modesty of patients is preserved. All children and adults have equal rights to protection and access to services.

5.2 The Legal Duty of Promoting Wellbeing

Section 1 of the Care Act 2014 places a general duty on the Local Authority to promote an individual's wellbeing when exercising its functions under the Act. Wellbeing is defined as:

(a) personal dignity (including treatment of the individual with respect)

(b) physical and mental health and emotional well-being

(c) protection from abuse and neglect

(d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided)

(e) participation in work, education, training or recreation.

(f) social and economic well-being

(g) domestic, family and personal relationships

(h) suitability of living accommodation

(i) the individual's contribution to society

Other Legal Duties Under the Care Act 2014.

Local Authorities must also consider the following duties under the Care Act when planning enquiries and taking actions to safeguard the adult at risk:

1. **Section 2**. To prevent or delay the development of care and support needs
2. **Section 4**. To provide information and support
3. **Section 6**. Co-operating generally
4. **Section 7**. Co-operating in specific cases
5. **Section 9**. Assess the adults need for Care and Support
6. **Section 10**. Assess the needs of carers Section 11. Refusal of assessment
7. **Section 45**. Supply of Information

5.3 Safeguarding Principles and Procedures

HiTW provides care to patients with life limiting conditions and who may be terminal and are vulnerable, their services cover Kent County council and Sussex. All workforce is expected to be aware of

the contents of appropriate policies and procedures in relation to safeguarding and promoting the welfare of adults. These policies can be accessed on the policies page of the Hospice Web.

5.3.1 What is Safeguarding?

Safeguarding means protecting an Adult's right to live in safety - free from abuse and neglect. It is about organisations working together to prevent and stop the risks and experience of abuse or neglect whilst promoting wellbeing and having regard to the adult's wishes and feelings. (The Care Act).

5.3.2 The Care Act

The processes and procedures outlined within this document are underpinned by the Chapter 14 of The Care Act 2014 (The Act). The Act was introduced in 2015 and gave statutory status to Safeguarding Adults, which means that staff now have a **duty** to safeguard adults, and not simply a responsibility. It has brought about some significant changes to Safeguarding Adults as identified below.

The Act introduced a change to terminology. A Vulnerable Adult is now referred to as an Adult at Risk (thereafter referred to as the Adult). A perpetrator is now known as a 'Source of Harm'.

The Act defines an Adult at Risk as any person of 18 years and above, who;

- Has care and support needs, (whether the local authority is meeting those needs
- Is experiencing, or is at risk of, abuse or neglect, and
- As a result of those needs is unable to support themselves from that risk of or the experience of abuse or neglect.

Whilst Local Authorities retain the lead in respect of Safeguarding Adults procedures, the Act has placed a legal duty on organisations outside the Local Authority, including Healthcare providers and the Police. The Act requires that Local Authorities must make enquiries, or cause others to do so, if it believes that an adult is at risk of or experiencing abuse. This means that health care providers may be requested to be involved in safeguarding investigations and have a duty to do so.

The Act defined six key principles which underpin all adult safeguarding work:

- **Empowerment:** People being supported and encouraged to make their own decisions
- **Prevention:** It is better to take action before harm occurs
- **Proportionality:** The least intrusive response appropriate to the risk
- **Protection:** Support and representation for those in need
- **Partnership:** Local solutions through services working with their communities
- **Accountability:** Accountability and transparency when delivering safeguarding services.

In addition to these principles, one of the most significant changes is the introduction of:

5.3.3 Making Safeguarding Personal

This means that the whole safeguarding process should be person led and outcome focused, and engages the adult in the process, encouraging them to make their own choices wherever possible. It is important that the adult is at the heart of safeguarding procedures; they should have a voice, they should be involved in the process, and able to state what outcomes they would like to see at the conclusion of the process. They should be kept informed throughout.

An adult who is assessed as having the capacity to do so, is at liberty to refuse the involvement of the safeguarding process if he so wishes – even if this is seen as an unwise decision. However, a referral can be made without consent if a crime has taken place, or if there is a possibility that there is public interest i.e. Are there likely to be other people at risk? (See 'Third Party reporting' in section 5.4.)

What it means

Hearing the person

- We give the person time and space to talk
- We listen to them
- We take what they say seriously
- We make sure they do not have to keep repeating the same thing to different people
- We ask what their priorities are
- We ask whether they want any help from us
- We ask what they think that help might look like

Respecting the person's choices

- We support the person to make their own choices and decisions
- We give them as much information as possible in order to make their own choices
- We respect their values and decisions
- We do not make the person feel judged or punished for the choices they make or the things they tell us
- We support the person to be as safe as they want to be
- We always act in line with the Mental Capacity Act where choice and decision making is impaired

Understanding the person

- We communicate with the person in ways they understand, without using jargon
- We get a sense of what matters most to them, and why
- We take steps to understand their culture, background and community
- We are curious, not because we want to take control of their life, but because we care about what happens to them
- We try to understand who they feel they can trust, and to keep those people around them.

5.3.4 What is abuse or neglect?

To understand safeguarding, we must understand what abuse is. Below are the categories of abuse as defined by The Care Act 2014.

- **Physical:** hitting, slapping, kicking etc. but also any act that may cause physical symptoms, e.g. misuse of medication, inappropriate restraint, poor moving and handling techniques etc.

- **Financial or material:** theft, fraud, internet scamming, mismanagement of a person's financial affairs.

- **Sexual:** does not have to involve sexual contact – includes displaying pornographic images, forcing a person to witness sexual acts/videos etc. Any sexual act to which an individual has not consented.
- **Discriminatory:** racism, sexism, ageism, homophobia - may include hate crimes.
- **Organisational:** poor care practice e.g. consistently low staffing levels, rigid routines for the benefit of the organisation rather than the individuals.
- **Neglect and acts of omission:** not providing or allowing access to appropriate health, education or social care or treatment. Neglect may be intentional or unintentional.
- **Psychological:** includes threat, harassment, intimidation, cyber bullying.

In addition to these categories, The Care Act has defined 3 more categories:

1. **Domestic Violence:** is defined an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or are family members.
2. **Self-Neglect:** covers a wide range of behaviour, neglecting to care for own needs, health or surroundings, and includes hoarding.
3. **Modern Slavery:** encompasses forced labour, human trafficking, domestic servitude, forcing individuals into criminal activity.

Further information about the categories and patterns of abuse can be found in chapter 14 of The Care Act 2014.

5.3.5 Safeguarding Adults Procedures

Staff working across all agencies are expected to follow the Kent and Medway/ Multi-Agency Safeguarding Adults Policy, Procedures and Practitioner Guidance, and Sussex Safeguarding Adults Policy and Procedures when concerns arise relating to the safety of adults at risk. Further information can be found on their websites:

Kent and Medway Safeguarding Adults Board: Kent & Medway SAB website

Sussex Safeguarding Adults: East Sussex SAB | East Sussex Safeguarding Adults Board

5.3.5 Partnership Working

The responsibility for co-ordination of Safeguarding Adults work lies with the Local Authority. However, the Act makes it clear that the operation of procedures is a collaborative one. All organisations working with adults at risk use the multi-agency approach. Members of the workforce, therefore, have a duty to work effectively in partnership with other key agencies, including voluntary and statutory agencies, to prevent adults from suffering harm and to promote their welfare.

5.3.6 Safeguarding Adults Reviews

Safeguarding Adults Boards (SABs) must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies, or suffers serious harm, because of known or suspected abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult.

SABs are free to arrange for a SAR in other situations outside these criteria, where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults and can include exploring examples of good practice.

The purpose of a Safeguarding Adults Review is neither to reinvestigate nor to apportion blame, but to establish if there are lessons to be learnt to prevent such a tragedy happening again, and to share those lessons across the organisations. Any case that potentially meets the threshold for a review will be referred to the local SAB for consideration. The need for a review will be determined by the local Safeguarding Adults Boards.

HiTW has a duty to the local Safeguarding Adults Boards to contribute to enquiries and to implement recommendations when SARs are completed. The findings from SARs are shared by members of the Safeguarding Team through the Safeguarding Sub-group. Those representing their department at this group will disseminate the learning to their teams at team meetings.

5.3.7 Information Sharing

The Care Act 2014 states that all commissioners or providers of services in the public, voluntary or private sectors should disseminate information in line with multi-agency policy and procedures:

Confidential patient information may need to be disclosed to appropriate parties in the best interests of the patient.

- Information will only be shared on a 'need to know' basis when it is in the best interests of the patient
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and adults, or children are at risk, it may be necessary to override the requirement.
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk
- Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and the constraints of the legal framework.

HitW will use shared material only for the purposes for which it is disclosed and not for secondary reasons. It is important that adults at risk understand the agreement they are entering into and that you revisit the agreement. You need to explain the reasons why their information might be shared and how the service will treat the sensitive and personal data it is given.

Explain that every case is individual but, in general, the service does not need consent to share information where the adult or their children are at high risk of serious harm. Further information can be found in the HitW "Sharing your information" leaflet and Sharing Information and Confidentiality Policy (still in draft). The KMSAB has also produced a quick guide to information sharing, which is available here: https://kmsab.org.uk/p/professionals/kmsab-policies

5.3.8 Third Party Reporting

If you have been given information or believe that a crime has been committed against an Adult at Risk, this must be reported to the police. This can be done without consent, even if the Adult has the capacity to decline. Third parties should report on behalf of the victim with or without consent as safeguarding the victim takes priority over consent.

5.4 Local Arrangements

5.4.1 Safe Recruitment

HitW ensures that a safe recruitment process is in place for all new staff and volunteers. This involves a Disclosure and Barring Service check and uptake of references prior to appointment.
HitW is required to report any concerns regarding the suitability of employees, agency workers and volunteers who work with adults or children to the Disclosure and Barring Service

5.4.2 Managing Allegations Against Staff and Volunteers

The Director of Quality Governance manage the process when an allegation is made against a member of staff or volunteer. A senior manager in conjunction investigates each individual case with a representative of Human Resources Team and Safeguarding (where it is safeguarding related). On occasion staff members may have concerns about the practice or behaviour of another member/s of staff and such staff should be aware that they have a duty to report genuine concerns to their Line Manager. If the concerns involve the staff member's line manager, staff can speak to any other manager or a member of the Safeguarding Team for advice. Staff who are involved in 'whistle blowing' processes will be supported through the process. They can contact the Freedom to Speak Up guardian. Accurate documentation is maintained. Further information can be found in the Policy for Managing Allegations of Abuse Against Staff who Work with Children and Adults.

5.4.3 Domestic Abuse (DA)

The Care act (2014) Introduced Domestic abuse as a recognised category of abuse. The Government definition of domestic violence and abuse is: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.
The offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015).
Contact the safeguarding team for advice if DA is reported by patient, carer or staff.

Multi-Agency Risk Assessment Conference (**MARAC**)
It's a crucial initiative aimed at addressing high-risk cases of domestic abuse.
MARAC is a meeting where professionals from various agencies come together to share information about the **highest-risk domestic abuse cases**. These cases involve victims who are particularly vulnerable and face significant danger.
The goal of a **MARAC** is to create an **action plan** to enhance the safety of the victim.

Who Attends a MARAC?

Representatives from different sectors participate, including:

1. Local police
2. Health professionals

3. Child protection services
4. Housing practitioners
5. Independent Domestic Violence Advisors (IDVAs)
6. Other specialists from statutory and voluntary organizations.

Importantly, the victim does not attend the meeting directly; instead, they are represented by an **IDVA** or another support service.

5.4.4 Disclosure of Child Sexual/ Exploitation

It is possible that an Adult at Risk may disclose to staff that they have in the past been a victim of Child Sexual Exploitation (CSE). The Department for Education (2017) defines Child Sexual Exploitation as: "*Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur by technology."* Further information can be found in the HitW Standard Operating Procedures for managing disclosure of non-recent child sexual abuse. Contact the Designated Safeguarding Lead for advice and guidance.

5.4.5 Female Genital Mutilation

The practice of Female Genital Mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons. The practice is irreversible and has no health benefits for girls or women and the procedure can cause physical morbidity and even mortality. An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM. FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. The practice became illegal in the UK in 1985 (The Prohibition of Circumcision Act 1985) and more recently the law was updated with the Female Genital Mutilation Act in 2003, whereby it is now also illegal to take a child abroad to have the procedure performed. FGM is recognised internationally as a violation of the human rights of girls and women.

There are mandatory reporting duties in place for professional that identify young girls and women with FGM. Contact the Designated Safeguarding Lead for advice and guidance.

5.4.6 Mental Capacity Act (MCA) 2005)

On occasion it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances, staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

Staff need to adhere to procedures as set out in the HitW Mental Capacity Policy 6.09

5.4.7 Deprivation of Liberty Safeguards (DoLs)

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'.

The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment to

keep them safe from harm. This policy needs to be read in conjunction with the HitW Deprivation of Liberty Policy 6.13 and the Restraint and Positive Behaviour SOP 6.07

The link between DOLS and Safeguarding Adults processes
Where a Best Interests Assessor (BIA) concludes that deprivation of liberty is not occurring, a DOLs authorisation would not be granted. In cases where authorisation is not granted because the best interest assessment fails for other reasons, e.g. the deprivation is not considered to be in the relevant person's best interests, or mental capacity assessment fails because the person is assessed to have capacity, then it may become a situation of unlawful deprivation of liberty and a potential safeguarding concern. When this happens, the relevant Supervisory Body (SB) authoriser is immediately alerted by the DOLs office so that they are aware of the seriousness of the unlawful situation. The DOLs office will also immediately inform the Managing Authority (MA) that DOLs authorisation is not granted, and the relevant person is now being unlawfully deprived of their liberty. The responsibility then falls on the individual SB to contact the MA and agree to take things forward as appropriate, so that action is taken to end the unlawful deprivation of liberty as swiftly as possible and ensure safeguarding and/or criminal concerns are raised where appropriate.

5.5 Operational Arrangements for Making a Safeguarding Referral

5.5.1 Raising a Safeguarding Concern

Anyone can raise a safeguarding referral if an adult(s) with care and support needs has or may have been abused or is at risk of abuse or neglect. Referrals can be submitted to the Local Authorities using the appropriate adult safeguarding concerns forms for either Kent, Medway or East Sussex. (See EMIS for Kent online referral form)

The relevant enquiries can then be carried out, and clear decision making can be documented as to whether the Concern will progress to a Section 42 (Care Act 2014) Safeguarding Enquiry. If concerns are raised out of hours, the Out of Hours Team will take any immediate protective action and pass the concern to the appropriate team. Refer to the Safeguarding Adult at Risk Flowchart under Document Summary for contact information.

Concerns relating to pressure ulcers caused by neglect/abuse or acts of omission should be reported as an adult safeguarding concern to the Local Authority. The Safeguarding Adults Protocol: pressure ulcers and raising a safeguarding concern (DOH&SC 2024) should inform decision making regarding the escalation of concerns to the Local Authority. However, this should not replace professional judgement. The KMSAB has produced additional guidance for agencies and services who have to address safeguarding concerns raised when adult(s) at risk abuse each other.

Possible responses
There may be a number of possible responses when an Adult Safeguarding Concern is raised with the Local Authority:

1. The Local Authority may complete a S.42 Enquiry
2. The Local Authority may consider a non-statutory Section 42 Enquiry
3. The Local Authority may consider other Adult Social Care intervention i.e. Enablement, assistive technology, Care Act Section 9 or Section 10 Assessment
4. Take no further action
5. If the concerns relate to an organisation, then the local authority will assess whether a safeguarding response is required and if so they will co-ordinate the response.

6. If the concerns relate to general poor standards of care in a regulated setting and referral to CQC (regulatory authority) is more appropriate.

5.5.2 Escalation of Concerns Regarding Interagency Working

Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard an adult at risk.
Effective safeguarding adults work depends upon the duty of candour, an open approach and honest relationships between agencies and services. All practitioners have a duty to act assertively and proactively to ensure that an adult's welfare is the focus of safeguarding activity. All practitioners must challenge the practice of other practitioners where they are concerned that this practice is placing an adult(s) at risk of harm.

Where a practitioner disagrees with a decision or response from any agency or service regarding a safeguarding or welfare concern, they must firstly consult with their line manager to clarify thinking and the desired outcome. Initial attempts should be made to resolve the matter practitioner to practitioner. If the practitioners are unable to resolve differences through discussion and/or meeting within a time scale, which is acceptable to both, their disagreement must be addressed by more experienced / more senior staff using the formal Escalation Policy on the respective safeguarding websites of Kent & Medway or East Sussex.

5.5.3 Section 42 Enquiries

Under the terms of the Care Act, the Local Authority is required to make enquiries, or cause others to make enquiries:

1. The Local Authority Adult Safeguarding Team may ask a member of HITW to undertake an enquiry. These requests are usually notified to the Safeguarding Team.
2. The LA Adult Safeguarding Team will send Terms of Reference for the enquiry and the Hospice has respond as part of the duties identified in the Care Act (Appendix 4b).
3. All Section 42 adult safeguarding enquiries will be recorded and monitored by the HitW Safeguarding Team.

5.5.4 Transitional Safeguarding

The idea of 'transitional safeguarding' can represent a challenge to the established approach of separate children's and adults safeguarding managed as distinct processes. Together the Children and Families Act 2014 and the Care Act 2014, create a new comprehensive legislative framework for transition, when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.
There should be robust joint working arrangements between children's and adults' services for young people who the adult safeguarding duty applies to. Assessments of care needs should include issues of safeguarding and risk. Care planning needs to ensure that the young adult's safety is not put at risk through delays in providing the services they need to maintain their independence, wellbeing, and choice.
Where there are on-going safeguarding issues for a young person and it is anticipated that on reaching 18 years of age, they are likely to require adult safeguarding, safeguarding arrangements should be discussed as part of transition support planning and protection.

5.5.5 Prevent

The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse. The Counter Terrorism

and Security Act 2015 introduced a duty on the NHS in England, Wales, and Scotland that in the exercise of their functions they must have due regard to the need to prevent people from being susceptible to being radicalised into terrorism. The Prevent Duty Guidance (2023) assists statutory partners across education, health, local authorities, police, and criminal justice agencies (prisons and probation) to understand how to comply with the Prevent Duty.

Health care staff will meet and treat people who may be being radicalised into terrorism. HitW has a duty to ensure that our workforce can identify early signs of an individual being radicalised in line with the Prevent framework. This type of abuse can affect anyone, and staff need to be cognisant of some of the overlapping processes such as mental health illness, social isolation and other things which can increase a person's risk of becoming radicalised.

Further details can be found in the Prevent Policy.

5.5.6 Modern slavery

Adults who have other risk factors such as a learning disability, mental health illness, autism etc, may be at increased risk of modern slavery. The Modern Slavery Act 2015 (England and Wales) Human Trafficking and Exploitation (Scotland) Act 2015 and the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion, or deception with the aim of exploiting them. It is a form of modern slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, and domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK.

6. Roles and Responsibilities

All HitW workforce have a duty to recognise signs of actual or potential abuse or neglect and take appropriate action. This means that everyone working within the organisation must recognise their own role in identifying safeguarding concerns regarding adults. This includes effectively sharing information and taking timely action. Where a concern is identified, the staff member should take appropriate action in accordance with this policy.

Practitioners can make a difference by undertaking their professional role with the same level of curiosity that they would for any other area of their work to enable them to assess the level of risk. They must acknowledge that no single practitioner can have a full picture of a person's needs and circumstances, and the aim is for adults to receive the right help, at the right time, through individual practitioners helping to input their information to complete the family picture.

Trustee Board Lead for Safeguarding

HitW's Trustee Board Lead for Safeguarding has safeguarding oversight, on behalf of Trustee Board. The role not only supports the Hospice Leadership Team (HLT) but also provides an important mechanism for critically evaluating the information presented to Trustee Board and, where necessary, challenging this. The Trustee Board Lead for Safeguarding has specific responsibility for:

1. Safeguarding oversight, in order to ensure that the appropriate systems and procedures are in place to cover all aspects of the safeguarding agenda and that the Trustee Board's statutory responsibilities in this respect are fulfilled.

2. Liaising with the CEO, Director of Quality Governance and the Adults Designated Safeguarding Lead about child protection issues within the organisation, ensuring that information and reports are provided to the Trustee Board as necessary.

Chief Executive Officer (CEO)
The Chief Executive holds ultimate accountability for adherence to the policy and procedure, ensuring that reasonable resources are made available for its implementation.

Director of Quality Governance
The Director of Quality Governance is the executive officer responsible for safeguarding in the organisation and is responsible for ensuring this document is compliant with statutory legislation and implemented into practice. They will provide strategic direction and provide assurance to the Board; embedding appropriate arrangements to enable safe and effective safeguarding processes are implemented and embedded in the organisation. They will ensure that senior management receive regular information and reports to inform decision-making and to provide assurance that this policy is being implemented across the organisation. Takes responsibility for coordinating risk management and investigation where the person alleged to be causing harm is employed (paid or unpaid) in a Position of Trust with adults.
They must ensure the organisation is up to date with all levels of training; and that the workforce is compliant in accordance with the Adult Safeguarding: Roles and Competencies for Health Care Staff (July 2024)

Director of Care (DoC)/Registered Manager
Has overall responsibility for ensuring that HiTW workforce understand their safeguarding roles, ensure that safeguarding processes are embedded. Responsible for managing safeguarding risks. . The Registered Manager has a duty to report relevant safeguarding events to the CQC

Designated Safeguard Lead for Adults
This role involves championing the importance of safeguarding, promoting the welfare of adults throughout the organisation an ensure that systems and processes are in place and that any concerns about the welfare of adults are taken seriously and acted upon appropriately.
Provides support directly to operational staff in relation to safeguarding adult issues, providing safeguarding advice and supervision. Be a mentor to the Safeguarding champions.

Safeguarding Champions
1. Act as a resource and a point of contact for colleagues who require support and guidance with safeguarding issues, however, it is not the role of the Safeguarding Champion to be responsible for the submission of referrals on behalf of the service area.
2. To cascade/disseminate safeguarding information received to colleagues within their teams.
3. To maintain safeguarding as a standing agenda item at team meetings
4. To maintain an awareness of HitW's policy and procedures in relation to Safeguarding including the referral processes to be followed internally within the organisation.
5. To encourage colleagues to recognise and be aware of trends and themes within their area and communicate these as appropriate to line manager and safeguarding leads.

Heads of Services'
- Managers have a responsibility to ensure their workforce are aware of and comply with this policy and the appropriate board for the locality.

- Managers have a responsibility to ensure that their respective workforce groups have attended mandatory safeguarding training at the level applicable to their job role.
- Managers may be required to raise concerns which the Local Authority may convert to a Section 42 Enquiry. As part of this, the manager will be required to liaise with the Designated Safeguarding Lead for Adults who will support/oversee the process and submit the respective response. On occasion, enquiries raised externally are submitted to the Safeguarding Team and require the support of managers to formulate a response.
- Recruiting Managers must follow the HitW Recruitment and Selection Guidelines to ensure that the recruitment process includes the appropriate checks and references have been received and that gaps in employment are verified to enable a workforce that is safely recruited.

Workforce responsibilities

- Workforce at all levels, from strategic to operational, have a part to play in the safeguarding of adults who come into contact either directly or indirectly with our services. Staff should ensure that they complete the appropriate level of mandatory training appropriate to their job role.
- Workforce should remain alert to the possibilities of abuse or neglect and report any concerns immediately in line with this policy. Professional curiosity should be always exercised.
- Workforce must ensure a copy of any safeguarding adult referral form is placed within the patient's medical record.
- Care record staff should ensure that safeguarding information is placed behind the safeguarding header sheet as part of the preparation of the patient record for scanning.

The Local Authority

Role of the Kent and Medway and Sussex Safeguarding Adults Board

The Adult Safeguarding Boards of the local authorities is a statutory multi-agency partnership which assures that adult safeguarding arrangements in Kent and Medway are in place and are effective. It oversees how agencies co-ordinate services and work together to help keep Kent's and Medway's adults safe from harm, promote wellbeing, prevent abuse and protect the rights of citizens.

Please contact them if you need support in clarifying any safeguarding process or issue.

7. Training

At the commencement of employment all employees and volunteers undertake a mandatory induction programme, which includes Safeguarding Adults and Prevent Training, to be completed within 6 weeks of employment. Safeguarding Adults Refresher training is undertaken every three years in accordance with mandatory training requirements and based on the *ADULT SAFEGUARDING: ROLES AND COMPETENCIES FOR HEALTH CARE STAFF, 2018* and July 2024 (Appendix 4).

	Staff groups	**Refresher training**
Level 1 and 2 Within 4 weeks of starting: Have a local/organisational safeguarding induction and complete relevant Level 2 learning	All staff working at the hospice, including receptionists, administrative staff, catering, housekeeping and maintenance staff.	Suggested 3 hours training per 3 years. Can be delivered using participatory, face to face, online, e-learning or hybrid methodology.
Level 3 Within 4 weeks of starting: Have a	All staff who are working with adults who are engaged in	Suggested 8 hours training over 3 years.50% of the learning should be delivered/met through

local/organisational safeguarding induction and complete relevant Level 3 learning	assessing, planning, delivering care and/or evaluating the needs of adults where there are safeguarding concerns (as appropriate to role). This includes safeguarding professionals, medical staff, registered nurses, councillors and allied health professionals along with HitW's safeguarding champions.	participatory opportunities (where discussion can take place with colleagues with sufficient safeguarding experience). Participatory learning includes face to face, online virtual classrooms, hybrid methodology. E-learning should not be the primary or sole delivery method at this level.
Level 4 Within 6 weeks of starting: Have a local/organisational safeguarding induction and complete relevant Level 4 learning	Specialist roles This includes Safeguarding leads, lead doctors, registered manager or hold sufficient seniority/authority within the organisation.	Suggested 24 hours training per 3 years. 50% of the learning should be delivered/met through participatory opportunities where discussion can take place with colleagues with sufficient safeguarding experience. Participatory learning includes face to face, online virtual classrooms, hybrid methodology. E-learning should not be the primary or sole delivery method at this level
Board level Within 6 weeks of starting: Have a local/organisational safeguarding induction and complete relevant Level 1 learning.	Board of Trustees	Suggested 2 hours training during 3-year refresher period. Can be delivered using participatory, face to face, online, e-learning or hybrid methodology

8. Monitoring and Effectiveness

What is being monitored	Who will carry out the monitoring	How often	How reviewed/where reported to
Safeguarding referral documentation.	Safeguarding Team	Up to ten referral forms to be reviewed annually	Will be reported to the Safeguarding adult board. Will feed into multi agency audit of referrals.
Number of referrals made to each local authority.	Safeguarding Team	Quarterly	Reported via quarterly and annual report to Board and commissioner
Audit of staff knowledge.	Safeguarding Team	Annually	Will be part of the Safeguarding Team audit Plan.

Monitoring of training undertaken.	Team Managers	Annually	To be included in the Personal Development Review.

9. References

Intercollegiate Document: Adult Safeguarding: Roles and Competencies For Health Care Staff, 2018 & July, 2024: https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2024/July/011-256.pdf (last accessed 27 January 2025)

Multi-Agency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway https://www.kmsab.org.uk/professionals/kmsab-policies (last accessed 27 January 2025)

Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework NHS England: https://www.england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs/ (last accessed 27 January 2025)

Royal College of Nursing: No Secrets 2000 Department of Health and Social Care Safeguarding Adults

The Care Act 2014 Code of Practice (2007) of the Mental Capacity Act (2005) Department of Constitutional Affairs https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice (last accessed 27 January 2025)

https://www.local.gov.uk/safeguarding-adults-roles-and-responsibilities-health-and-care-services ((last accessed 27 January 2025)

Positive behaviour support for people with behaviours that challenge **https://www.cqc.org.uk/sites/default/files/20180705_900824_briefguide-positive_behaviour_support_for_people_with_behaviours_that_challenge_v4.pdf** (last accessed 27 January 2025)

10. Guidance for the Policy Holder

Must be fully completed by the author prior to publication.

Keywords & phrases	Safeguarding Adult at Risk Policy
Document review arrangements	Policy to be reviewed in two years. Can be updated following change in legislation or local statutory change.
Special requests	All Workforce at HitW

11. Equality and Impact Screening Tool

Section 1	
Protected Characteristic	**If the proposal/s have a positive or negative impact, please give brief details**

Age	Loss of capacity from illness and trauma. Progressive diseases e.g. dementia. A serious Learning Disability diagnosis.
Disability	This can impact on individuals' ability to understand situation and impact of their actions, but it is important that people with disabilities can make certain decisions for themselves or supported in understanding.
Gender reassignment	No impact
Marriage or civil partnership	This may impact in the realm of advanced decisions, the validity of Powers of Attorney and when consulting regarding Best Interests Decisions
Pregnancy and maternity	No impact
Race	An Interpreter would be required for an MCA and to explain and help patient to understand care and treatment options.
Religion or belief	It is important to consider the religious beliefs of patients that may affect their acceptance of certain treatments for example blood products.
Sex	No impact
Sexual orientation.	No impact
Other underserved communities (Including Carers, Low Income,	The policy must be applied case by case. With people who are victims or domestic abuse advice may be needed in this instance and the person may have no care and support needs as identified in the Care Act 2014. For groups such as homeless there is a high level of self-neglect in this group and adherence to the Safeguarding Policy must be utilised simultaneously. Staff must also be mindful of person who may be at risk of substance abuse and demonstrate fluctuating capacity. In these instances, then advice must be sought.

Section 2

Will implementation of this policy have a <u>significant</u> <u>adverse</u> impact for people with protected characteristics or otherwise listed above, in relation to <u>any</u> of the following six categories? Please mark in the yes/no checkbox below, as appropriate.

NB: In this context 'significant' means that potential adverse impacts of implementing the policy cannot be mitigated against within the policy itself.

- Adversely affect patient safety or clinical effectiveness
- Adversely affect compliance with statutory/regulatory requirements e.g. NICE requirements, CQC, Equality Act, Care Act etc.
- Adversely affect the experience of a patient or their loved one(s)
- Adversely affect the experience of staff or volunteers
- Adversely affect access to Hospice services

Yes		No	
High risk: Complete further Equality Impact Assessment (EqIA) tool, available from the Policy Co-ordinator policy.coordinator@hospiceintheweald.org.uk	[ ]	Low risk: Go to section 3.	[x]

Section 3

If this proposal is low risk, please give evidence or justification for how you reached this decision:

This policy applies to all workforce, visitors and patients.