



Havens
Hospices



SAFEGUARDING ADULTS' POLICY AND PROCEDURE

Policy & Procedure

Reference: CARE-166

Version: V 1.0

Issue Date: 09/02/2023

Making every day count

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Document Control

Document Reference:	CARE - 166
Document Author:	Chanelle Wilson
Document Owner:	Chanelle Wilson
Responsible Directorate:	CARE
Approved by:	CARE COMMITTEE
Approval Date:	07/02/2023
Issue Date:	09//02/2023
Next Review Date:	07/02/2026

This is a:					
New Document	<input type="checkbox"/>	Updated Document	<input checked="" type="checkbox"/>	Replacement Document	<input type="checkbox"/>

Audience

Intended Audience: (To be completed / confirmed by the Document Owner (or responsible directorate) to indicate who should see this document)	<input checked="" type="checkbox"/> All of Havens Hospice Staff <input checked="" type="checkbox"/>
Mandatory Reading: (To be completed / confirmed by the Document Owner (or responsible directorate) using the Mandatory Policy Codes list. Do not list who not to include)	<input checked="" type="checkbox"/> All of Care Staff <input checked="" type="checkbox"/>

Version History

Version Number	Date of Issue	Detail of Changes
V 1.0	09/02/2023	

Associated Documents

These documents should be referenced in conjunction with this procedure:

- Mental Capacity Policy
- Safeguarding Children’s policy and procedure
- Safeguarding Adults Procedure
- Mental Capacity Procedure
- Deprivation of Liberty Safeguards Policy
- Deprivation of Liberty Safeguards Procedure
- Consent to Examination or Treatment Policy January
- Clinical Procedures Policy February
- Professional Boundaries Policy February
- Volunteer Policy November
- Records Management Policy
- Records Management Procedure
- Data Security and Protection policy
- Whistleblowing Policy and Procedures

The above policies and procedures are available on the Havens Hospices Intranet or copies can be requested if required by any third party.

Compliance with Statutory Requirements This Policy and Procedure will be reviewed, as a minimum, every three years and on the introduction of new legislation or Department of Health and Social Care Guidance.

- Care Act 2014
- Mental Capacity Act 2005
- Mental Health Act 1983
- Safeguarding strategy 2019 to 2025: Office of the Public Guardian
- Adult Safeguarding: Roles and competencies for Health care staff 2018
- Data Protection Act 2018 & GDPR
- Human rights Act 1998
- Sexual Offences Act 2003
- Making Safeguarding personal 2018

“Havens Hospices,” “The Hospice” refers to Havens Hospice, the Charity, which incorporates the services of Fair Havens and Little Havens.

Havens Hospices is committed to safeguarding and promoting the welfare of children, young people, and adults at risk. Havens expects all staff and post holders to share this commitment. Our approach is laid out in our Safeguarding policy, and everything we do is guided by this. Therefore, this document should be read in conjunction with our Safeguarding policy, and any potential safeguarding issues should be given due consideration.

1. Purpose

This document is a combined policy and procedure which is underpinned by international and national legislation, guidance and policies that seek to protect adults at risk in England. It clarifies Havens Hospice's commitment to safeguarding adults who access services, whilst promoting awareness and understanding of what constitutes abuse for all staff and volunteers.

The Care Act (2014) defines safeguarding adults as protecting adults' wellbeing and human rights and enabling them to live free from harm, abuse, and neglect. It is fundamental to quality high-quality health and social care.

2. Scope of Policy

This document applies when there is a potential for harm to an adult at risk who is over the age of 18 under the care of Havens Hospices, including patients, carers, and family members, on hospice premises and in their home homes. It includes the bereaved.

3. Policy Statement

Havens Hospices are committed to ensuring that.

- Adults should not suffer abuse of any kind.
- Adults are protected from harm, and we promote their safety and well-being.
- We promote the welfare of ALL adults we engage with.

We recognise that:

- The welfare of adults is paramount in the work that we do and in all the decisions that we make.
- All adults regardless of age, disability, gender reassignment, race, religion or belief, sex or sexual orientation have an equal right to protection from all types of abuse.
- Some adults are at increased risk because of the impact of past experiences, their level of dependency, communication needs or other factors issues.
- We have a responsibility to assess the adult risk and always work to maintain informed decision-making and advocacy for adults at risk.
- Working in partnership with adults at risk, their carers; and other agencies is vital in promoting people's welfare.

We will seek to keep adults safe by:

- Taking action to identify and prevent abuse from happening.
- Respond appropriately when abuse has or is suspected to have occurred.
- Ensure that the agreed safeguarding adult policies and procedures are understood and always followed.
- Provide support, advice and resources to staff and volunteers in responding to safeguarding adults' concerns.
- Inform staff and volunteers of any local or national issues relating to safeguarding adults.
- Ensure staff and volunteers are aware of their responsibilities to attend training and to support them in accessing these events.
- Ensuring that the organisation has a dedicated staff member with an expertise in safeguarding adults.

- Ensuring staff and volunteers have access to appropriate consultation and supervision regarding safeguarding adults.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention, and response to safeguarding concerns.
- Ensure that information is available for people who use Hospice services setting out what to do if they have a concern.
- Ensure that all staff and volunteers who have direct contact with vulnerable adults have an Enhanced Disclosure check administered by the Disclosure and Barring Service (DBS).
- Appointing a team of safeguarding leads to work across all Havens sites to provide continuity and to work as part of multi-disciplinary team.
- To be active in sharing learning from safeguarding incidents.
- Promoting a safeguarding culture across all departments of Havens hospices where staff, volunteers, adults, children and young people and their families treat each other with respect and are comfortable about sharing any concerns.

4 Principles and Values of Safeguarding

Havens Hospice works by the main principles of the Care and Support Statutory Guidance (issued under the Care Act 2014. October 2014) and in particular:

Empowerment – Havens Hospices aims to support and encourage adults to make their own decisions concerning safeguarding decisions and to provide informed consent.

Prevention – Havens Hospices aims to act before harm occurs.

Proportionality – Havens Hospices aims for the least intrusive response appropriate to the risk presented.

Protection – Those in greatest need will be supported and represented by Havens Hospices.

Partnership – Havens Hospice aims for a strong multi-agency partnership working to safeguard adults within the context of a multi-agency safeguarding team.

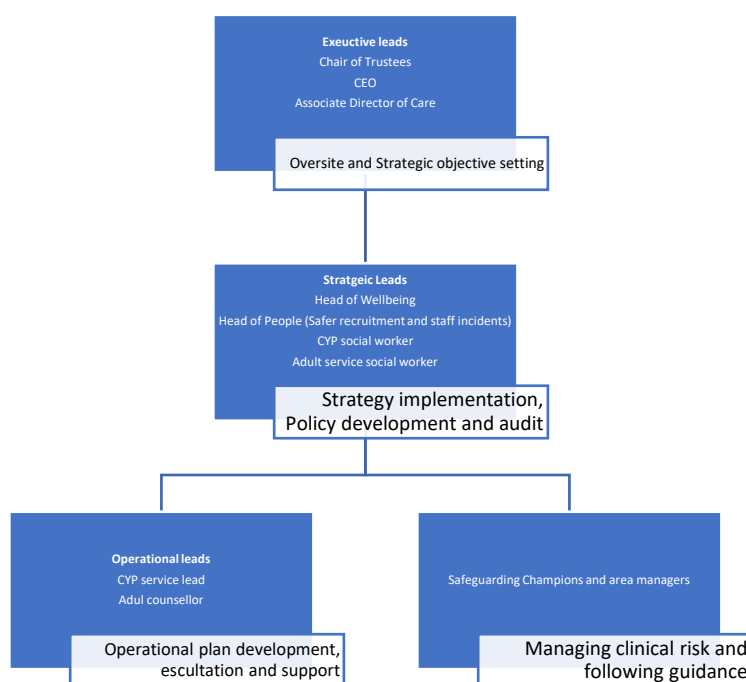
Accountability – Havens Hospices aims for accountability and maximum transparency in delivering safeguarding and by integrating current strategies, policies, and services relevant to abuse.

Havens Hospices advocates for the Care Act Guidance notion of making safeguarding personal and therefore aims to make safeguarding person centred and outcomes focused. Havens Hospices will engage the adult concerned in a conversation regarding how to best respond to their safeguarding situation in an approach that recognizes a general right to independence, choice and self-determination including control over information about themselves. Havens Hospices acknowledges that adults have complex interpersonal relationships and might be ambivalent, unclear, or unrealistic about their circumstances. Staff will work with adults to establish the meaning of safety and well-being to them and how this can be accomplished.

5 Responsibility/Accountability

All staff and volunteers are responsible for ensuring that patients, staff, and visitors are safe. In addition to the duty to keep people safe. Havens Hospices also has a safeguarding team who support the organisation to comply with safeguarding legislation and promote safe practise.

Havens Hospices Safeguarding Team



Further up to date safeguarding lead contact details and guidance on what to do when you suspect a safeguarding incident can be found on www.havenshospices.org.uk

Responsibilities of Havens Hospices safeguarding team

To set the strategic objectives to ensure that safeguarding at havens Hospices complies with national legislation and best practice guidance. To work together to ensure that strategic objectives are implemented operationally, and risks escalated accordingly.

- To take action to identify and prevent abuse from happening.
- Respond appropriately when abuse has or is suspected to have occurred.
- Ensure that the agreed safeguarding adults' procedures are always followed.
- Provide support, advice and resources to staff and volunteers in responding to safeguarding adult concerns.
- Inform staff and volunteers of any local or national issues relating to safeguarding adults.
- Ensure staff and volunteers are aware of their responsibilities to attend training and to support them in accessing these events.
- Ensuring that the organisation has a dedicated staff member with an expertise in safeguarding adults.

- Ensuring staff and volunteers have access to appropriate consultation and supervision regarding safeguarding adults.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention, and response to safeguarding concerns.
- Ensure that information is available for people that use Hospice services setting out what to do if they have a concern.
- Ensure that all staff and volunteers who have direct contact with adults at risk have a DBS check in line with the requirements of the Independent Safeguarding Authority Vetting and Barring Scheme.

The safeguarding team poster can be found on the intranet at [Support and Information](#)

Responsibilities of all staff and volunteers who have direct contact with adults at risk.

- Always follow the Safeguarding Policies and Procedures particularly if concerns arise about the safety or welfare of an adult at risk.
- Participate in safeguarding adults' training and maintain current working knowledge.
- Become familiar with the SET Safeguarding Adults Guidelines.
- Discuss any concerns about the welfare of an adult at risk with their line manager or a safeguarding lead.
- Contribute to actions required, including information sharing and attending meetings.
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Always remain alert to the possibility of abuse.
- Recognise the impact that diversity, beliefs, and values of people who use services can have.

Training

- All staff must ensure they read safeguarding policies or procedures.
- All staff must complete the mandatory training identified for their role. As a minimum all employed staff must complete Safeguarding Adults Level 2 via our Learning Management System.
- Staff in positions of decision-making responsibility must complete Safeguarding Adults Level 3 training.
- Staff in Lead roles for Safeguarding must complete Safeguarding Level 4 for Adults.
- It is the responsibility of each employee to ensure their training is up to date.
- This is by the intercollegiate document for adults 2019 and cascaded through the Learning and Development team. The levels are ratified within the organisations mandatory training matrix.

Please see the training policy for the latest ratified training matrix

Safeguarding supervision

Defining safeguarding supervision is a complex and evolving subject (Morrison, 2010). Laming (2009 p.44) defines effective supervision as 'open and supportive, focusing on the quality of decisions, good risk analysis and improving outcomes for children rather than meeting targets.' 'Working Together to Safeguard Children' guidance (HM Government, 2018) clearly promotes effective safeguarding supervision and the recognition of the emotional impact of the safeguarding role on practitioners.

Havens Hospices safeguarding supervision structure.

Level 4 Safeguarding Leads

Will receive external safeguarding supervision quarterly as a minimum. Extra sessions will be scheduled to discuss complex safeguarding incidents. Level 4 supervision is mandatory.

Level 3 Decision Makers

Will receive safeguarding supervision as part of their monthly one to one's. Additional external supervision will be provided on an ad hoc basis when identified as a need by their line manager. Monthly one to one's are mandatory.

All staff

- Monthly one to ones with safeguarding conversations.
- Safeguarding debriefs when required.
- In house supervision provided during and after incidents/concerns.
- Access to bookable group supervision *Held monthly*

All staff will have access to clinical/restorative supervision where safeguarding issues will be discussed as escalated accordingly.

Safer Recruitment

Havens Hospices are committed to ensuring that all staff and employees who have direct contact with children at risk have appropriate safer recruitment employment checks which include the following:

- Professional references are verified. Personal or character references are used in addition to professional.
- Application forms are used to take a full employment history, account for any gaps in employment, and provide evidence of qualifications.
- Copies must be taken of documents used to establish identity and right to work in the UK and must be held on file for reference.
- Enhanced disclosure and barring checks are required for all staff and for volunteers who work directly with adults at risk.

Please refer to the safer recruitment policy for further information.

6. Procedure

Scope of the Procedure

- This Procedure applies when there is a potential for harm to an adult at risk who is over the age of eighteen.
- Abuse can take place in any setting and these procedures apply to wherever staff and volunteers perform their duties. This is not restricted to environments in which care is delivered.

All staff or volunteers have a duty to report any incident of alleged, suspected or witnessed abuse or harm to their immediate Line Manager. This includes incidents where they may have concerns over the behaviour of another member of staff. **Staff and volunteers do not have the option of not acting.** Safeguarding leads are in place to support staff and managers with advice and decision-making processes.

If staff or volunteers believe that their Line Manager may be implicated with the abuse or not taking it seriously, they should escalate to a higher level of management, raise with a safeguarding lead, or follow the whistle blowing procedure.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect, while at the same time making sure that the adult's wellbeing is promoted. This includes where appropriate, considering the adult's wishes, feelings, views, and beliefs in deciding on any actions.

7 Reporting Abuse

It is expected that all staff follow the SET Safeguarding Adults Guidelines (for full set of procedures www.essexsab.org or <https://safeguardingsouthend.co.uk> or www.thurrocksab.org.uk/

- If a staff member or volunteer suspect a person is being abused or is at risk of abuse, they are expected to report concerns to a line manager.
- Safeguarding Leads must be notified of any concerns as soon as possible. Should there be concerns about the conduct or involvement of a staff member or volunteer in suspected abuse, the organisations Whistleblowing Policy should be followed. It may also be necessary to contact the Local Authority Designated Officer (LADO).

- If at any time a staff member or volunteer view the person as in need of urgent medical assistance, they have a duty to call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.
- If at the time a staff member or volunteer have reason to believe the person is in immediate and serious risk of harm or that a crime has been committed, the police must be called.
- A safeguarding adult concern form or SETSAF must be completed where there are allegations of abuse and sent to the relevant social care area (that is Southend, Essex, or Thurrock). Guidance notes are available from local area safeguarding boards or websites (see information above). The SETSAF referral form is found in SystemOne in safeguarding templates.
- The timing of such referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm. If outside of office hours, all urgent referrals should be made to the local authority adults social care emergency duty team/out of hour's team.

Alleged abuser and victims who are both users.

It is important that consideration be given to a coordinated approach and partnership working where it is identified that both the alleged abuser and alleged victim are service users.

Where both parties are receiving a service, staff should discuss cases and work together. Consideration should be given to the balance of power as part of the reporting process. Consideration should also be given to what support and action is required to help alleged abusers. However, meetings with both the alleged abuser and the alleged victim in attendance, are not considered appropriate.

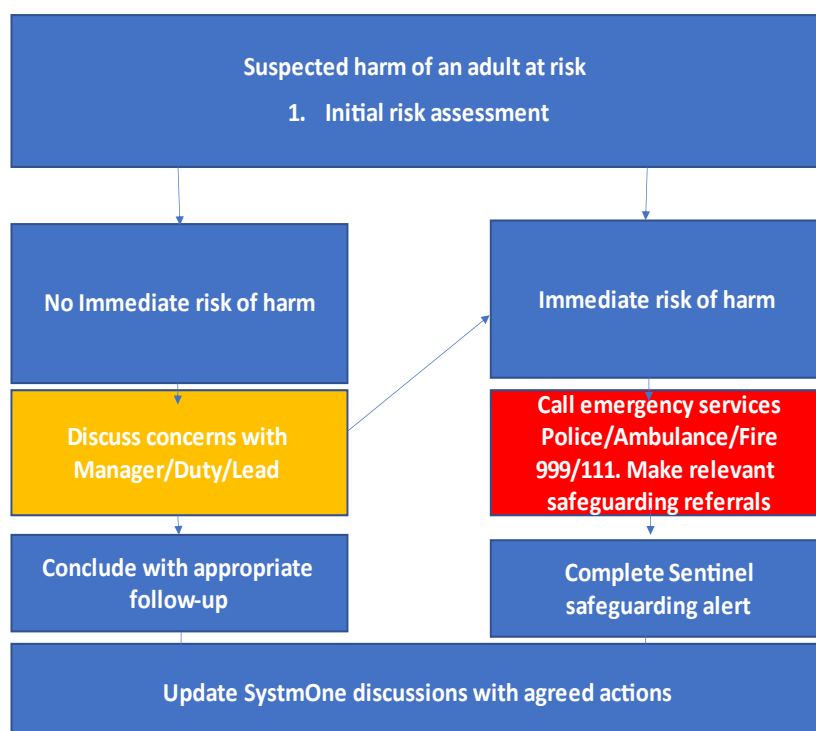
Learning Disability

People with learning disabilities are four times as likely to die of preventable causes compared with the general population. The Learning Disabilities Mortality Review (LeDeR) Programme aims to help reduce premature mortality and health inequalities for people with learning disabilities in England through local reviews of deaths of people with learning disabilities. Staff must consider this increased risk when assessing potential harm.

Reporting a death.

To report the death of an Essex resident with learning disabilities you can phone or use an online form. Call: 0300 777 4774 (confidential) www.bris.ac.uk/sps/leder/notification-system

8 Workflow



Social care Contact details

Southend Email – acessteam@southend.gov.uk Phone - 01702 215008 (Option1)

Essex Email socialcaredirect@essex.gov.uk Phone 0345 6037630

Thurrok Email safeguardingadults@thurrok.gov.uk Phone 01375511000

9 Additional Information & Help

If someone discloses to you

People have the right to expect that information shared with a member of staff should be treated as confidential. (See Havens Hospices Information Governance Policy) **However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a person and/or others they may have to share the information with someone who is able to act or responsibility.**

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The adult should be told with whom the information will be shared, and that their views and wishes will be considered. Any views or wishes expressed by the adult should be recorded and reported with their concerns by the staff member. Concerns should be reported at the earliest possible opportunity. Ensuring the safety of the adult and any other people at risk is the primary responsibility of staff when they become aware of a serious incident. All concerns must be documented in safeguarding templates in SystemOne.

If someone discloses to you then:

- Stay Calm.
- Ensure that any immediate needs are addressed.
- Remember that this is an important conversation with someone, and they will probably be more anxious than you. Keep conversation flowing by use of nonverbal prompts, verbal prompts, and echoing by repeating the last one or two words spoken.
- Show empathy when listening.
- Let them speak – do not interrupt them.
- Reassure the person e.g., tell them that they have done the right thing in speaking to you and that you believe them.
- Become an active listener -concentrate, try to comprehend what it is they are saying, sustain the conversation by verbal and non-verbal prompts and summarise.
- **Do not question except to clarify** and ensure that you understand what is being said
- Ascertain the wishes of the alleged victim/witness about what they want to do or what they would like to happen.
- Do not make promises that you cannot keep.
- Do not promise confidentiality, as you cannot keep the information to yourself.
- **Explain that you will need to pass this information on to your line manager and Safeguarding Lead/s.**
- If it is a matter that you must report, inform them that you are duty bound to do so.

Preserving evidence and recording.

In most circumstances when preserving evidence, you may not need to do anything except record the events that have given rise for concern. However, there may be occasions when it is important to follow certain rules:

- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place.
- Make a written record of messages (e.g., answerphone) to ensure they are not lost. Include the date and time and sign them.

- In cases of physical or sexual assault encourage the person not to wash bathe or shower where you think they might need a medical examination, Contact SARC (Sexual abuse referral centre) for further guidance, support and to make a referral if the person discloses consents. If no consent is given, then provide details of local SARC for a self-referral later.
- Don't tidy up, wash clothes, bedding, or other items.
- Try and ensure that others around do not interfere with any items that maybe important for the police.
- If there is any suspicion that there may be forensic evidence, inform the police and preserve the evidence. The person may not tell you all the facts during the initial disclosure – do all you can to anticipate what may be needed as evidence and do all you can to preserve it.

It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. In some situations, this will mean writing in a person's health records or notes, in others it might be on a separate record sheet. All original notes must be retained.

- Record all relevant information including what you saw, what you heard, and why you acted as you did.
- Sign and date your records and kept them secure.
- Record any physical signs or injuries using a body map (appendix 2a and 2b);
- Write down what is said to you, who said it including their relationship to the adult or role and how they can be contacted, if appropriate. Include any questions you have asked,
- Include any details about what the person wants to be done at this stage.

Record Keeping

Record Keeping is an integral part of safeguarding procedures,

Care Staff are required to complete recordings on SystemOne under Safeguarding Discussion; as well as use Sentinel to record incidents. Please refer to your line management if advice and support is needed. Volunteers are required to contact their Volunteer Co-ordinator or Shop Manager as soon as possible to discuss and assist with recording.

When recording statements of disclosure always use the exact wording as described to you and only document facts. Avoid assumptions or general statements.

Whistleblowing

For further information, see Whistleblowing Policy and Procedure (2018).

Confidentiality

Whilst every effort will be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a person who has been or is at risk of harm.

All those working with adults at risk, in any capacity, must be clear that it is not possible to keep information about suspected or actual abuse confidential.

The needs of the person and the potential risk to others requires you to share the information with your line manager.

Data Security & Protection Incident reporting Procedure (November 2018) in line with Data Protection and GDPR (May 2018) provide guidelines as to the appropriate sharing of information.

SAFEGUARDING ADULT CONCERN FORM - SET SAF

Adult reference no: (Swift/PRN/NHS - if known)	Date form completed:
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Please complete as much of the form as possible, if a question is not known put N/K

1. Tell us if the concern is for an adult or an organisation	
Name of adult you are concerned about:	
Organisation:	
Address of adult:	
Gender:	Ethnic origin and/or nationality:
Age:	DOB:
Telephone No: Is it safe to make contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please give details of how contact could be made safely. Safe time of day? / Would it be safe for the GP or another organisation to make contact?	
Does the adult have any communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give brief details:	

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Are they aware of this concern? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, why not?	
Have they agreed to this concern being raised? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, why not?	
Is the adult in receipt of any social or health care services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give brief details:	

2. Current situation and details of the incident/concern(s) being raised	
Does the adult continue to be at risk of harm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there other adults who may be at risk of harm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk. A referral to children services should also take place if there is a child at risk in the household.	

3. Details of the concern(s) being raised	
Time of incident:	Date of incident:
Location of incident:	
Concern:	
What would the adult like as the outcome of the enquiry?	
Brief factual details of the incident. <i>Include a clear factual outline of the concern with details of times, dates, people, and places. Please continue on separate sheet if required.</i>	

<p>If injuries are present, please give a brief/factual description:</p> <p>Has a body chart been completed? <i>Please attach or forward as soon as possible.</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Details of any medical attention sought:</p>
<p>Doctor informed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes include name of doctor and include date and time of information given.</i></p>
<p>Actions taken to date to safeguard the adult:</p>
<p>Are other professionals aware in this alert?</p>
<p>Police involved?</p> <p><i>If yes, please state the crime incident number.</i></p>

4. Relative/name of main carer	
Name:	Relationship to adult:
Is relative/carer aware of this concern being raised? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	
County:	Postcode:
Telephone No:	Mobile No:
Email:	

<p>5. Details of person(s) alleged to have caused harm</p> <p>If self-neglect, please move on to Q6.</p>
--

Name:	
Gender:	D.O.B.
Address:	
Do they live with the adult? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what capacity e.g. spouse, fellow resident, carer:	
What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern?	
What is the occupation of the person alleged to have caused harm?	
Does this person hold any position of trust (paid or voluntary)?	

6. Details of the person raising the alert <i>(for professionals this information can only remain confidential in exceptional circumstances).</i>	
Can your details be shared with third parties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you live with the adult you are concerned about? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I would prefer to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give your reasons for remaining anonymous:	
Name:	Date:
Job title and/or relationship to adult referred:	
Organisation (if applicable):	
Address:	
County:	Postcode:
Telephone No:	Mobile No:
Email:	

7. Details of person completing the form (add only if different to box 6)	
Name:	Date:
Job title and/or relationship to adult referred:	
Organisation (if applicable):	
Address:	

County:		Postcode:	
Telephone No:		Mobile No:	
Email:			
Name of safeguarding lead in your organisation:			
Email of safeguarding lead:			

Where appropriate have you informed your safeguarding lead of this concern?

For health staff only – Have you completed your local incident form prior to sending this form?

8. Please tick which form of abuse you suspect		
<input type="checkbox"/> Physical	<input type="checkbox"/> Organisational	<input type="checkbox"/> Self-neglect
<input type="checkbox"/> Sexual	<input type="checkbox"/> Modern slavery	<input type="checkbox"/> Domestic abuse
<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect	<input type="checkbox"/> Not determined
<input type="checkbox"/> Financial or material	<input type="checkbox"/> Discriminatory	<input type="checkbox"/> Vulnerable to radicalisation

Completed forms should be sent to your relevant Local Authority.

<p>Southend</p> <p>Email: accessteam@southend.gov.uk</p> <p>Fax: 01702 534794</p>	<p>Raising a concern/enquiry by phone: 01702 215008 (option 1)</p> <p>Out of hours:</p> <ul style="list-style-type: none"> • General public - 0345 606 1212 • Statutory organisations – 0300 123 0778
<p>Essex</p> <p>Email: businesssupport.adultsovas@essex.gov.uk</p> <p>Fax: 0345 601 6230</p>	<p>Raising a concern/enquiry by phone: 0345 603 7630</p> <p>Out of hours:</p> <ul style="list-style-type: none"> • General public - 0345 606 1212 • Statutory organisations – 0300 123 0778 <p>By post to: Social Care Connect, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ</p>
<p>Thurrock</p> <p>Email: Thurrock.First@thurrock.gov.uk</p> <p>Fax: 01375 652760</p>	<p>Raising a concern/enquiry by phone: 01375 511000</p> <p>Out of hours:</p> <ul style="list-style-type: none"> • Phone: 01375 372468 • Fax: 01375 397080

APPENDIX 1: Body Charts

The following body charts are a useful and straightforward way of recording injuries as an aid to later diagnosis. It is better to record what is observed than to speculate on the cause of the injuries at this stage.

If the body chart is to serve as a monitoring tool for minor injuries observed over a period of weeks (or even months), **a new body chart should be used on each occasion**. It is therefore very important to be consistent in the method of recording injuries so that comparisons can be made with earlier charts. **Where several different staff may be completing the monitoring forms, managers should ensure they understand what is required of them.**

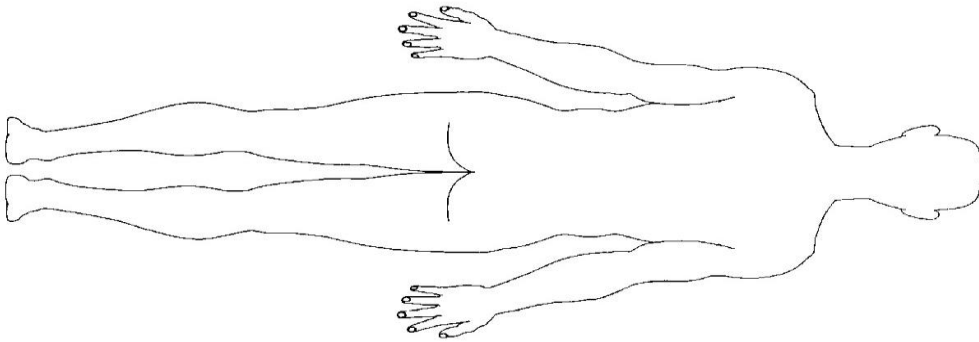
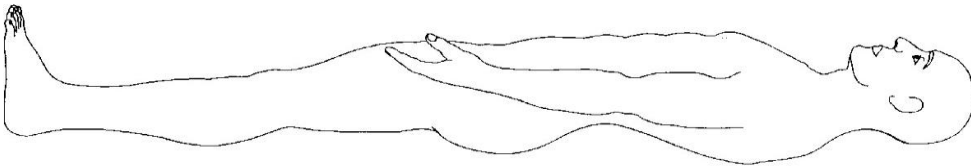
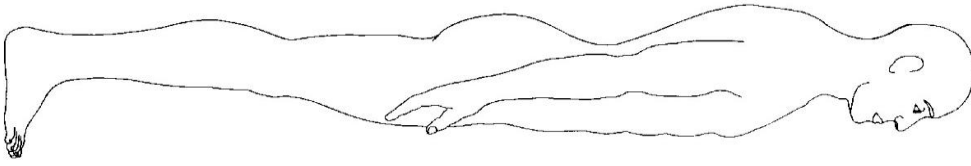
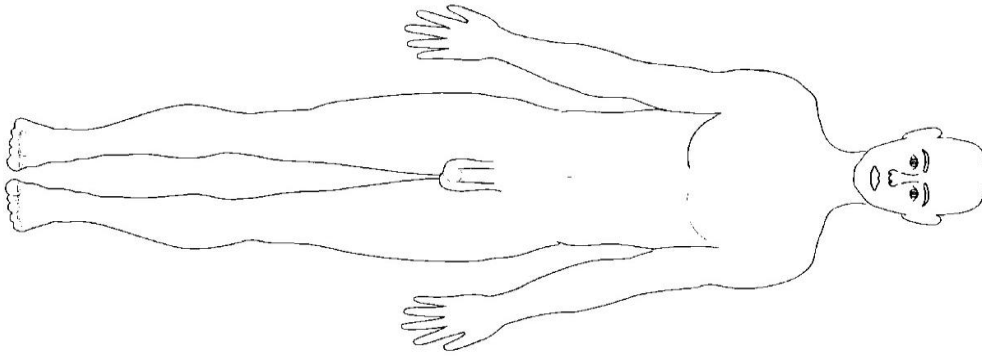
The following points should be covered:

- describe any marks, swelling, lacerations or other injuries carefully (cuts, bruises scratches)
- describe the colour (brown/yellow/blue), size and shape of any bruises and indicate their location on the body chart; also describe any pattern if there are several bruises close together.
- briefly list any relevant circumstances witnessed, such as anger or aggression by the adult at risk or by anyone in contact with them
- also record any explanations of injuries given immediately by the adult and any other witnesses
- ensure that for each chart completed the date and time of examination are clearly entered along with the name of the person completing the chart.

Appendix 1a Body Chart – Male

For use when SystemOne not available. To be transferred onto SystemOne at the first opportunity.

Please describe any marks you make on the chart e.g., cut, bite, bruise (and whether yellow, blue etc)



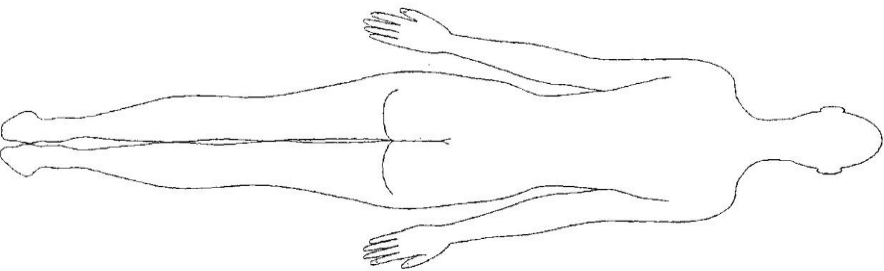
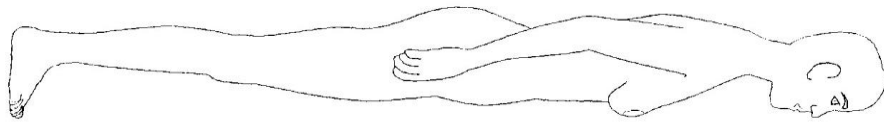
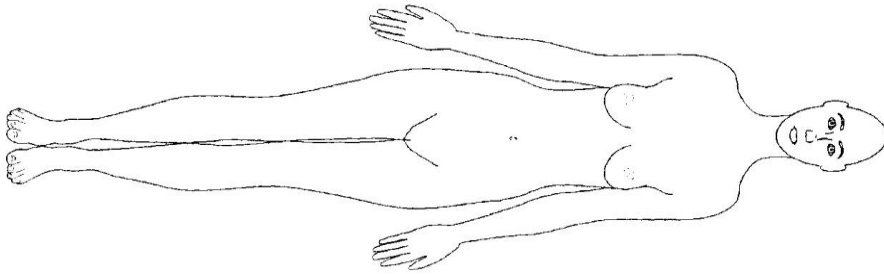
Completed by: _____ Date and time: _____



Appendix 1b Body Chart – Female

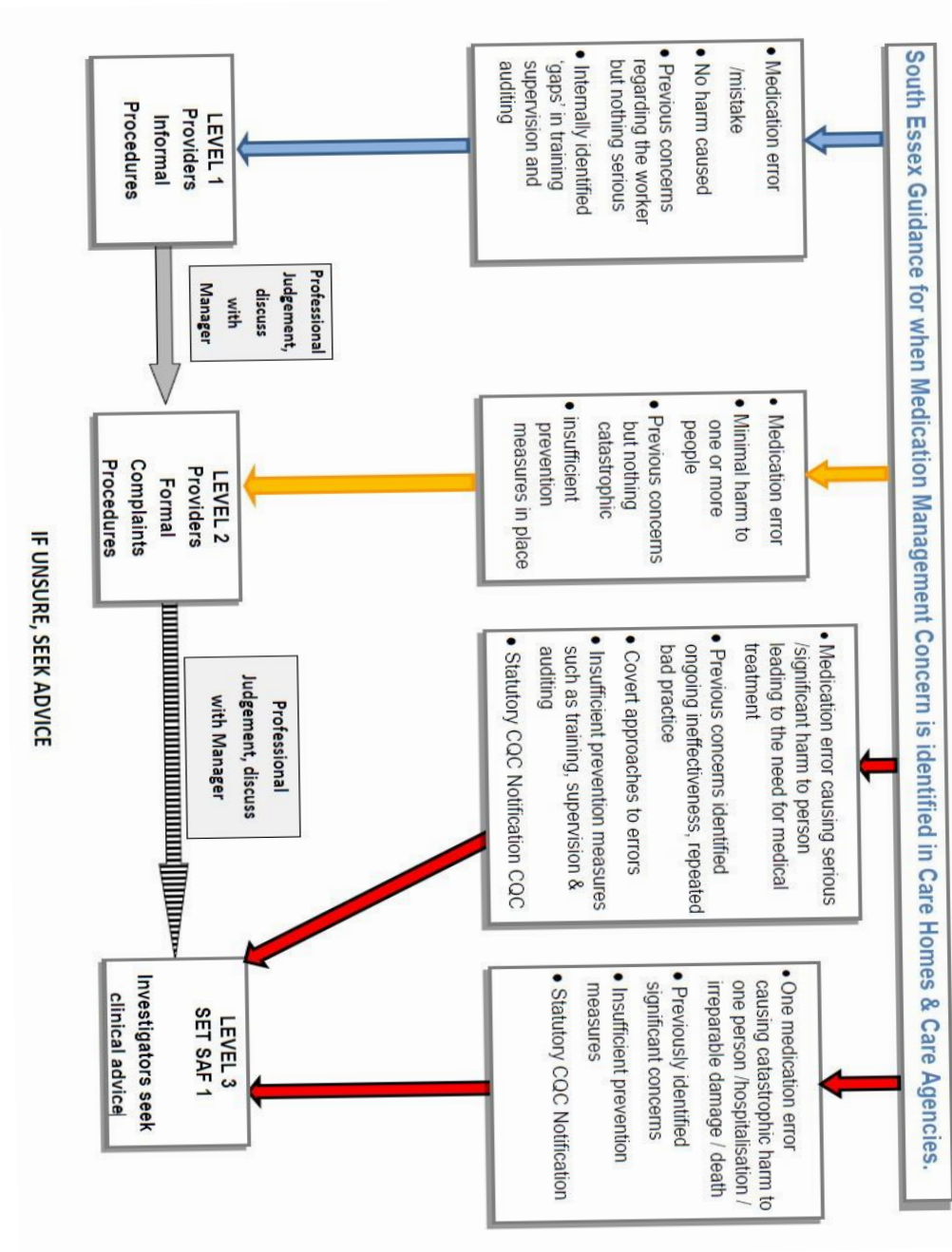
For use when SystemOne not available. To be transferred onto SystemOne at the first opportunity.

Please describe any marks you make on the chart e.g., cut, bite, bruise (and whether yellow, blue etc)



Completed by: _____ Date and time: _____

Appendix 2



MEDICATION MANAGEMENT CONCERNS

This is guidance to try to help decide what route of investigation to follow and whether a medication error could be a safeguarding issue.

This can be found in the Medicines management policies and procedures on the Intranet.

Appendix – definitions of abuse

10. Definitions

Adults experiencing, or at risk of abuse or neglect.

The Care Act Guideline (para 14.2) states that safeguarding duties are “apply to an adult who:

- Has needs for care and support (whether the local authority is meeting any of those needs or not) and
- is experiencing, or at risk of, abuse or neglect, and
- because of those care and support needs is unable to protect themselves from either risk of, or the experience of abuse or neglect.”

Throughout this document the adult experiencing or at risk of abuse or neglect will be hereafter referred to as the adult.

Who abuses and neglect adults.

Anyone can carry out abuse or neglect. An alleged person causing harm is often known to the adult and in position of power and trust. A patient under the care of Havens Hospices may be the adult experiencing or at risk of abuse or neglect. Equally, the patient may also be an alleged perpetrator of harm to another adult, such as the carer. Such harm can be deliberate, or it may well be unintended, in a circumstance of struggling to care and being cared for. Also, people in a professional or commercial role with the adult, such as an external staff member or Havens Hospices staff member can be alleged perpetrators of harm.

Abuse

Abuse is harm caused to a person by an act or failure to act on the part of another person and:

- Abuse is ill treatment which causes significant harm and can result in the deterioration of a person’s physical, emotional, or social well-being.
- Abuse reflects a lack of respect and is an infringement of legal and civil rights. It may be an abuse of power and may constitute a criminal act.
- Abuse may be a single incident but is more likely to be part of a systematic pattern.

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- Abuse can take place in a variety of settings. These can include a person's own home, a relative or friend's home, a day centre, a hospital or a residential or nursing home.
- Abuse can take place within both personal and professional relationships. It can be carried out by other service users or people who deliberately form a relationship with an adult at risk to exploit them.
- Criminal acts carried out by strangers are not usually included within a definition of abuse, but in some situations, it may be appropriate to use the procedure to ensure that the person receives the services and support they need.

11. Types of Abuse

Physical (and psychological/emotional) such as hitting, slapping, pushing, kicking, shaking, throwing, poisoning, the misuse of medication, the misuse of restraint or inappropriate sanctions, burning or scalding, drowning, suffocating, or otherwise causing physical harm to an adult.

abuse may include cultural forms of abuse, e.g., honour-based violence, forced marriage, female genital mutilation (FGM), abuse linked to embedded social norms, spiritual or religious beliefs.

FGM is illegal in the UK and is not required by any religion. It is a very traumatic and violent act, causing harm to women and girls. The age at which FGM is carried out varies, it may be shortly after birth, during childhood, adolescence, just before marriage or during a woman's first pregnancy. Specific guidance is provided (see list of references) on how to respond if you suspect FGM has occurred or may occur.

Psychological abuse – such as verbal abuse, psychological abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks, telling or making an adult feel worthless, unloved, or inadequate.

Sexual abuse – such as rape and sexual assault, or sexual acts to which the adult has not consented, or could not consent, or where pressure was applied to secure their consent through force or enticement. This includes prostitution, whether they are aware of what is happening.

Neglect (including acts of omission) – such as ignoring medical or physical care needs, failing to provide access to appropriate health, social care, or educational services. Plus, withholding the necessities of life, such as medication, food and drink and heating and clothing and shelter (including exclusion from home or abandonment).

Domestic violence or abuse - including psychological, physical, sexual, financial, or emotional abuse between adults who are or have been intimate partners or family members. Including Honour based violence and FGM.

Financial or Material Abuse – such as theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions, or benefits.

Organisation or Institutional abuse - It will include the collective failure of an organisation to provide an appropriate and professional service to any at risk adult. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect adults and maintain good standards of care in accordance with individual needs including training of staff, supervision and management, record keeping and liaising with other providers of care.

Discriminatory Abuse - such as racist or sexist remarks or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment.

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

Related Issues

The following are also covered under safeguarding:

Modern Slavery - includes very little or no pay, excessively long and/or unusually long working hours, poor physical health, not in control of own money, no financial records or ID documents. Any of these types of abuse may take place as the result of deliberate intent, negligence, or ignorance.

Mate Crime - when a person is harmed or taken advantage of by someone, they thought was their friend. Surveys indicate that people with disabilities can often become the targets of this form of exploitation.

Forced Marriage – this is the term used to describe a marriage in which one or both of the parties in 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.

'Honour'-based violence - may be committed when family members feel that dishonour has been brought to their family. Women are predominantly (but not exclusively) the victims, and the violence is often committed with a degree of collusion from family and/or the community.

Hate crime or incidents - any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic, or due to a persons' religion, belief, gender identity or disability. It should be noted that this definition is based on the perception of the victim or a third-party victim or a third party witnessing the incidents. Such incidents may constitute a criminal offence. Anyone can be a victim of hate crime or incidents regardless of race, age, disability, sexuality, or gender.

Abuse by children - if a child or children is/are causing harm to an adult, this will be dealt with under this Safeguarding Adults Policy.

Radicalisation - refers to the processes by which people come to support violence extremism and, in some cases, join terrorist groups. It is suggested that there is no single profile or indication of a person who is likely to become involved in terrorist related activity. To date there is no universally accepted view of why vulnerable individuals become involved. Contact with radicalisers is variable and can be face to face or indirect through e.g., the media or social networking. In terms of vulnerability a personal crisis (alongside other factors) may make individuals susceptible to exploitation.

The government's **Prevent** programme (part of the counter-terrorism strategy CONTEST) seeks to protect individuals who are vulnerable to exploitation from those who seek to get people to support or commit acts of violence. The Prevent programme falls under and is most appropriately managed under existing safeguarding structures. Concerns regarding adults under Havens Hospices care being radicalised need to be followed by adhering to the general safeguarding procedures below.

Specific advice for dealing with concerns regarding medicines management can be found in Appendix.