Safeguarding Adults at Risk Policy

Approval

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Agreed by: Chief Executive

Signature of Chairman of Trustees:

Signature of Chief Executive:

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2017: minor changes to 2015 version to reflect Herts Safeguarding Adults at Risk Policy Jan 2017. 2018: minor changes to reflect recommendations/alerts from the Charity Commission 2018. Addition of raising a concern in the community and staff training requirements. 2019: reviewed training and competence requirements in line with the Adult Safeguarding: Roles and Competencies for Healthcare Staff Intercollegiate document Aug 2018. Updated document references; minor amendments to text, including review for conciseness.

Next review

Person responsible for next review: Director of Patient Services

Committee responsible for next review: Clinical Governance Committee

Next review date: January 2021

Policy Statement

Safeguarding adults at risk of abuse or neglect is everybody's business, and Garden House Hospice Care's policy is in line with the Hertfordshire Safeguarding Adults Board's multi-agency policy and procedure for working with adults at risk of abuse or neglect. The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect.

When abuse or neglect occurs, or is suspected, it needs to be responded to swiftly, effectively and proportionately to enable the adult in need of safeguarding to remain in control of their life as much as possible. Safeguarding Adults at Risk Policy, procedure and practice guide will provide front-line staff, their managers and crucially, adults at risk themselves, with a framework within which to work together to reduce the incidence and impact of abuse and neglect across Hertfordshire (HCS 666 Safeguarding Procedure, Issue 12, January 2019).

This policy is in place in order that the human rights, needs and interests of adults at risk are always respected and upheld. It must be read in conjunction with the Hertfordshire inter-agency policy, Safeguarding Adults at Risk (HCS 666 Safeguarding Procedure, Issue 12, January 2019). All line managers are responsible for ensuring all relevant new staff and volunteers read this policy during their first week.

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1 Policy Statement

Safeguarding adults at risk of abuse or neglect is everybody's business, and Garden House Hospice Care's (GHHC) policy is in line with the Hertfordshire Safeguarding Adults Board's multi-agency policy and procedure for working with adults at risk of abuse or neglect. The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect.

When abuse or neglect occurs, or is suspected, it needs to be responded to swiftly, effectively and proportionately to enable the adult in need of safeguarding to remain in control of their life as much as possible. Safeguarding Adults at Risk Policy, procedure and practice guide will provide front-line staff, their managers and crucially, adults at risk themselves, with a framework within which to work together to reduce the incidence and impact of abuse and neglect across Hertfordshire (HCS 666 Safeguarding Procedure, Issue 12, January 2019).

This policy is in place in order that the human rights, needs and interests of adults at risk are always respected and upheld. It must be read in conjunction with the Hertfordshire inter-agency policy, Safeguarding Adults at Risk (HCS 666 Safeguarding Procedure, Issue 12, January 2019).

This policy applies to all employees including temporary and short-term staff and volunteers who come in to direct or indirect contact with adults at risk and their families/carers. All line managers are responsible for ensuring all relevant new staff and volunteers read this document during their first week.

This policy determines the standards required by GHHC to ensure that GHHC complies with its statutory and legal obligations and national/local best practice. This policy does not form part of contracts of employment and GHHC reserves the right to amend this at any time in line with best practice and regulatory change.

The purpose of this Policy is to:

- Identify the principles of safeguarding adults at risk with whom Garden House Hospice Care may have contact
- Describe the characteristics that define an adult at risk
- Identify the procedure that staff and volunteers must adopt if they suspect an adult at risk may be experiencing, or be at risk of, harm.

2 Six Principles of Safeguarding

The policy is based on The Six Principles of Safeguarding that underpin all adult safeguarding work:

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self – determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help

Proportionate	A proportionate and lease intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed.
Protection	Adults are offered ways to protect themselves, and there is a co- ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
Partnerships	Local Solutions through services working together within their communities	I am confident that the information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.
Accountability	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

Safeguarding Adults at Risk aims to ensure that organisations work together to prevent abuse occurring and when abuse does occur, adults at risk are protected from further harm. In line with government policy, the objective is to prevent and reduce the risk of significant harm to adults from abuse or other types of exploitation, while supporting individuals to maintain control over their lives and to make informed choices without coercion.

3 Related Hospice Policies/Procedures/Guidelines – see Appendix 1

4 Responsibilities/Accountabilities

Trustees	Ultimately responsible for safeguarding and promoting the welfare of GHHC beneficiaries. The Trustees will identify a Trustee Safeguarding Lead who will: • Actively promote a safe culture and trusted environment • Ensure adequate measures are in place to assess and address safeguarding risks • Ensure adequate safeguarding policies, procedures and measures to protect people are in place • Ensure through quality reporting that the policy is robustly implemented across the organisation • Ensure adequate systems are in place to handle incidents and allegations, including reporting to the relevant authorities, including the charity commission. • Attend relevant training • Support the safeguarding policy, procedures and practice on behalf of the Board and ensure these are in line with most recent government legislation and best practice • Some of these responsibilities may be delegated to the Chief Executive Officer.

	• Approve this policy at the Board of Trustees meeting and ensure through quality reporting that the policy is robustly implemented across the organisation. • The Chairman of Trustees will be informed of all reports to the Safeguarding Adults Board at the earliest opportunity. • Receive a 6-monthly report on the management of safeguarding adults at risk from the Designated Safeguarding Lead.
Chief Executive Officer (CEO)	• Overall responsibility for ensuring a robust process is in place to support adults at risk, offering prompt protection when necessary and timely management of concerns. These responsibilities may be delegated to the Director of Patient Services. • Delegated responsibility to ensure that serious incidents are reported to the Commission in accordance with its guidance and that safeguarding allegations, complaints or incidents are reported to other agencies in accordance with the law and best practice.
Director of Patient Services/ Safe-guarding Lead	The Director of Patient Services (DoPS) is the designated Safeguarding Adults at Risk Lead. They must: • Ensure sufficient time is given to developing robust procedures to ensure this policy is fully implemented and maintained. • Ensure that there is a robust training programme in place for the various staff groups, • Provide expert guidance/support to staff. • Provide the quality reporting to enable the Trustees to ensure the policy is robustly implemented across the organisation. • Inform the Chairman of Trustees of all reports to the Safeguarding Adults Board at the earliest opportunity. • Produce & present a six-monthly report on the management of safeguarding adults at risk to the Hospice Care and Clinical Governance Committee • Work closely with departments and other agencies as required.
Safe-guarding Adults at Risk Champion	• Support the Designated Safeguarding Lead. • Meet all the requirements of the Lead and provide cover for them during periods of absence. • The Lead and Champion will not be absent at the same time, unless in extenuating circumstances. • Work closely with departments and other agencies as required.
All Managers	• Managers will ensure that they and their staff follow the organisation's policies and procedures. • Responsible for ensuring all relevant staff and volunteers read this policy during their first week of induction • Ensure that staff and volunteers attend/complete annual statutory/mandatory training • Provide full support with any adults identified at risk of safeguarding issues.
All other staff including volunteers	• Attend statutory mandatory training, comply with policies and procedures • Highlight/raise any concerns at the earliest opportunity • Adhere to the policy.

Any external staff or official visitors including celebrities and VIPs will not be allowed any contact with patients and their families visiting the Hospice, without the continued presence of a member of GHHC staff.

5 Recognising a Safeguarding Concern

5.1 Definition of an Adult at Risk

An “Adult at Risk” is defined as any person aged 18 years and over who is, or may be, in need of care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness, and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or serious exploitation.

5.2 Prevent Duty

GHHC is also subject to a duty under section 26 of the Counterterrorism and Security Act 2015 to have ‘due regard to the need to prevent people from being drawn into terrorism’. This duty is known as the Prevent duty and it applies to ‘specified authorities’ that are described in Schedule 6 of the Act. The East and North Hertfordshire Care Commissioning Group places a contractual obligation on GHHC to comply with the duty.

All relevant staff will recognise vulnerability to being drawn into terrorism, which includes someone with extremist ideas that are used to legitimise terrorism and are shared by terrorist groups. Please refer to section 7.4 Channel Programme.

5.3 Whistleblowing

Any employee of GHHC who suspect serious wrongdoing within the organisation can speak out safely. The NHHCA is committed to developing a culture where it is safe and acceptable for all Hospice Team Members to raise concerns without fear of recrimination, to bring to the attention of the appropriate level of management any; deficiency in the provision of service, breach of procedure or impropriety. The NHHCA ‘Freedom to Speak Up’ Guardian will support any person who raises a concern under OM07 Raising Concerns about Poor Practice Policy (Whistleblowing).

5.4 What is a Concern?

A concern (see Appendix 2: Definitions – Forms of Abuse) may be any worry about an adult who has or appears to have care and support needs, who is subjected to, or may be at risk of, abuse or neglect and who may be unable to protect themselves from the abuse or neglect or risk of it.

A concern may be raised by anyone, and can be:

- A direct or passive disclosure by the adult at risk
- A concern raised by staff, volunteers, others using the service, a carer or a member of the public. An observation of the behaviour of the adult at risk, or the behaviour of another person towards the adult at risk, or of one service user towards another
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits.

6 Receiving/ Responding to a Disclosure

Good Practice Guidance – Disclosure:

- Speak to the adult in a private and safe place
- Assure them that you are taking them seriously
- Don't interview the person, but establish basic facts
- Listen carefully to what you are being told, stay calm, get as clear a picture as you can, but avoid asking too many questions at this stage
- Do not promise to keep a secret/keep information confidential; explain who you will tell and why
- Ask the adult what they would like to happen
- Explain how the adult will be kept informed
- Identify an immediate safeguarding plan with the adult at risk
- Where appropriate make a best interest decision about the risks and the immediate protection plan needed if the adult is unable to provide informed consent.

Key information to establish where possible:

- Basic facts such as what happened, when and by who
- What the immediate risks are
- Mental capacity of the adult to understand the risks and consent to safeguarding enquiry
- Do not be judgmental or jump to conclusions.

If all the facts cannot be established initially this MUST NOT prevent you from raising a safeguarding concern.

6.1 Immediate Actions

Immediate action by person raising the concern:

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Ensure others are not in immediate danger
- If a crime has been committed or life is in danger or at risk, dial 999
- **In situations where there has been or may have been a crime and the police have been called it is important that forensic and other evidence is collected and preserved. Evidence may be present even if you cannot actually see anything. Try not to disturb the scene, wash clothing or the adult at risk if at all possible**
- Arrange any medical treatment (note if the allegation is of a sexual nature this will require expert advice from the police)
- In most cases unless the situation is urgent and an immediate referral to the police and/or the investigating team is needed, staff should follow safeguarding procedures, **reporting immediately to their line manager**
- The details of the concerns must be recorded on Radar **by the person who initially raised the concern as soon as possible.** See Appendix 4 Garden House Hospice Care Procedure with Flowchart.

6.2 The Line Manager Responsibility

The line manager informed of the concern must take the following actions:

- Evaluate the risk to the adult at risk

- Take reasonable and practical steps to safeguard the adult at risk as appropriate (if not already taken and if relevant)
- Refer to the police if the abuse suspected is a crime (unless already done)
- Arrange any necessary emergency medical treatment (note offences of a sexual nature will require expert advice from the police) (unless already done)
- If the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs
- If the person alleged to have caused the harm is a member of staff, decide whether any action is required under the organisation's disciplinary procedures
- Make sure that other patients are not at risk
- Decide whether a concern should be raised to the Herts Safeguarding Adults Board
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with patients and others who may be at risk, for example, the person who has reported the concern
- If the person causing harm is another patient, action taken could include removing them from contact with the adult at risk. In this situation, arrangements must be put in place to ensure that the needs of the person causing harm are also met
- An assessment of the risk posed by an adult at risk who has allegedly caused harm must be undertaken and must include an assessment of the nature of the risk
- In order to achieve the above, it may be necessary to speak with either the adult at risk or the alleged person who may cause harm or abuse or neglect.
- If the incident constitutes a notifiable event, complete and send notification to CQC
- Inform the Garden House Hospice Care Safeguarding Adults Lead or Champion or outside of 9-5 hours /weekends, the Senior Manager on Call of actions taken to date
- Ensure RADAR is completed by person raising the initial concern.

The manager who is advised of a concern may decide it does not fall under the GHHC Safeguarding Adults at Risk procedures but is more appropriately dealt with under a different procedure, such as a complaints or disciplinary procedure.

6.3 Speaking to the Adult at Risk

It may be appropriate for a manager, Safeguarding Lead or Champion to speak to the adult at risk. To do this, the manager should consider:

- Seeking their views on what has happened and what they want done about it
- Giving information about the safeguarding adults process and how that could help to make them safer
- Explaining how they will be kept informed
- Identifying communication needs, personal care arrangements and access requests.

6.4 Speaking to the Person Alleged to have Caused Harm

The safeguarding concern **must not** be discussed with the person alleged to have caused harm.

If they are a member of staff, an immediate decision must be made to suspend them. The person should be informed that a concern have been made about them. No specific information should be shared. (Refer to HR05 Disciplinary, Grievance and Appeal Policy).

7 Reporting /Referring a concern

A concern should be raised when:

- The person is an adult at risk and there is a concern that they are being or are at risk of being abused or neglected, and are at risk of significant harm
- The adult at risk has capacity to make decisions about their own safety and wants this to happen
- The adult at risk has been assessed as not having capacity to make a decision about their own safety, but a decision has been made in their best interests to make a referral
- A crime has been or may have been committed against an adult at risk without mental capacity to report a crime and a 'best interests' decision is made
- The abuse or neglect has been caused by a member of staff or a volunteer
- Other people or children are at risk from the person causing the harm
- The concern is about organisational or systemic abuse
- The person causing the harm is also an adult at risk

7.1 Immediate response

For incidents concerning an adult at risk where there is immediate danger to life, risk of injury or a crime being committed dial 999.

For incidents taking place against an adult at risk where there is NO immediate risk to life or property, but a police response is required as soon as practicable due to the seriousness of the incident and/or potential loss of evidence, dial 101.

7.2 Gaining the Consent of the Adult at Risk to Raise a Concern

The mental capacity of the adult at risk and their ability to give their informed consent to a concern being raised and action being taken under these procedures is a significant but not the only factor in deciding what action to take. See RM18 Mental Capacity Act & Deprivation of Liberty Safeguards Policy.

7.3 Making a Decision Not to Raise a Concern

If the adult at risk has capacity and does not consent to a concern being raised and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.

GHHC must be clear that the decision to withhold consent is not made under undue influence, coercion or intimidation.

A record must be made of the concern, the adult at risk's decision and of the decision not to refer, with reasons. A record should also be made of what information they were given.

7.4 Making a Decision to Raise a Concern Without Consent

Where an overriding public interest or vital interest or if gaining consent would put the adult at further risk, a concern must be raised but the lack of consent and the reason for it must be explicit.

This includes situations where:

- Other people or children could be at risk from the person causing harm

- It is necessary to prevent crime
- There is a high risk to the health and safety of the adult at risk
- The person lacks capacity to consent.

If, on the information available, the following three criteria are met, a referral MUST be made to the Local Authority:

1. A person has care and support needs
2. They may be experiencing or at risk of abuse and neglect
3. They are unable to protect themselves from neglect because of those care and support needs.

The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others. (See Appendix 5 Information about Advocacy).

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the most senior person on duty must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

If the person who received the concern is unsure whether to raise a concern with the Herts Safeguarding Adults Board, they must contact them for advice. Any advice given must be clearly documented on the patient's clinical record and promptly carried out.

8 Herts Safeguarding Adults Board Referral Process

A concern from a service should be made on the multi-agency referral form – see Appendix 6.

Once a concern is escalated to Herts Safeguarding Adults Board, the strategic management becomes their responsibility. GHHC will comply fully with any investigations, including attending strategy meetings and case conferences (reconvened strategy meetings) and the management of the issue.
If you have reason to believe an adult may be at risk of suffering abuse or neglect you should contact the Herts Adult Care Services by calling:

Herts Adult Social Care Services on 0300 123 4042

Out of Hours your call be redirected to the Emergency Duty Team (EDT)

If the team advises a referral should be made, email the Safeguarding team via secure email to: Adult.Safeguarding@hertscc.gcsx.gov.uk (NB This e-mail account is only monitored during office hours: 9am – 5.30pm Mon -Thurs, 9am – 4.30pm Friday) and send a completed Hertfordshire safeguarding alert form v1**. Note if the alert relates to pressure ulcers or other physical bodily concerns please also complete and send the Skin Integrity Form, Appendix 3.**

If you have reason to believe an adult receiving mental health services in Hertfordshire may be at risk of suffering abuse or neglect, then a safeguarding referral can be made to HPFT on

0300 777 0707 (8am - 7pm)
01438 843322 (5pm - 9am) Single Point of Access (SPA) Out of Hours

If there is an immediate risk to life or a serious injury or a serious crime has been committed the police must be contacted directly.

8.1 Raising a Concern in the Community or Hawthorne Centre

The responsibility for reporting any safeguarding issues raised by GHHC services lies with the staff member who identifies the safeguarding concern.

If patient is in immediate danger, then dial 999.

Escalate to the Hospice at Home/CHC Nurse in charge or Sister on call at weekends /out of hours. The Nurse in charge or Sister on call contacts the key worker DN/GP to identify if a concern has already raised.

If the issue has not been raised, then the Hospice at Home/CHC Nurse in charge or Sister on call at weekends /out of hours should contact Adult Care Services (see point 9 above).

Advice, if required, may be obtained from Safeguarding lead or champions at GHHC and/or the Adult Care Services.

All safeguarding incidents must be recorded on Radar to highlight the safeguarding issue raised for information only as the Safeguarding Lead at GHHC would not be the responsible person for community safeguarding issues.

All safeguarding incidents concerning community patients must be reported to the HCT Named Nurse for Safeguarding Adults and Prevent Lead on 01442 285881 or via NHS email hct.safa@nhs.net

9 Channel Programme

Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into terrorism. The programme uses a multi-agency approach to protect vulnerable people by:

- Identifying individuals at risk
- Assessing the nature and extent of that risk
- Developing the most appropriate support plan for the individuals concerned.

Sections 36 to 41 of the Counter-Terrorism and Security Act 2015 set out the duty on local authorities and partners of local panels to provide support for people vulnerable to being drawn into any form of terrorism.

Channel may be appropriate for anyone who is vulnerable to being drawn into any form of terrorism. Channel is about ensuring that vulnerable children and adults of any faith, ethnicity or background receive support before their vulnerabilities are exploited by those that would want them to embrace terrorism, and before they become involved in criminal terrorist activity. See Appendix 7 Channel Referral Form.

10 Statutory Reporting of Safeguarding Incidents

10.1 CQC notification

As part of the information sharing processes, **the CQC must be notified of any incident that has been investigated by the police or any abuse or allegation of any abuse in relation to a service user has occurred.** Please use the notification form available at: http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers

The CQC must be notified about abuse or allegations of abuse concerning a person using GHHC services at the time of the abuse/allegation of abuse, if any of the following applies:

- The person is affected by abuse
- They are affected by alleged abuse
- The person is an abuser
- They are an alleged abuser
- The person is admitted with or acquires during admission a Pressure Ulcer Category 3 or above.

10.2 Charity Commission

Safeguarding allegations, whether actual or alleged, that result in or risk significant harm to the Hospice's beneficiaries, staff, volunteers or others who come into contact with the Hospice through its work must be reported to the Charity Commission by the CEO.

11 Information Sharing

Information sharing between organisations is essential to safeguard adults at risk. The Care Act sets out the duty of individuals and agencies to provide information under these procedures to enable adults at risk to be safeguarded. Information will be shared on a need to know basis and in line with the confidentiality and information sharing policies of the individual organisations.

The sharing of information in health and social care is guided by the Caldicott principles. These principles are reflected in the General Data Protection Regulation (GDPR) and are useful to other sectors:

- Justify the purpose(s)
- Don't use personal confidential data unless it is absolutely necessary
- Use the minimum necessary personal confidential data
- Access to personal confidential data should be on a strict need-to-know basis.
- Everyone with access to personal confidential data should be aware of their responsibilities
- Comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality.

11.1 Domestic Abuse Concerns

Adults at risk will be fully informed about information that is recorded about them and, as a general rule, will be asked for their permission before information about them is shared with colleagues or another organisation. However, there may be justifications to override this requirement. For example, domestic abuse cases should be assessed following the CAADA DASH (Co-ordinated Action Against Domestic Abuse - Domestic Abuse, Stalking, Harassment and Honour Based Abuse) risk assessment.

If an assessment is required, inform GHHC Safeguard Lead or Safeguard Champions prior to completion. Assessment scores over 14 should be referred to a Multi-Agency Risk Assessment Conference (MARAC). Cases of domestic abuse should also be referred to local specialist domestic abuse services.

For further information on when to share information see Appendix 9 and refer to document 'Safeguarding Adults: Sharing Information' Social Care for Excellence, Updated Jan 2019, pp 12-13)

11.2 Sharing Information on those who may Pose a Risk to Others

The police can keep records on any person known to be a target or perpetrator of abuse and share such information with safeguarding partners for the purposes of protection 'under Section 115 of the Crime and Disorder Act 1998, provided that criteria outlined in the legislation are met'. All police forces now have IT systems in place to help identify repeat and vulnerable victims of antisocial behavior.

12 Supporting the Adult at Risk through the Safeguarding Process

The Herts Health & Social Care Safeguarding Team will lead on this issue once a concern has been raised with the Safeguarding Board.

It is important that GHHC fully cooperates with any investigations and meetings required including Serious Concerns meetings and Serious Case Reviews (if relevant). GHHC will ensure that the most appropriate manager attends with the right level of seniority.

13 Responsibilities to those who are Alleged to have Caused the Harm

Adults who are alleged to have abused an adult at risk have the right to be assumed innocent until the allegations against them are proved on the evidence. Whether they are a member of staff, a volunteer, a relative or a carer they also have the right to be treated fairly and their confidentiality respected.

Where the person alleged to have caused harm is a carer, consideration should be given to whether they are themselves in need of care and support.

What information is shared with them, and when, should be decided at the strategy discussion or meeting. **They must not be informed of any details other than a concern has been raised which required investigation**. They should be provided with appropriate support.

13.1 If a Member of Staff has been Found to be the Abuser

An immediate decision must be made to suspend them. The person should be informed that a concern have been made about them. No specific information should be shared. (Refer to HR05 Disciplinary, Grievance and Appeal Policy). **They should be provided with appropriate support.**

13.2 Adults at Risk or those Deemed to Cause Harm who are Under the Care of other Service Providers.

GHHC must ensure that full relevant information must be given to the care provider(s) who are next going to look after a patient who has been abused or was an abuser. This is to ensure that the care provider can minimise any risks to other patients or staff in the next care setting.

14 Recording

14.1 Record-keeping and Confidentiality

GHHC will ensure robust record keeping systems, keeping comprehensive records whenever a concern is made/arises/occurs, and of any work undertaken under the safeguarding adult's procedures, including all concerns received and all referrals made.

GHHC will maintain a register of all safeguarding concerns, the actions taken and the outcomes. The Hospice will ensure compliance with its Data Security and Protection and Confidentiality policies.

It is vital that a record of any incident or allegation is made as soon as possible after the information is obtained.

- A summary of the incident should be placed on the patient/carers record, more detailed/sensitive information should be held as a paper record in the Safeguarding file in Family Support Service Office

- The record must include the date and time of the incident, exactly what the adult at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you

- The record must be factual. If the record does contain opinion or assessment, it should clearly say so and be backed up by factual evidence. Information from another person should be clearly attributed to them

- All decisions taken relating to the process must be recorded

- The incident must be recorded on Radar **by the person who initially raised the concern.** See Appendix 4 Garden House Hospice Care Procedure with Flowchart and reviewed no later than 24 hours. The Safeguarding Champion, or line manager, will have been made aware as soon as concerns are raised on Radar

15 Resolving

The Designated Safeguarding Lead may be asked from Adult safeguarding to carry out an investigation.

The Hospice must be fully prepared to immediately implement a safeguarding plan if it is agreed one is needed. The Hospice must be clear during strategy meetings what resources are or can be available to ensure the protection plan is robustly implemented.

GHHC must also be aware it may be made responsible for aspects of the investigation process.

When the Herts Safeguarding Adults Board have concluded their investigations and taken any actions, the person who raised the concern must be given feedback.

GHHC should ensure a system is in place to seek the follow up information, if this has not automatically been done. The Hospice should be aware that information shared will be on a need to know basis and the principles of confidentiality respected. The depth of feedback may be limited if there is a need to protect confidentiality for any reason.

16 Staff Training Requirements

The Adult Safeguarding: Roles and Competencies for Healthcare Staff Intercollegiate document August 2018 sets out minimum training requirements for people working in health and social care. The detailed training and competency requirements for staff and volunteers working at GHHC are set out in Appendix 8.

GHHC expects all staff and volunteers to know how to:

- Recognise, record and report abuse
- Take any immediate action to protect further harm
- Access help and advice for the adult at risk.

The Safeguarding Adults at Risk Lead must be trained to Level 4 and Champions must be trained to Level 3 national standards for Safeguarding Adults at Risk.

Individuals must also attend a Safeguarding Adults at Risk Train the Trainer programme before being able to teach GHHC staff. At least one Continuing Professional Development (CPD) event each year must relate directly to Safeguarding Adults at Risk.

Front line patient facing staff and volunteers must be trained to Level 2 national standards for Safeguarding Adults at Risk. Volunteers will receive a workbook. They will receive mandatory training in line with hospice policy or as required in line with changes in legislation.

Nonclinical staff and volunteers who are in indirect contact with patients and families will be trained to level 1 national standards for Safeguarding Adults at Risk at induction and three yearly mandatory e-learning training for staff and completion of volunteers' workbooks.

16.1 Trustee Training Requirements

The Trustee Safeguarding Lead must be trained to Level 2 national standards for Safeguarding Adults at Risk.

All Trustees will be trained to Level 1 national standards for Safeguarding Adults at Risk, including Prevent duty training.

17 Policy Monitoring and Review

This policy will be reviewed following introduction of any new legislation, following a significant incident/event or, as a minimum, every year.

A yearly audit of compliance against this policy will be scheduled into the Clinical Audit Programme. The report on the outcomes of the findings and the improvement plan for any improvements to be made will be reported to the Clinical Governance Group via the Audit Committee.

18 References

- Safeguarding Vulnerable Groups Act 2006
- Guide to Consent for Examination or Treatment, Department of Health 2009
- Mental Capacity Act 2005
- Action on Elder Abuse 2006
- Mental Health Act 1983, amended 2007
- Care Act 2014

- Data Protection Act 2018
- Human Rights Act 1998
- Common Law Duty of Confidentiality
- The 2013 Caldicott Report 'Information: to share or not to share', also known as Caldicott 2
- Care and Support Statutory Guidance Crime and Disorder Act 1998 – Section 115
- Children and Families Act 2014
- www.gov.uk/government/publications/prevent-duty-guidance
- Section 26 of the Counterterrorism and Security Act 2015 to have 'due regard to the need to prevent people from being drawn into terrorism'.

- HCS666 Herts Safeguarding Adults at Risk. Issue 12, January 2019
- Care and Support Statutory Guidance- https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
- Help the Aged (2008) The Financial Abuse of Older People – A review of the literature
- Data Protection Act 1998, Schedule 2, interpreted by the Information Commissioner
- Report on the Review of Patient-identifiable Information from the Caldicott Committee
- Care Act 2014 Factsheet 7: Protecting Adults from Abuse and Neglect https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets
- http://www.scie.org.uk/adults/safeguarding/
- https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities
- Adult Safeguarding: Roles and Competencies for Healthcare Staff Intercollegiate document August 2018
  https://www.rcn.org.uk/professional-development/publications/pub-007069
- Safeguarding Adults: sharing information. Social Care for Excellence, Updated Jan 2019, P12-13

Appendix 1. Related Policies, Procedures and Guidelines

CM02 Admissions Policy
CM04 Discharge Policy
CM06 Consent Policy
RM18 Mental Capacity Act & Deprivation of Liberty Safeguards Policy
RM20 Incident Reporting and Management Policy
(Including Serious Incidents Requiring Investigation)
OM06 Complaints Policy
OM07 Raising Concerns about Poor Practice Policy (Whistleblowing)
OM12 Confidentiality Policy
OM21 Privacy and Dignity Policy
OM31 Data Security and Protection Policy
OM51 Chaperone Policy
HR02 Recruitment, Selection, Induction and Probation (including DBS) Policy
HR05 Disciplinary, Grievance and Appeal Policy
HR07 Education and Training Policy

Appendix 2. Definitions, Glossary and Acronyms
(page 1 of 6)

Abuse - includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse

Abuser - adults at risk can experience abuse by a wide range of people both known and unknown to them. The person who caused (may have) caused harm is used to describe the individual who is alleged or known to have abused an adult at risk.

ADASS (Association of Directors of Adult Social Services) is the national leadership association for directors of local authority adult social care services

Adult at risk - means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'.

Advocacy - is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Concern - is a worry that an adult at risk is or may be a victim of abuse or neglect. A concern may be a result of a disclosure, an incident, or other signs or indicators.

Capacity - is the ability to make a decision about a particular matter at the time the decision needs to be made.

Care setting/services - includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home.

Carer - refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

Case conference - is a multi-agency meeting held to discuss the outcome of the investigation and to put in place a protection or safety plan.

Channel - The Channel project provides a mechanism for assessing and supporting people who may be targeted by violent extremists or drawn into violent extremism. It provides a multi-agency approach for identifying, assessing the nature and extent of risk and developing an appropriate support strategy for the individual concerned.

Clinical governance - is the framework through which the National Health Service (NHS) improves the quality of its services and ensures high standards of care.

CMHTs - (community mental health teams) are made up of professionals and support staff that provide specialist mental health services to people within their community.

Consent - is the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

Appendix 2. Definitions, Glossary and Acronyms
(page 2 of 6)

CPA (Care Programme Approach) - was introduced in England in the joint Health and Social Services Circular HC (90)23/LASSL (90)11, 'The Care Programme Approach for people with a mental illness, referred to specialist psychiatric services', published by the Department of Health in 1990. This requires health authorities, in collaboration with social services departments, to put in place specified arrangements for the care and treatment of people with mental ill health in the community.

CPS (Crown Prosecution Service) - is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) - is responsible for the registration and regulation of health and social care in England.

CQUIN – Commissioning for Innovation and Improvement. A payments framework introduced by the Department of Health so that a proportion of health and care provider's income is based on demonstrating improvements in patient care. Areas of action are set nationally by the Department of Health and by CCGs.

DASH (domestic abuse, stalking and harassment and honour-based violence) - risk identification checklist (RIC) is a tool used to help front-line practitioners identify high-risk cases of domestic abuse, stalking and harassment and honour-based violence.

DAISU (Domestic Abuse, Investigation and Safeguarding Unit) – Herts Police Team investigation allegations of domestic abuse where there is an intimate relationship.

DoLS (Deprivation of Liberty Safeguards) - are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

DBS (Disclosure and Barring Service) - The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with at risk groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Enquiry - establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken.

Enquiry Lead - is the agency who leads the enquiry described above.

Enquiry Officer - is the member of staff who undertakes and co-ordinates the actions under s42 enquiries.

HSE (Health and Safety Executive) - is a national independent regulator that aims to reduce work-related death and serious injury across workplaces in the UK.

Independent Domestic Violence Advisor - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advisor (IDVA). IDVA's provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

IMCA (Independent Mental Capacity Advocate) - established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Independent Mental Health Advocate - under the Mental Health Act 1983 certain people known as 'qualifying patients' are entitled to the help and support from an Independent Mental Health Advocate. If there is a safeguarding matter whilst the IMHA is working with the adult at risk, consideration for that person to be supported by the same advocate should be given.

Independent Sexual Violence Advocate (ISVA) - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

Intermediary - is someone appointed by the courts to help an at-risk witness give their evidence either in a police interview or in court.

LGBT (lesbian, gay, bisexual and transgender) - is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

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

MARAC (Multi-agency Risk Assessment Conference) - is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

Making Safeguarding Personal - is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them.

Mental Capacity - refers to whether someone has the mental capacity to make a decision or not.

Modern Slavery - 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.

Appendix 2. Definitions, Glossary and Acronyms

NHS (National Health Service) - is the publicly funded healthcare system in the UK.

OPG (Office of the Public Guardian) - established in October 2007, supports the Public Guardian in registering enduring powers of attorney, lasting powers of attorney and supervising Court of Protection appointed deputies.

PALS (Patient Advice and Liaison Service) - is an NHS body created to provide advice and support to NHS patients and their relatives and carers.

Person alleged to cause the harm - is the person or adult who is alleged to have caused the abuse or harm.

Prevent - The purpose of the Prevent Strategy is to stop people becoming radicalised or supporting violent extremism. Prevent is included in the performance framework for local authorities, the police and other partners. It forms part of a wider Government strategy to prevent terrorism.

Public interest – a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Safeguarding adults - is used to describe all work to help adults at risk stay safe from significant harm. It replaces the term 'adult protection'.

Safeguarding adults lead - is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults. The role may be combined with that of manager, depending on the size of the organisation.

Safeguarding adult's process - refers to the decisions and subsequent actions taken on receipt of a referral. This process can include a strategy meeting or discussion, an investigation, a case conference, a care/protection/safety plan and monitoring and r review arrangements.

Safeguarding adults review - is undertaken by Hertfordshire Safeguarding Adult Board when a serious case of adult abuse takes place. This is a requirement of the Care Act 2014 and the aim is that agencies and individuals to learn lessons to improve the way in which they work.

SafeLives - is a national charity supporting a strong multi agency response to domestic violence. They were originally known as CADDA.

SI (Serious Incident) - is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Significant harm - is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

SOCA (Serious Organised Crime Agency) - is a non-departmental public body of the government and law enforcement agency with a remit to tackle serious organised crime.

Enquiry Planning/ Strategy/ Meeting or discussion is a multi-agency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral. It can be face to face, by telephone or by email.

Vital interest - is a term used in the Data Protection Act (DPA) 1998 to permit sharing of information where it is critical to prevent serious harm or distress, or in life-threatening situations.

Wilful neglect - is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.

Forms of abuse (Care Act 2014)

The list below of forms of abuse is not exhaustive but typical examples are:

Physical – including assault, hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Domestic violence - including psychological, physical, sexual, financial, emotional abuse; so-called ‘honour’ based violence.

Sexual - including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts or indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Emotional/Psychological - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial/material - including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Appendix 2. Definitions, Glossary and Acronyms

Modern slavery – 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.

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

Organisational abuse - including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission - Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

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

Recognising Abuse

Abuse does not always present as one incident, but more usually a growing concern about the welfare of an adult.

Adults at risk can be subject to abuse by a wide range of people including family members, staff, volunteers, other service users, friends and strangers. This may include people who deliberately exploit them.

Abuse may occur within the home, day services, residential and nursing homes, colleges, health services or in a public place. It can take place when an adult lives alone or with others.

Significant harm

To determine 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.

Seriousness of harm or the extent of the abuse is not always clear. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under Safeguarding Adults at Risk policy and procedures.

When determining whether to escalate concerns, the following factors must be taken into account when making an assessment of the seriousness of the risk to the person:

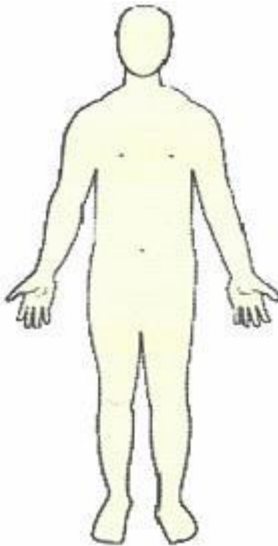
- Vulnerability of the person
- Nature and extent of the abuse or neglect, including how many others are affected
- Length of time the abuse or neglect has been occurring
- Impact of the alleged abuse on the adult at risk
- Risk of repeated or increasingly serious acts of abuse or neglect
- Risk that serious harm could result if no action was taken
- Illegality of the act or acts.

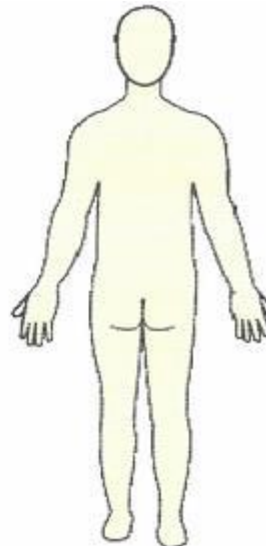
NORTH HERTS HOSPICE CARE ASSOCIATION

Appendix 3. Skin Integrity Form

Surname	
Forename	
Date of Birth	
Address	

On the figures below identify and number any marks or pressure ulcers present on the individual's body and describe in the table. Please also check for any warmth or hardness of tissue over bony prominences.





Pressure ulcer or marks Tissue warmth or hardness	Description/Dimensions EPUAP Category if a pressure ulcer	How and where mark or ulcer developed if known	Details of any current treatment
1.			
2.			
3.			
4.			
5.			
Please document here if the individual refuses assessment of any parts of the body:			
Please document any relevant information regarding mental capacity:			
Waterlow Score:			
Transfer form completed by: Name and contact number: Designation: Date:			

Appendix 4. GHHC Procedure with Flowchart
(page 1 of 2)

Gaining consent of the adult at risk to raise the alert

The mental capacity of the adult at risk and their ability to give their informed consent to an alert being raised and action being taken under these procedures is significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions about:

- Raising an alert
- Actions which may be taken under safeguarding adults at risk
- Their own safety, including an understanding of longer-term harm as well as immediate effects, **and**
- Their ability to take action to protect themselves from future harm

A decision not to seek further guidance may be based on:

- The adult at risk is not an adult who is covered by these procedures
- The situation does not involve abuse, neglect or exploitation
- Significant harm has not been caused, **or**
- The adult at risk has the mental capacity to make an informed choice about their own safety, they choose to live in a situation in which there is risk or potential risk and there are no public interest or vital interest considerations

If a person does not have capacity, a capacity assessment and best interest decision should be undertaken and documented prior to referral being made. Consideration should also be given about how to support the individual while the process is underway.

Where an overriding public interest or vital interest, or if gaining consent would put the adult at further risk, an alert must be raised but the lack of consent and the reason for it must be explicit and must be documented.

This includes situations where:

- Other people or children could be at risk from the person causing harm
- It is necessary to prevent crime
- There is a high risk to the health and safety of the adult at risk
- The person lacks capacity to consent.

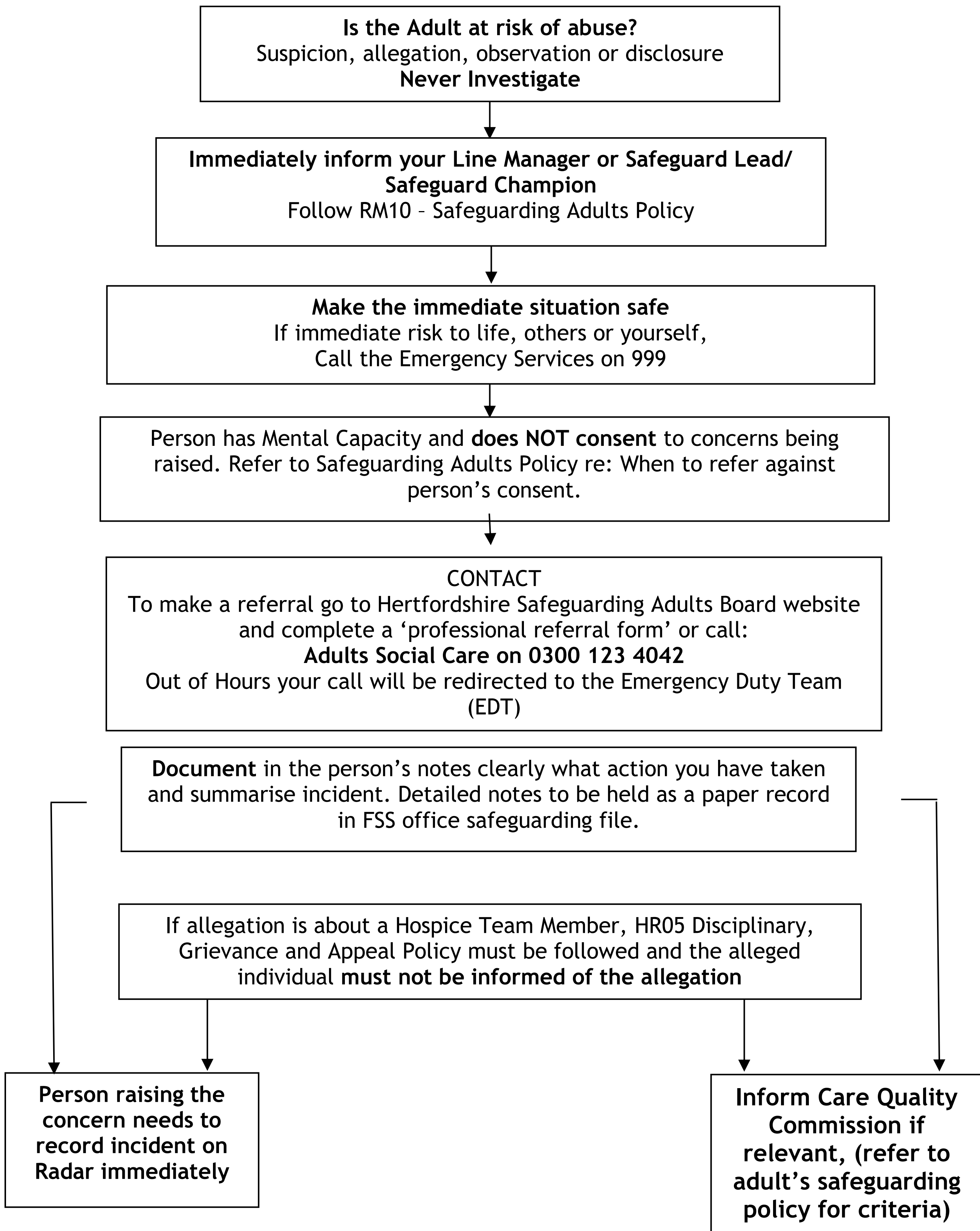
The adult at risk would normally be informed of the decision to refer and the reasons, unless telling them would jeopardise their safety or the safety of others.

If the adult at risk is assessed as not having mental capacity to make decisions about their own safety and to consent to a referral being made, the alerting manager must make a decision in their best interests in accordance with the provisions set out in the Mental Capacity Act 2005.

Appendix 4. GHHC Procedure with Flowchart (page 2 of 2)

SAFEGUARDING OF ADULTS AT RISK OF ABUSE

Safeguarding Lead = Jayne Dingemans **Safeguarding Champion = Alison Hasler**



Appendix 5. Information about Advocacy

Advocacy
There are two distinct types of advocacy – instructed and non-instructed.
Instructed advocates take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person.

Non-instructed advocates work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to represent the person.

Advocates should be invited to the strategy meeting or case conference, either accompanying the adult at risk, or attending on their behalf to represent the person's views and wishes. Instructed advocates would attend only with the permission of the adult at risk.

Independent mental capacity advocates (IMCAs)
IMCAs provide one type of non-instructed advocacy. Their role was established by the Mental Capacity Act 2005 to provide a statutory safeguard mainly for people who lack capacity to make important decisions and who do not have family or friends who can represent them to do so. IMCAs have a statutory role in the safeguarding adults process.

There is a legal requirement to make a decision about instructing an IMCA for an adult at risk who is the focus of safeguarding adults processes where they lack capacity to make decisions about their safety. IMCA instruction may be unnecessary if the adult at risk has adequate alternative independent representation. This could be from another advocate, or from family or friend.

NORTH HERTS HOSPICE CARE ASSOCIATION

Appendix 6. Hertfordshire Safeguarding Adult Alert Form

(page 1 of 2)

Personal details of adult at risk			
Name:	Mr/Mrs/Ms	Dob:	Gender:

Current Address: Postcode: Tel no:	Home address *(if different)*: Postcode: Tel no:	GP: Surgery: Tel no:

NHS no (if known): Police URN: Other ref no:	Ethnic origin: preferred language/communication needs?

Allegation	
Date alleged abuse took place:	Time (if known):
Where did the abuse happen:	

What type of abuse is suspected?	**Please check all appropriate**		
Neglect/acts of omission		Sexual	
Physical		Discriminatory (including hate crime)	
Psychological/emotional		Institutional	
Financial			

Please provide a brief, factual summary of the concerns leading to the referral. This should include what harm/injury or potential harm was caused?

Is anyone else at risk of harm?
Please state

Vulnerability of the adult at risk			
Physical disability		Dementia	
Learning disability		Sensory impairment	
Mental health		Older person, frailty, temp illness	
Substance misuse		Terminal illness	
Other			

Confidentiality and consent	
Has this referral been discussed with the service user? **Yes or No?**	Has the service user given permission to share the concerns with appropriate others **Yes or No?**
If the answer either/both the above questions is **No**, please state the reasons for proceeding without consent?	
What are the service user's views and what outcome do they expect?	

Appendix 6. Hertfordshire Safeguarding Adult Alert Form (page 2 of 2)

<table>
<tr><td colspan="4">Does the service user have mental capacity to be involved in the investigation and protection plan?
Yes/no/unknown
Or, has a diagnosis or presents in such a way that indicates that a capacity assessment is required? (please state)</td></tr>
<tr><td colspan="4">Has a capacity assessment been arranged or taken place? (please state)</td></tr>
<tr><td colspan="4" align="center">Details of the people involved in the incident</td></tr>
<tr><td colspan="2">Name:</td><td colspan="2">DOB:</td></tr>
<tr><td colspan="2" rowspan="2">Address:</td><td colspan="2">Occupation:</td></tr>
<tr><td colspan="2">Relationship to service user?</td></tr>
<tr><td colspan="4" align="center">Immediate actions
(Including any emergency medical treatment provided, evidence preserved, actions taken to prevent further abuse)</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4" align="center">Protection plan</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4" align="center">Please indicate other agencies alerted</td></tr>
<tr><td>Health & Community Services</td><td></td><td>HPFT</td><td></td></tr>
<tr><td>Police</td><td></td><td>CLDT</td><td></td></tr>
<tr><td>Acute hospital</td><td></td><td>Hertfordshire Community NHS Trust</td><td></td></tr>
<tr><td>GP</td><td></td><td>Other</td><td></td></tr>
<tr><td colspan="4" align="center">Details of person completing the referral</td></tr>
<tr><td colspan="2">Name:</td><td colspan="2">Organisation:</td></tr>
<tr><td colspan="2">Contact number:</td><td colspan="2">Date referral
form completed:</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td></tr>
</table>

Appendix 7. Channel Referral Form
(page 1 of 2)

Please forward completed forms to the PREVENT team at prevent@herts.pnn.police.uk

NOT PROTECTIVELY MARKED when incomplete

CHANNEL REFERRAL FORM

Name of Subject:		DOB:
Guardian:		Relationship:
Ethnicity:	Place of Birth:	Religion:
Address Telephone number		Referral Date
Author	Organisation	
Contact Details		

This form is to help you refer concerns to CHANNEL, regarding an individual who may be vulnerable to being drawn into terrorism. On the reverse are questions which may assist in helping you quantify and structure your concerns in order to better record them below.

They are intended as a guide to help communicate your professional judgement about what has led you to make this referral. Completed forms should be sent to the Channel team.

What is the behaviour / occurrence that has led you to make this referral?

Assessment	**Comment / Evidence**
Faith / Ideology	
Personal / emotional & Social	
Risk / Protective factors	
Desire for change	

Appendix 7. Channel Referral Form (page 2 of 2)

From what you know of the referral:

Faith / ideology

Are they new to a faith / faith strand? What was the context of their conversion?

Do they seem to have naïve, narrow or limited religious / political knowledge?

Are there concerns about a highly inconsistent vocalisation / practicing of their faith?

Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?

Have there been specific examples or is there an undertone of "Them and Us" language or violent rhetoric being used or behaviour occurring?

Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?

Are there particular grievances either personal or global that appear to be unresolved / festering?

Has there been an increase in unusual or sudden travel abroad without satisfactory explanation?

Personal / emotional / social issues

Are there concerns over conflict with their families regarding religious beliefs / lifestyle choices?

Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration?

Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?

Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?

Have they got / had extremist propaganda materials (DVDs, CDs, leaflets etc.) in their possession?

Do they associate with negative / criminal peers or known groups of concern?

Are there concerns regarding their emotional stability and or mental health?

Is there evidence of participation in survivalist / combat simulation activities, e.g. paint balling?

Risk / Protective Factors

What are the specific factors which are contributing towards making the referral more vulnerable to radicalisation by others or moving towards violent extremism? E.g. mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance etc

Is there any evidence of others targeting or exploiting these vulnerabilities or risks?

What factors are there already in place or could be developed to firm up support for the referral or help them increase their resilience to negative influences? E.g. positive family ties, employment, mentor / agency input etc.

Desire for change

Do they have the ability to change with / without support? Why / Why not? How motivated are they to make steps towards changing their attitudes and behaviour? How sustainable do you think their motivation / desire is?

Appendix 8. Safeguarding Adults – Training and Competency Requirements

Level of Training	Staff & Volunteer Groups	Training	Frequency	Required competencies, knowledge and skill
Level 1				
Two hours over a 3-year period	All Staff, clinical, non-clinical including trading.	Induction including 30 minutes safeguarding session. Staff Handbook	Once only Once only	An understanding of Safeguarding and the legislation. Recognise potential indicators of types of abuse including Domestic Abuse (basic level) Be aware of when, how and who to report to. The PREVENT Strategy
	Volunteers	Half day induction Volunteer Workbook	Once only On induction and 3 yearly.	
	All Trustees	Half day induction Volunteer Workbook or face to face training.	Once only On induction and 3 yearly	
	Compassionate neighbours	Half day induction Ongoing TBC	Once only	
Level 2				
Four hours over a 3-year period	All Clinical Staff Family Support Services Clinical admin staff including Unit Clerks	As Level 1 plus: Face to face training E-Learning module	 Annual Annual	As Level 1 plus: An understanding of key guidance including the Human Rights Act and MCA. Understand what is and how to identify any signs of harm, abuse or neglect (including Domestic Abuse -intermediate level)

				Provide advocacy where required in line with MCA principles. Awareness of professional responsibilities in relation to Safeguarding including documentation. To know when, how and who to report to including what information is appropriate to share. An awareness of the PREVENT strategy, the risk factors and how to support those at risk.
	Non-Clinical Staff – Housekeeping, Maintenance, Catering,	As Level 1 plus: Face to face training E-Learning module.	Annual 3 yearly	
	Patient facing Volunteers Trustee Lead.	As Level 1 plus: Face to face training Volunteer Workbook	Annual 3 yearly	
	Fundraising	As Level 1 plus: E-Learning safeguarding module	Annual	
Level 3				
Eight hours over a 3-year period	Adult Champion, MCA Champion and	As Level 2 training plus: Attend external training course	Annual	Levels 1 & 2 plus: Using a person-centred approach, identify abuse including those caring for other adults or children. using effective communication skills. Know what actions to take and manage uncertainty and risk including developing care plans where appropriate. Contribute to inter-agency assessments and reviews including documentation Attend regular supervision and reviews of safeguarding utilising audit, reflection etc as appropriate.

Level 4				
24 hours over a 3-year period.	Designated Lead for Adults	As Level 3 training plus: Attend external training course at appropriate level.	Annual	Levels 1, 2 & 3 plus: Contribute to a robust safeguarding policy. Discuss, share and apply best practice and knowledge in safeguarding. Implement audit and communicate findings including research to the board and senior managers. Contribute to case reviews working effectively with colleagues locally and regionally. Lead safeguarding quality assurance, undertake organisational risk assessments and deal with the media and public relations where appropriate.

Appendix 9. What if a Person Does Not Want You to Share their Information?

Frontline workers and volunteers should always share safeguarding concerns in line with their organisation's policy, usually with their line manager or safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the member of staff should explain their responsibility to share the concern with their manager.

Managers will need to make decisions about sharing information with external agencies, including the police and local authority. Individuals may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support along with gentle persuasion may help to change their view on whether it is best to share information.

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- Other people are, or may be, at risk, including children
- Sharing the information could prevent a crime
- The alleged abuser has care and support needs and may also be at risk
- A serious crime has been committed
- Staff are implicated
- The person has the mental capacity to make that decision but they may be under duress or being coerced
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- A court order or other legal authority has requested the information. If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the person:
- Support the person to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the person is taking.

Safeguarding adults: sharing information

- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust and use gentle persuasion to enable the person to better protect themselves. If it is necessary to share information outside the organisation:
- Explore the reasons for the person's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information
- Tell the person who you would like to share the information with and why

- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them that they are not alone and that support is available to them.

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis.

If it is not clear that information should be shared outside the organisation, a conversation can be had with safeguarding partners in the police or local authority without disclosing the identity of the person in the first instance. They can then advise on whether full disclosure is necessary without the consent of the person concerned.

It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual. Safeguarding partners need to work jointly to provide advice, support and protection to the individual in order to minimise the possibility of worsening the relationship or triggering retribution from the abuser.