Section 1

Hampshire and Isle of Wight Multi-Agency Safeguarding Adults Policy

10. Aims of the policy

This policy represents the commitment of local organisations to work together to safeguard adults. Each local partnership is committed to adopting this policy so that there is a consistent framework across Hampshire and the Isle of Wight to how adults are safeguarded from abuse, neglect and exploitation. This policy aims to make sure that each adult is supported to maintain:

- Wellbeing
- Choice and control
- Safety
- Good health
- Good quality of life
- Dignity and respect

and ensures that:

- The human rights of the person at risk who is experiencing, or who is at risk of, abuse, neglect or exploitation, are respected and upheld
- The needs and interests of the person at risk are always respected and upheld
- A proportionate, timely, professional and ethical response is made
- All decisions and actions are taken in line with the statutory guidance relating to the Care Act 2014 Mental Capacity Act 2005.

Agencies work together as partners to support adults with needs of care support to live safely in their communities, to access mainstream services and specialist services to keep themselves safe from abuse, neglect and exploitation, and to ensure access to criminal justice, victim support services and any therapeutic services needed to support the person to recover from the abuse.

11. Person led safeguarding

This policy adopts the principle of 'no decision about me without me' and means that the adult, their families and carers are working together with agencies to find the right solutions to keep the person safe and to support them in making informed choices.

A person led approach leads to services which are: person centred and focused on the outcomes identified by the individual; planned, commissioned and delivered in a joined up way between organisations; responsive and which can be changed when required.

Personalised care and support is for everyone, but some people will need more support than others to make choices and manage risks. Making risks clear and understood is crucial to empowering and safeguarding adults and in recognising people as 'experts in their own lives'. A person led approach is supported by personalised information and advice and where needed, access to advocacy support.

12. Partnerships

The 4LSAB will lead work to ensure that all agencies and organisations with responsibilities to support adults at risk will:

- Develop a culture that does not tolerate abuse, neglect and exploitation
- Raise public and community awareness about adult safeguarding
- Prevent abuse, neglect and exploitation from happening wherever possible
- Explicitly include service users as a key partner in all aspects of safeguarding work - this will include having service users on respective Boards, inclusion in the development and implementation of work plans, quality assurance processes and training strategies
- Implement the Making Safeguarding Personal Approach
- Enable service users to access the information, advice and support they need, including advocacy
- Support people in their recovery from abuse, neglect or exploitation.

13. Openness and transparency

All organisations have a responsibility to ensure that they foster a culture which enables transparency, the reporting of concerns and whistleblowing. It is expected that individual local agency policies will be followed and referred to in the first instance and that this multi-agency policy provides further guidance.

14. Aims of safeguarding

The aims of the safeguarding process are to:

- Stop abuse or neglect wherever possible

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

- Safeguard adults in a way that supports them to make choices and have control over their lives

- Promote an approach that concentrates on improving life for the adults concerned

- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect

- Provide accessible information and support to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult

- Address what has caused the abuse or neglect

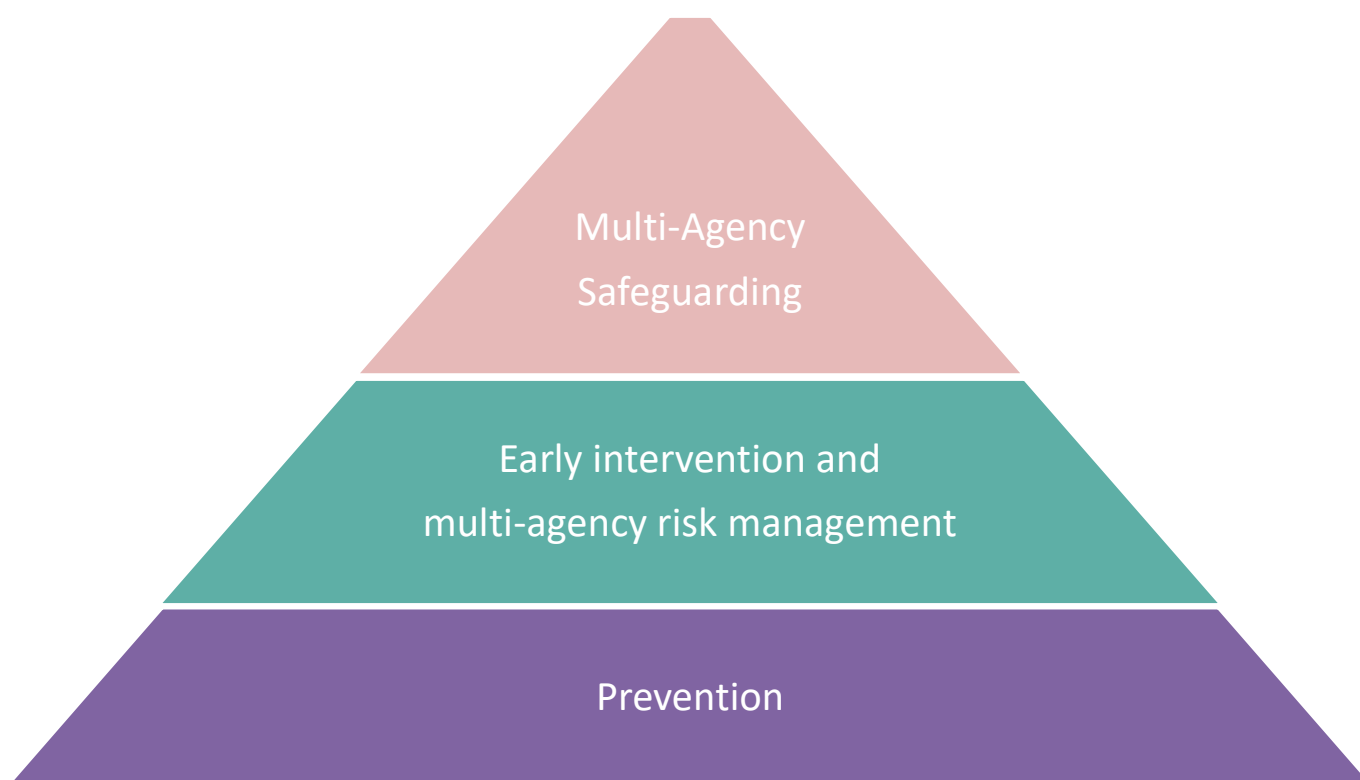- Support the recovery from the abuse or neglect.

Safeguarding is NOT a substitute for:

- Providers' responsibilities to provide safe and high quality care and support

- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services

- Effective clinical and care governance processes

- Regulators ensuring that regulated providers comply with the expected standards of care and taking enforcement action where necessary

- Core duties of the Police and other agencies to prevent and detect crime and protect life and property.

15. Whole system approach to safeguarding

This policy, guidance and toolkit promotes a 'whole system' approach to adult safeguarding and recognises that there are different levels of safeguarding work which are often carried out on a day to day basis as part of an organisation's core business. The safeguarding arrangements are designed to provide a broad spectrum of responses in which safeguarding concerns are responded to in the most proportionate and least intrusive way and informed by the wishes of the adult at risk. The safeguarding process should provide a gateway to the mainstream community safety and crime prevention measures available to the rest of the community.

The multi-agency safeguarding process should be carried out in direct response to individuals experiencing abuse or neglect and where other approaches have not been able to resolve the presenting risks. In this context, multi-agency safeguarding arrangements are the exception rather than the norm and are used to respond to the critical few cases that cannot be resolved by other means or where the risks are very high. The aim of this policy, guidance and toolkit therefore, is to engage the organisation or body with the relevant responsibility and expertise to lead the safeguarding response and by doing so, put into practice the maxim that 'safeguarding is everybody's business'. Wherever possible, the adult should be supported to recognise risks and to manage them. Safeguarding support should empower the adult as far as possible to make choices and to develop their own capability to respond to them. The following diagrams illustrate the building blocks of the whole system approach:

16. Whole system approach to adult safeguarding (diagram)

Signposting to other services (anti social behaviour, hate crime, domestic abuse, fire safety human trafficking, HBV, PREVENT)

Concerns about people who lack capacity
Court of Protection, Office of the Public Guardian

Poor quality care
Commissioning, contract monitoring, quality improvement, contract compliance, internal governance

Misconduct by staff Capabiltiy procedures, supervision, training, disciplinary processes, HR investigations, DBS and/or fitness to practice referrals,

Needs assessment and support planning, risk assessment and early intervention
Multi agency risk management

Unsafe, abusive care and non compliance with regulatory standards

Care Quality Commission and other regulators

Information and advice

Criminal justice process
Police
Probation

Wellbeing and prevention

Adult at Risk

Multi agency safeguarding process
Local authority led

17. Approaches to prevention and early intervention

This table outlines some of the approaches that professionals can use to promote wellbeing and prevention:

Prevention	Ways to improve everyone's general wellbeing, to help communities 'look out for each other' and help the public (and the full range of professionals and volunteers) know what to do if they think that someone may be experiencing abuse, neglect or exploitation. For example: • Providing universal access to good quality information • Supporting safer neighbourhoods • Actively addressing hate crime or anti-social behaviour • Promoting healthy and active lifestyles • Reducing loneliness or isolation • Encouraging early discussions in families about potential future changes • Conversations about care arrangements if a family member becomes ill • Information about the role of the Court of Protection.
Early Intervention	Taking action to identify people at risk and to support them to protect themselves when they are at risk of, or experiencing, abuse, neglect or exploitation and finding ways of helping people manage risk and access mainstream services. For example: • Identifying vulnerability factors and potential risks in needs assessment • Addressing these risks in the support planning process • Support plans to reduce loneliness or isolation • Personalised information and advice • Facilitating access to advocacy • Signposting people to the right services to help them.
Specific Safeguarding Responses	Ensuring that where a person is or may be experiencing abuse, neglect or exploitation and are unable to protect themselves they are supported to resolve their situation through the section 42 safeguarding enquiry process: • Ensuring the person's wishes and outcomes drive the process • Access to mainstream community safety services and criminal justice • Supporting the person on their recovery from the abuse or neglect • Access to personalised information and advocacy support.

18. Definition of abuse

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. This must recognise

that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being, as defined in Section 1 of the Care Act 2014.

Abuse of a person at risk may consist of a single act or repeated acts affecting more than one person.

It may occur as a result of a failure to undertake action or appropriate care tasks.

It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they do not, or cannot, consent.

Abuse can occur in any relationship and any setting and may result in harm to or exploitation of, the individual.

In many cases abuse may be a criminal offence.

Intent is not an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Professionals and others need to look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what we now describe as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared. Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long term abuse in the context of an on going family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

19. Types of abuse and neglect

Abuse can be something that is done, or omitted from being done.

Types of abuse	Behaviours include
Physical	Hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
Sexual	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	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	Theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Neglect and acts of omission	Ignoring medical or physical care needs, failing to provide access to appropriate health, social care, welfare benefits or educational services, withholding the necessities of life such as medication, adequate nutrition and heating.
Discriminatory	Racism, sexism or acts based on a person's disability, age or sexual orientation. It also includes other forms of harassment, slurs or similar treatment such as disability hate crime.
Domestic abuse	Psychological, physical, sexual, financial, emotional abuse and so called 'honour' based violence.
Organisational abuse	Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.
Modern slavery	Encompassing 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.
Self-Neglect	Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding.

20. Contexts in which abuse and neglect may occur

Abuse and crimes against adults may occur in different contexts. Actual or suspected abuse of persons at risk in any of the contexts set out below will trigger a safeguarding response in accordance with this policy.

Hate crime is defined as any crime that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or anyone else and is not reliant on evidence.

Mate crime happens when someone is faking a friendship in order to take advantage of a vulnerable person. Mate crime is committed by someone known to the person. They might have known them for a long time or met recently. A 'mate' may be a 'friend', family member, supporter, paid staff or another person with a disability.

Domestic abuse is defined as any 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 family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: **Psychological, Physical, Sexual, Financial and Emotional.**
Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family (*Association of Chief Police Officers 2004)*. If one or both adults (including 16-17 year olds) involved can be regarded as an adult(s) at risk, then the safeguarding procedures should be used. If a person at risk is not involved, then these guidelines will not normally apply. The Local Government Association has published national guidance on Domestic Abuse and Adult Safeguarding (2nd Edition, 2015) which can be accessed via the link provided in Section 3 of this Policy and Guidance. A new criminal offence was introduced into the Serious Crimes Act 2015 on the 29th December 2015 of 'Controlling or Coercive Behaviour in an intimate or family relationship', which complements existing legislation and closes the gap in law around patterns of controlling or coercive behaviour.

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community. It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

Forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity.

Female genital mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new born, during childhood or adolescence, just before marriage or during the first pregnancy. FGM constitutes a form of child abuse and violence against women and girls, and has severe physical and psychological consequences. In England, Wales and Northern Ireland, the practice is illegal under the *Female Genital Mutilation Act 2003*. Local multi-agency

guidance on honour based violence, forced marriage and FGM has been developed and can be accessed via the link provided in Section 3 of this Policy Framework.

Modern Slavery includes human trafficking, slavery, servitude ad forced and compulsory labour. The Modern Slavery Act 2015 became law on 26 March 2015 and is designed to tackle slavery in the UK and consolidates previous offences relating to trafficking and slavery. Human trafficking is defined as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Guidance on modern slavery and human trafficking can be found in section 3 of this Policy Framework.

Exploitation by radicalisers who promote violence involves the exploitation of susceptible people in order to draw them into violent extremism. In July 2015, the Counter Terrorism and Security Act 2015 came into force creating a statutory duty on public bodies to have due regard to the need to prevent people from being drawn into terrorism. The Counter Terrorism and Security Act 2015 makes the 'Channel Panel' a legal requirement. 'Channel' is a multi-agency safeguarding programme providing tailored support to people who have been identified as at risk of being drawn into terrorism. The support offered can come from any of the partners on the Panel which includes the local authority, police, education and health providers. The person's engagement in the programme is voluntary at all stages. Guidance on 'Prevent' v-can be found can be found in section 3 of this Policy Framework.

Carers at risk of harm from the person to whom they are providing care and support - carers experiencing abuse by the person they offer care to can expect the same response as any person at risk of abuse. Carers also have a legal right to an assessment of their needs. A carer's assessment should be seen as part of the overall assessment process. Sometimes both the carer and the supported person may be at risk of harm. The needs of the person at risk who is the alleged subject of abuse should be addressed separately from the needs of the person alleged to be causing the harm.

Carers who cause harm - the vast majority of carers strive to act in the best interests of the person they support. Occasionally however, carers may cause intentional or unintentional harm. Unintentional harm may be due to lack of knowledge, or due to the fact that the carer's own physical or emotional needs make them unable to care adequately for their relative. The carer may also have their own needs care and support. In this situation, the aim of any safeguarding response will be to support the carer to provide support and help to make changes in order to decrease the risk of further harm to the person they are caring for.

Abuse of trust - a relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity. There is a particular concern when abuse is caused by the actions or omissions of someone who is in a position of power or authority and who uses their position to the detriment of the health and well-being of a person at risk, who in many cases could be dependent on their care. There is always a power imbalance in a relationship of trust.

Safeguarding concerns between people with needs of care and support – abuse can happen between adults at risk and organisations supporting these individuals have a responsibility to protect them from abuse as well as preventing them from causing harm to other adults. It is important the needs of the adult causing the harm are taken into consideration in the safeguarding responses for both parties.

Personal budgets, direct payments and self-directed care - people who direct their own care and support should be enabled to manage their personal budgets and direct payments in a safe way. A culture that promotes positive risk taking, based on appropriate person centred polices, supports this approach and seeks to enable and empower individuals.

Scamming - Scams are misleading or fraudulent offers designed to con people out of money. They may be received by post, email, telephone, text or face to face. They target millions of people, not just older or vulnerable people. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website
- Postal scams are massed-produced letters which are made to look like personal letters or important documents

Often fraudsters will target lonely people on the telephone. They will groom their victims and persuade them to part with money for fake shares etc. They will often pretend to be calling from the victim's bank and get them to provide their bank account details over the telephone.

Doorstep criminals call unannounced at the adult's home under the guise of legitimate business and offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money and in some cases their life savings. These instances should always be reported to the local police service, Action Fraud and local authority Trading Standards Services for investigation.

These scams and crimes can seriously affect the health, including mental health, of an adult at risk. By working together, agencies can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

21. Harm

In determining what justifies intervention and what sort of intervention is required the 4LSAB framework uses the concept of the harm caused. This refers to:

- Ill treatment (including sexual abuse and forms of ill treatment which are not physical)
- The impairment of, or an avoidable deterioration in, physical or mental health and/or
- The impairment of physical, intellectual, emotional, social or behavioural development.

The importance of this definition is that in deciding what action to take, consideration must be given not only to the immediate impact on and risk to the person, but also to the risk of future, longer term harm, neglect or exploitation. The seriousness of harm or the extent of the abuse is not always clear at the point

of the concern being raised. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under these arrangements. The actual or likelihood of harm may impact upon the person in one or more areas of their life:

- Exercising choice and control
- Health and well-being, including mental and emotional as well as physical health and well-being
- Personal dignity and respect
- Quality of life
- Freedom from discrimination
- Making a positive contribution
- Economic well-being
- Freedom from harm, abuse and neglect, taking into account wider issues of housing and community safety

Harm varies between individuals and it requires careful assessment using as much information as available before a decision is made as to how to proceed and should include consideration of the possibility of future harm. The seriousness or extent of the abuse, neglect or exploitation is often not clear.

Some incidents may not have caused immediate harm but if they were to happen again, could lead to harm to the adult, other adults or children. If there are not well managed measures in place to prevent another incident, a situation which has a high likelihood of potential serious abuse, neglect or exploitation could cross the threshold for use of safeguarding procedures.

Not everyone who needs support to live their everyday lives is in need of such services, therefore it is important to target resources on those who do. Resources must also be used proportionately; some people will need the safeguarding adult procedures to be used to fully protect them, in other situations the safeguarding adults procedures can be used to enable a person to protect themselves in the present, or in future circumstances.

22. Self neglect and persistent welfare concerns

The Care Act Guidance advises that 'self neglect' covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Research literature states the term 'self-neglect' is commonly used to refer to:

- Lack of self-care: in personal hygiene, in adhering to daily needs, in refusal of essential care or necessary medical treatment
- Lack of care of the living environment: hoarding, squalor and infestation

These definitions are a useful starting point, but interpretation needs to guard against an assessor's subjective and value-based interpretations. The 4 LSAB therefore recommends agencies consider the following aspects in relation to self-neglect:

- lack of care for self to an extent it threatens personal health and safety
- neglecting to care for personal hygiene, health or surroundings such that it has significant impact on the person's wellbeing or creates a public health hazard
- inability to avoid harm to self
- failure to seek help or access services to meet necessary health or social care needs

The LSAB requires agencies to think of these issues in a broad context – not just in terms of obvious manifestations such as hoarding. Other areas to consider would include; substance misuse issues, individuals with diagnosis of high functioning Autistic Spectrum Disorder who may have difficulties that bring them into frequent contact with services, prostitution wherein there may be situational incapacity or exploitation, people subject to frequent 'Missing Persons Alerts' wherein they may be putting themselves at risk of significant harm, people with significant mobility issues who are not taking action to protect themselves from fire risk, those who are non concordant with medication, whom are Bariatric patients or whom as a result of vulnerabilities linked to their care and support needs are putting themselves at repeated high risk of significant harm.

It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

LSAB promotes the use of a 'Social Psychological Model' to assess and intervene in cases of self-neglect and persistent welfare concerns. This model recognizes the interplay of a variety of physical, mental, social, personal and environmental factors – both internal and external. This model highlights a variety of important factors for consideration:

- underlying mental disorder, trauma response and/or neuropsychological impairment
- diminishing social networks and/or economic resource
- physical and nutritional deterioration
- personal philosophy and identify

For more information about responding to self neglect and persistent welfare concerns, please refer to the practice guidance located in Section 3 of this Policy and Guidance.

23. Vulnerability factors

There may be a number of factors which increase a person's vulnerability to abuse, neglect or exploitation. A needs assessment will provide a useful insight into a person's situation and any vulnerability factors and the support planning process is an opportunity to try and resolve these. The table below gives more information about this.

Factors which increase a person's vulnerability to abuse and exploitation

Personal characteristics of a person at risk that can increase vulnerability may include:	Personal characteristics of a person at risk that can decrease vulnerability may include:
• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions • Communication difficulties • Physical dependency – being dependent on others for personal care and activities of daily life • Low self esteem • Experience of abuse • Childhood experience of abuse.	• Having mental capacity to make decisions about their own safety • Good physical and mental health • Having no communication difficulties or if so, having the right equipment/support • No physical dependency or if needing help, able to self-direct care • Positive former life experiences • Self-confidence and high self-esteem

Social/situational factors that increase the risk of abuse may include:	Social/situational factors that decrease the risk of abuse may include:
• Being cared for in a care setting, that is, more or less dependent on others • Not getting the right amount or the right kind of care that they need • Isolation and social exclusion • Stigma and discrimination • Lack of access to information and support • Being the focus of anti-social behaviour.	• Good family relationships • Active social life and a circle of friends • Able to participate in the wider community • Good knowledge and access to the range of community facilities • Remaining independent and active • Access to sources of relevant information

24. Out of area safeguarding Adult Arrangements

In the case of a safeguarding concern raised for someone who is temporarily residing in a Local Authority area where they are not ordinarily resident the host authority will take the lead for the assessment and co-ordination of the safeguarding process. Examples include where someone is receiving hospital or residential care in another Local Authority. This includes care which is funded by the Local Authority or health and care which is paid for by individuals. Where there are repeat concerns about individuals in acute hospital settings the ordinary residence rule will apply and the person's usual authority will lead rather than the host authority. Where the nature of the allegation gives rise to a concern that the alleged abuse or neglect may be linked to systemic issues affecting the whole organisation, the host authority will lead the investigation as a whole service investigation. In June 2016, the Association of Directors of Adult

Social Services (ADASS) published new guidance on inter-authority adult safeguarding enquiries and protection arrangements. This is located in section 4 of this document.

25. Children

Local Authorities have specific duties under the *Children Act 1989* in respect of children in need (*Section 17*) and children at risk of harm (*Section 47*). All those working with adults and children in health, social care and voluntary sector settings have a responsibility to safeguard children when they become aware of, or identify, a child at risk of harm. They should follow Local Safeguarding Children Board (LSCB) procedures which are based on the Government Guidance *Working Together to Safeguard Children* 2015. There is an expectation that health and social care professionals who come into contact with children, parents and carers in the course of their work are aware of their responsibilities to safeguard and promote the welfare of children and young people. Children identified as being placed at risk by the behaviour of their parents or carers should be referred by adult workers into Children's Services. This action is supported by detailed local guidance contained within the 4 LSCB *'Joint Working Protocol (Safeguarding children and young people whose parents / carers have problems with: mental health, substance misuse, learning disability and emotional or psychological distress)* 2014 adopted across Hampshire, Southampton, Portsmouth and the IOW. This protocol gives information about research and guidance for good practice.

26. Concerns about children and adults at risk of abuse

This framework recognises the importance of the 'think family' approach to safeguarding adults. Where it is identified through the safeguarding adults process that a child may be at risk, the concern must be referred immediately to Children's Services. Where it is identified by Children's Services in the context of their work with children and families that a person at risk is experiencing abuse, then the concern must be referred to Adult Services. A decision will be made as to who will lead the safeguarding process. Regardless of who takes the lead, there should be appropriate representation from both Adult and Children's Services within this joint process.

The Care Act 2014 statutory guidance stipulates that where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where appropriate, adult safeguarding services should involve the Local Authority's children's safeguarding colleagues as well as any relevant partners (e.g. the Police or NHS) or other persons relevant to the case. The level of needs is not relevant, and the young adult does not need to have eligible needs for care and support under the Care Act 2014, or be receiving any particular service from the Local Authority, in order for the safeguarding duties to apply.

27. Transitions between Children's and Adult Services

Robust joint working arrangements between Children's and Adult Services need to be put in place to ensure that the medical, psychosocial, educational and vocational needs of children moving from Children's to Adult Services, including children with health or disability needs, or leaving care, are addressed as they move to adulthood and there are no gaps left in assessments of needs and service provisions. The care needs of the young person should be at the forefront of any support planning and require a co-ordinated multi-agency approach. Assessments of care needs at this stage 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 and well-being and

choice. Good practice includes:

- Having policies and procedures which support effective transition processes
- Shifting the general view of risk as a potential danger for a child, to one of potential opportunity for an adult, but acknowledging there are still potential risks
- Managing risks as a phased process with awareness of the psychological and emotional issues
- Managing family expectations (being clear about the level of support and resources available)
- Taking time to get to know the young person and their family, especially if they have communication difficulties
- Acknowledging the rights of adults to take more responsibility for their decisions.

28. Adult mental health services

The term Care Programme Approach (CPA) is used to describe the framework that supports and co-ordinates mental health care for people with severe mental health problems who are receiving treatment from mental health services. It is called an approach rather than a system because it covers:

An assessment of health and social care needs

A written care plan agreed with all those involved in the delivery of an individual's support

The nomination of a care co-ordinator who acts as the main point of contact overseeing the delivery of an individual's care

On-going and regular reviews of an individual's care plan and health and social care needs.

Where there is a concern that someone who is known to Adult Mental Health services has been abused or is at risk of neglect or abuse, CPA processes should be used if the CPA is the most appropriate means to address the concern.

29. Safeguarding in prisons and approved premises

Under the Care Act 2014, prisons and approved premises retain responsibility for adult safeguarding within these settings. Senior representatives of local prisons and/or the National Offender Management Service are included on the 4LSAB (where relevant) and so have an opportunity to contribute to the strategic development of adult safeguarding locally. Additionally, membership on the Safeguarding Adult Boards enables constructive dialogue and shared learning around safeguarding in prisons and approved premises and provides important links and access to the local expert body of professionals. A framework has been agreed locally outlining how safeguarding will be addressed within prisons and other custodial settings which can be found in Part 3 of this Policy Framework.

30. Information sharing

The Information Sharing Guidance in Section 3 of this policy framework recognises that information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation. In this context organisations could include not only statutory organisations but also voluntary and independent sector organisations, housing authorities and Crown Prosecution Service and organisations which provide advocacy and support where these organisations are involved in safeguarding enquiries, including raising a concern and participating in an investigation and/or making a contribution to Safeguarding Plans. Information will be shared within and between organisations in line with the principles set out below:

Adults have a right to independence, choice and self-determination. These rights extend to control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.

The person's wishes should always be considered. However, when there is a concern of abuse, a general principle is that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved. Information given to an individual member is subject to the *Data Protection Act 1998.*

If there are concerns that a child may be at risk of harm; or an adult may be at risk of serious harm, then follow the relevant procedures without delay, seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

There will be occasions where practitioners believe it key that information is shared without consent or delay, such as in emergency or life threatening situations (vital interests, *Data Protection Act 1998*). However, where similar circumstances arise but not in an urgent situation, the decision to share information without consent should only be made after a risk assessment carried out by the organisation, rather than the individual practitioner. In all cases, the decision and rationale should be fully documented. This Policy and Guidance adopts the key principles of information sharing outlined below:

- Identify how much information it is appropriate to share
- Distinguish fact from opinion
- Ensure that the right information is being given to the right person
- Ensure information is shared securely
- Inform the data subject that the information has been shared if they are not already aware but only if this does not create or increase the risk of harm
- Record the information sharing decision and reasons, in line with the safeguarding information sharing framework found in Section 3 of this Policy and Guidance.

31. Duty of Candour

The Duty of Candour requires all health and adult social care providers registered with the Care Quality Commission (CQC) to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold. The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. The Duty requires providers to offer an apology and state what further action the provider intends to take in this situation. In practice, this means that care providers are open and honest with patients when things go wrong with their care and treatment. To meet the requirements a provider must:

- Make sure it has an open and honest culture across and at all levels within its organisation
- Tell service users in a timely manner when particular incidents have occurred
- Provide in writing a truthful account of the incident and an explanation about the enquiries and investigations that they will carry out
- Supply the patient or representative with the results of any further enquiries into the incident and to keep records of all correspondence and notifications in person
- Offer an apology in writing
- Provide reasonable support to the person after the incident

For NHS bodies, the incidents covered by the Regulations include not only cases of death and severe harm, but also "moderate harm" in line with providers' existing contractual duty under the NHS Standard Contract.

The regulations apply to the adult themselves and, in certain situations, to people acting on the person's behalf, for example when something happens to a child or to a person over the age of 16 who lacks the capacity to make decisions about their care.

If the provider fails to do any of the things above, CQC can move directly to prosecution without first serving a warning notice. This policy embraces this Duty in relation to safeguarding adults, and all section 42 enquiries and safeguarding processes must check that this duty has been fulfilled.

The regulations also include a more general obligation on CQC registered providers to "act in an open and transparent way in relation to service user care and treatment". This means that the default position should be to be open, honest and candid, unless there are justifiable reasons for not being so – for example because the service user actively says that they do not want further information about the incident. However, these circumstances should be the exception rather than the norm.

32. Safeguarding adults reviews

Section 44 of the Care Act 2014 requires Local Safeguarding Adult Boards to arrange a safeguarding adult review 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 person at risk. It places a duty on all Board members to contribute in undertaking the review, sharing information and applying the lessons learnt. The purpose of the safeguarding adult review is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as Care Quality Commission and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council.

The purpose of conducting a safeguarding adult review is to establish whether there are any lessons to be learnt from the circumstances of the case, about the way in which local professionals and agencies work together to safeguard adults at risk. The safeguarding adult review brings together and analyses the findings from individual agencies involved in order to make recommendations for future practice where this is necessary. The Safeguarding Adults Board is the only body that can commission a Safeguarding Adult Review and must arrange a safeguarding adult review of a case of an adult in its area with needs of care and support (whether or not the Local Authority was meeting those needs) if:

- The case involves an adult with care and support needs (whether or not the Local Authority was meeting those needs)
- There is reasonable cause for concern about how the Safeguarding Adult Board, its members or organisations worked together to safeguard the adult

AND

- The person died (including death by suicide) and the SAB knows/suspects this resulted from abuse or neglect (whether or not it knew about this before the person died)

OR

- The person is still alive but the Safeguarding Adults Board knows or suspects they have experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development.

The Care Act 2014 also enables Safeguarding Adults Boards to carry out reviews in other cases where it feels this would be appropriate in order to promote effective learning and improvement action to prevent future deaths or serious harm occurring again. These may be cases which provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults but which may not meet criteria for a safeguarding adult review for example. The 4LSAB have agreed a shared Learning and Review Framework which operates across the area managed but this is managed within each area, in line with the governance arrangements of the individual Boards.