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To be read in conjunction with: The relevant multi-agency Safeguarding Adults procedures developed by the local authorities covering the locality of FPP service delivery (all available online).

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1. PURPOSE AND RATIONALE

Safeguarding Adults is everyone's business. All staff need to know the appropriate actions to take in order to protect and safeguard adults from abuse.

This policy has been developed to describe the responsibilities of employees and organisation for the recognition and prevention of abuse and clarify the actions to take when abuse is suspected or identified.

The policy also recognises the risk to First Person Project C.I.C if staff do not demonstrate appropriate actions are taken in response to safeguarding. This policy takes into account changes in legislation and terminology that recent legislation, primarily Care Act 2014, has introduced.

2. KEY PRINCIPLES

This policy is based on the following key principles:

- Everyone has the right to live their life free from violence, fear and abuse
- All adults have the right to be protected from harm and exploitation
- Empowerment - People being supported and encouraged to make their own decisions and informed consent
- Prevention - It is better to take action before harm occurs
- Proportionality - the least intrusive response appropriate to the risk presented
- Protection - Support and representation for those in greatest need
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- Accountability - Accountability and transparency in delivering safeguarding.

Effective inter-agency working is crucial for effective safeguarding and protection of adults from abuse. Although Social Services are the lead agency in working with those vulnerable to abuse, protecting adults from harm is not the sole responsibility of any one agency.

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we

might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process.

All agencies and professionals are required to:

- a) be alert to potential indicators of abuse and neglect;
- b) alert other agencies to adults who they feel they are risk;
- c) share and assist in analysing information to enable a comprehensive assessment to occur;
- d) contribute to whatever actions are needed to safeguard any individual at risk.

To act in a way which supports the rights of an individual to lead an independent life based on self-determination and personal choice.

To recognise that the right to self-determination can involve risk, and that such risks are recognised and understood by all stakeholders and that this risk is reduced to a minimum as far as possible.

Where possible, to support individuals to regain the ability to make their own decisions. However, where this is not possible, to recognise the person's previous wishes in line with best practices relating to Mental Capacity Act and Mental Health Act.

To ensure that lessons from scrutiny reports or Serious Case Reviews/Safeguarding Adult Reviews/Domestic Homicide Reviews are adopted into practice.

3. SCOPE

Every member of staff has an individual responsibility for the protection and safeguarding of adults. All levels of management must understand and implement the Organisation's Safeguarding and Protection of Adult Policy and Procedure. These procedures are for **all staff** working within First Person Project C.I.C.

Any volunteers, students, trainees or interns employed by First Person Project must identify their status when talking about clients to professionals in other agencies.

4. DEFINITIONS

Definition of Adult Safeguarding:

Safeguarding Adults means to protect and promote wellbeing, prevent and reduce the risk of harm, abuse or neglect and to support the adult's right to live in safety and free from abuse and neglect.

The Care Act 2014 defines safeguarding duties as applying to an adult who:

- a) Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- b) Is experiencing, or at risk of, abuse or neglect; and
- c) As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Definition of National Eligibility Threshold:

The regulations say an adult's needs meet the eligibility criteria if:

- a) the adult's needs arise from or are related to a physical or mental impairment or illness;
- b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and
- c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being;
- d) the specified outcomes are:
 - Managing and maintaining nutrition,
 - Maintaining personal hygiene,
 - Managing toilet needs,
 - Being appropriately clothed,
 - Being able to make use of the adult's home safely,
 - Maintaining a habitable home environment,

- Developing and maintaining family or other personal relationships,
- Accessing and engaging in work, training, education or volunteering;
- Making use of necessary facilities or services in the local community
- Including public transport, and recreational facilities or services; and
- Carrying out any caring responsibilities the adult has for a child.

Definitions Of Abuse:

The Council of Europe defines abuse as:

“Any act, or failure to act, which results in a significant breach of a vulnerable person’s human rights, civil liberties, bodily integrity, dignity or general wellbeing; whether intended or inadvertent; including sexual relationships or financial transactions to which a person has not or cannot validly consent, or which are deliberately exploitative”. Safeguarding adults & children with disabilities against abuse, (Council of Europe, 2002).

The Care Act 2014 Broadens the Definition to:

- a) physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions;
- b) domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence and Female Genital Mutilation (or cutting);
- c) sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting;
- d) psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks;
- e) financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

- f) 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;
- g) discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion;
- h) organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organization;
- i) 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;
- j) self-neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding;
- k) it is important to remember that these categories of abuse are not mutually exclusive and many situations contain a combination of different kinds of abuse. In dealing with potential adult abuse, practitioners should be aware that some individuals, for example pregnant women, transgender individuals and gay men and women, may on occasions be subject to targeted abuse;
- l) a new offence of coercive and controlling behaviour in intimate and familial relationships was introduced to the Serious Crime Act 2015 which can impose a maximum 5 years imprisonment. The offence closes the gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members.

Definition of Significant Harm:

In determining how serious the degree of abuse must be to justify intervention, it is helpful to consider whether the person has suffered, or is likely to suffer, significant harm.

The Law Commission defines significant harm as:

“Harm should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical) but also the impairment of physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development” (Law Commission, 1997).

It may be difficult at the point of referral to ascertain the seriousness or extent of the abuse. In order to make an assessment of seriousness, it is useful to consider and collate:

- a) vulnerability of the individual;
- b) nature and extent of the abuse;
- c) length of time that it has been occurring;
- d) impact on the individual;
- e) risk of repeated acts involving this or other vulnerable people.

Definition of Hate Crime or Incident:

Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's:

- a) disability;
- b) race or ethnicity;
- c) religion or belief;
- d) sexual orientation;
- e) transgender identity; this can be committed against a person or property.

A victim does not have to be a member of the group at which the hostility is targeted. In fact, anyone could be a victim of a hate crime. Hate Incidents can feel like crimes to those who suffer them and often escalate to crimes or tension in a community.

Definition of Female Genital Mutilation (or Cutting):

Female Genital Mutilation (or cutting) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. It has no health benefits and harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in

childbirth also causing dangers to the child. If this practice is disclosed to any trust staff, then advice and guidance should be sought from the Organisation Safeguarding Lead.

5. DUTIES

Board of Directors:The Board has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding adults exists within the Organisation and that all staff working in the Organisation are aware of, and operate within, the policy. The Board will assure itself of compliance with this policy through the actions of Quality and Safety Committee in operation within the organisation and via consideration of an annual report prepared by the Safeguarding Lead.

Quality and Safety Committee:

The Quality and Safety Committee is a part of the governance structure of the Organisation which has the responsibility to ensure that safeguarding of adult's arrangements are managed appropriately across the organisation. The Quality and Safety Committee ensures that the policy is appropriate and receives assurances in relation to compliance with the requirements of this policy through receipt of reports and audit activity. The Quality and Safety Committee will:

- a) support the generation of the annual reports to the Board in relation to safeguarding both children and adults;
- b) make recommendations to the Board on safeguarding issues;
- c) ensure compliance with safeguarding/protection of children and vulnerable adults, standards for OFSTED, Care Quality Commission, Local Safeguarding Children's Boards, Safeguarding Adult Boards and any other inspectorate;
- d) ensure the production, implementation and review of LSCB and LSAB action plans devised as a result of Serious Case Reviews/Safeguarding Adult Reviews and internal Serious Untoward Incidents when there is a safeguarding dimension.

Local Adult Safeguarding Boards:

The Local Authorities which cover the area of First Person Project's service delivery have established Local Adult Safeguarding Boards which have responsibility to ensure effective multiagency arrangements are established within their geographical area. First Person Project has a duty to co-operate with these arrangements. The respective Boards have the responsibility to commission Serious Case Reviews where appropriate which the Organisation is fully committed to support.

Safeguarding Lead:

The Safeguarding Lead has responsibility to ensure the effective, efficient and safe operational delivery of safeguarding arrangements for adults and children across the trust. Assurances are provided via the monthly Board Meeting.

The Safeguarding Lead provides training, consultancy and advice on all matters related to adult and children's safeguarding. This member of staff is a registered mental health professional and is available to all staff.

Should staff have a safeguarding concern they should report it to the Safeguarding Lead and, following advice, to Local Authority Safeguarding Team.

All Staff:

The duties contained within this policy apply to all staff, irrespective of role or arrangement of work with First Person Project. All members of staff have a duty and a person responsibility to share concerns of a safeguarding nature in relation to the abuse of children and adults. The organisation is operating a zero tolerance approach in relation to the abuse of children and adults and as such doing nothing about such concerns is not acceptable. Staff have a duty to protect adults from significant harm and abuse including knowing how to recognise abuse and to understand how to bring any concerns to the attention of professional staff or the appropriate agencies.

Produce a written record of any allegation of abuse or concern as soon as possible. This should be clear, factual and relevant containing what information is required to describe what you have been told or seen including any observed or reported injuries.

Ensure all actions, phone calls and discussions are fully documented.

It is the responsibility of all staff to be aware of, and be working within, the guidance laid down within the relevant multi-agency procedures for safeguarding adults established in the local authorities.

6 Process

Recording and Reporting Arrangements: All staff working within First Person Project CIC must work in partnership with participants, carers, social services and any other agencies in order to safeguard adults. Multi-agency procedures have been developed within all Local Authorities.

Where a staff member has a cause for concern that an adult is suffering or is at risk of suffering harm through abuse, they must immediately alert service management, the Safeguarding Lead and, following advice, the Local Authority. Alerting is the first stage in the safeguarding adult process. They must also ensure that the adult is kept safe.

Contact details:

Liverpool City Council (Careline) - 0151 233 3800

Wirral Safeguarding Adults - 0151 514 2222

Knowsley Safeguarding Adults - 0151 443 2600

Sefton Safeguarding Adults - 0345 140 0845

St Helens Safeguarding Adults - 01744 676600

Halton Safeguarding Adults - 0151 907 8306

Staff must tell the adult of any action that they intend to take and that any information provided will be handled on a strictly confidential basis, but that there is a duty to report abuse to a manager, the Safeguarding Lead and, if necessary, to other relevant services.

Be aware that medical and forensic evidence may be required by the police in cases of physical or sexual abuse.

The designated manager will contact the appropriate Local Authority of where the abuse occurred.

Each Authority has its own Local Adult Safeguarding Boards (LSAB) that oversee the Safeguarding Adults process to ensure a consistent approach is adopted by all professionals whether from a social care or health background.

All staff where they have identified possible mistreatment or abuse should record information on organisational reporting systems.

Modern Slavery Reporting - The National Referral Mechanism (NRM) is a framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support. We have a duty to report on this and further information can be sought at:

<http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialistcapabilities/uk-human-trafficking-centre/national-referral-mechanism>

The CQC are the independent regulator of health and social care in England. The CQC regulate care provided by the NHS, local authorities, private companies and voluntary organisations. The Commission's aim is to make sure better care is provided for everyone in hospitals, care homes and people's own homes. The Commission also seek to protect the interests of people whose rights are restricted under the Mental Health Act.

The Disclosure and Barring Service (DBS):

The Criminal Records Bureau (CRB) has merged with the Independent Safeguarding Authority (ISA) to become the Disclosure and Barring Service (DBS). From 1st December 2012 (DBS) role is to help prevent unsuitable people from working with children and adults. The (DBS) assess those individuals working or wishing to work in regulated activity that are referred to it on the grounds that they pose a possible risk of harm to vulnerable groups. The DBS has four key areas of activity:

- a) Processing Disclosures - the checking service currently offers two levels of DBS check; standard and enhanced;
- b) Accepting Referrals - referrals are made to the DBS when an employer or an organisation, for example, a regulatory body, has concerns that a person has caused harm or poses a

future risk of harm to vulnerable groups including children. In these circumstances the employer legally must or regulatory body may, make a referral to the DBS;

- c) Barring Unsuitable People - a new test for regulated activity has been introduced which means the DBS can only bar a person from working within regulated activity with children or adults if we believe the person is or has been, or might in the future be, engaged in regulated activity. The only exception to this is where a person is cautioned or convicted for a relevant (automatic barring) offence and is not eligible to submit representations against their inclusion in a barred list;
- d) Making Barring Decisions - the DBS makes its decisions using barring decision-making processes specifically developed for this use and approved by the DBS Board. The DBS Board is ultimately responsible for all the decisions made by the DBS.

The Mental Capacity Act (MCA 2005) has been developed to bring together existing legal requirements and provide consistency in decision making about the care and treatment of people who lack capacity to make a decision. Much of the Act builds on existing common law, but also encompasses important changes, including new criminal offences, IMCAs, a new Court of Protection and The Office of the Public Guardian.

Health & Social Care professionals working within the framework of the Mental Capacity Act must pay due regard to both the Mental Capacity Act Code of Practice and the Deprivation of Liberty Safeguards - Code of Practice.

Health & Social Care professionals working within the framework of the Mental Capacity Act must pay due regard to both the Mental Capacity Act at all times and without exception apply the 5 statutory key principles of the Act:

- a) Presumption of Capacity Principle – Any person 18 years or older will always be presumed to have the mental capacity to make an informed decision unless and until proven otherwise;
- b) Practicable Steps Principle – A person cannot be said to lack the capacity to make a given informed decision unless and until all practicable steps have been taken to help her/him achieve this;
- c) Unwise Decisions Principle – A person cannot be said to lack the capacity to make a given informed decision solely on the grounds that the decision in question is seen to be unwise or eccentric;

- d) Best Interests Principle – Once it is confirmed that a person lacks the mental capacity to make a given informed decision then... any decision made on her/his behalf must be one that meets her/his best interests;
- e) Least Restrictive Principle - Once it is confirmed that a person lacks the mental capacity to make a given informed decision then... any decision made on her/his behalf must be considered to be the least restrictive option likely to achieve the required outcome.

Multi-Agency Risk Assessment Conference (MARAC)

MARAC is a forum where multiple agencies get together to provide a co-ordinated response for those at the highest risk of domestic abuse. The MARAC model of intervention involves undertaking a risk assessment in all reported cases of domestic abuse to identify those at highest risk so that a multi-agency approach may be taken. Evidence suggests that this reduces recidivism even among those most at risk. This is an intervention that combines risk assessment and a multi-agency approach to help very high risk victims of domestic abuse.

Safeguarding Adult Strategy Meeting

Where an allegation or disclosure of abuse has been made, a Safeguarding Strategy Meeting may be called by the relevant Local Authority Officer. This decision will be based on information/evidence available.

The outcome of such a Strategy Meeting will be either:

- a) to call a multi-agency adult protection Case Conference;
- b) agree which agency is to undertake any required investigation;
- c) that no further action is required under these procedures.

Multi-Agency Safeguarding Conference

A safeguarding case conference is a multi-agency meeting, usually planned as an outcome from a safeguarding strategy meeting. The purpose of case conferences is to agree on a course of action and to ensure the agreed plan is monitored and reviewed. The outcome of a case conference is likely to be:

- a) further investigation by a named agency or agencies;
- b) implementation of the action plan;

- c) implementation of the action plan;
- d) agreement about monitoring arrangements;
- e) agreement about each agency's responsibilities;
- f) no further action and case closed to Safeguarding Adults.

Lead Co-ordinating Agency:

Local authorities: have the lead role in co-ordinating the multi-agency approach to safeguard adults at risk. This includes the co-ordination of the application of this policy and procedures, co-ordination of activity between organisations, review of practice, facilitation of joint training, dissemination of information and monitoring and review of progress within the local authority area.

In addition to this strategic co-ordinating role, the local authority adult social care department, joint health and social care teams and mental health teams also have responsibility for co-ordinating the action taken by organisations in response to concerns that an adult at risk is being, or is at risk of being, abused or neglected.

The local authority should:

- a) ensure that any Safeguarding Adults concern is acted on in line with this policy and procedure;
- b) coordinate the actions that relevant organisations take in accordance with their own duties and responsibilities. This does not mean that local authorities undertake all activities under Safeguarding Adults – relevant organisations have their own roles and responsibilities;
- c) ensure a continued focus on the adult at risk and due consideration to other adults or children;
- d) ensure that key decisions are made to an agreed timescale;
- e) ensure that an interim and a final protection plan are put in place with adequate arrangements for review and monitoring;
- f) ensure that actions leading from investigation/assessment are proportionate to the level of risk and enable the adult at risk to be in control, unless there are clear recorded reasons why this should not be the case;
- g) ensure independent scrutiny of circumstances leading to the concern and to Safeguarding Adults work
- h) facilitate learning lessons from practice and communicating these to partners.

Family, Friends and Carers:

who are not implicated in the allegation of abuse often have an important part to play in the Safeguarding Adults process and can provide valuable support to the individual. In some cases they can also assist in managing the risk.

If appropriate and possible, and where the adult at risk has mental capacity and gives their consent, and there are no evidential constraints, family and friends should be consulted.

If the adult does not have mental capacity, family and friends must be consulted in accordance with the principles of the MCA 2005.

A record should be made of the decision to consult or not to consult family and friends with reasons being given and recorded.

Advocates:

As part of the safeguarding process consideration should be given to whether an adult at risk may benefit from the support of an independent advocate. There are two distinct types of advocacy – instructed and non-instructed– and it is important that people involved in the Safeguarding Adults process are aware of which type of advocate is representing the person and supporting them to express their views.

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 (IMCAs) 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 case conference (other than in exceptional circumstances e.g. where the relationship between the adult at risk and the advocate is considered abusive), 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.

The managing officer has overall responsibility to ensure that:

- a) the action being taken by organisations is co-ordinated and monitored;

- b) the adult at risk is involved in all decisions that affect their daily life as far as possible;
- c) those who need to know are kept informed;
- d) a decision is made in consultation with other relevant organisations to instigate the Safeguarding Adults process;
- e) a multi-agency strategy meeting or discussion is held to determine how the Safeguarding Adults process will be conducted and who will conduct any investigation, and that decisions are recorded and copied to relevant organisations;
- f) the response of the organisations involved in the Safeguarding Adults process is co-ordinated: the aim is to agree that where indicated a joint investigation will take place with agreement to share information in line with the information-sharing protocol;
- g) if required a multi-agency case conference is convened and chaired, a record made of the decisions taken and this information circulated to all relevant organisations;
- h) if required a protection plan is agreed with the adult at risk if they have mental capacity to participate in this, or in the best interests of the person if they have been assessed not to have mental capacity. All safeguarding documentation is completed including monitoring information.

Police:

Every member of the community deserves protection from exploitation and abuse by those entrusted with their care and the people they should be able to rely on to keep them safe. The police should take any crime against an adult at risk seriously, and will investigate it thoroughly, professionally and empathetically. The police work very closely with partner agencies to ensure effective information

sharing, risk assessment and decision-making takes place every time an incident of abuse is reported.

- a) the police will hold people causing abuse accountable for their actions;
- b) where criminal proceedings are deemed inappropriate the police will work closely with partners to identify the most suitable course of action;
- c) the police will work in effective partnership with other agencies to safeguard adults at risk;
- d) where a criminal offence appears to have been committed, the police will be the lead investigating agency and will direct investigations in line with legal and other procedural protocols. A police investigation will be initiated at the outset and a comprehensive initial risk assessment undertaken;

- e) it is the responsibility of the police to secure and preserve evidence. The police will interview the alleged victim, the alleged person causing harm and any witnesses. Where the police are the lead investigating agency they will work closely with the local authority and other partner agencies in line with the Safeguarding Adults policy and procedures to ensure that the identified risks are acted on and a risk management or protection plan is agreed at an early stage;
- f) there are now special measures that can be put into place to help vulnerable people through the court process. These measures have allowed many people who may once have been denied access to the criminal justice system the opportunity to give their evidence in court. The police will discuss these special measures with victims at the earliest stage possible in the investigation;
- g) some adults at risk can be abused by strangers and the role of the police is to work in partnership with key agencies where a potential crime has been committed and on the development of a protection plan.

7. Confidentiality and Information Sharing

“Safeguarding Adults”: Association of Directors of Social Services, (2005) states:

Raising concerns about abuse or neglect nearly always involves sharing information about an individual that is both personal and sensitive. Such information about an adult with mental capacity should be shared only with their informed consent, unless there is an overriding duty such as a danger to life and limb, or risk to others. These exceptions are described in the Data Protection Act (1998); Caldicott Guidance (Department of Health, 1997), and case law in relation to human rights legislation. However, any information about an adult who may be at risk of abuse or neglect must be shared only within the framework of an appropriate information-sharing protocol.

Making decisions about confidentiality and information sharing

Staff must act consistently with the Statutory Duty of Candour contained within regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular, you must be open and honest during your employment and if you see something wrong such as a safety or safeguarding incident, you must raise it in order to ensure that the Organisation can deal with it appropriately.

Basic principles of confidentiality

All staff should be aware of their responsibility to understand and respect confidentiality and comply with the law:

- a) the basic principle is that a person's consent should always be sought (apart from in exceptional circumstances), prior to information about them being discussed or disclosed to another party;
- b) this consent should always be recorded together with the purpose for which staff intend to use or transfer personally identifiable information.
- c) information given for one purpose should not be disclosed to a third party or used for different purposes without the person's consent.
- d) access to personally identifiable information should be on a strict need to know basis and it is the responsibility of staff to relay information to other agencies on this basis.
- e) clear documentation and record-keeping must support these communications.
- f) none adherence to legal requirements of protecting personal information of service users and patients must be consider as a Safeguarding matter.

Incapacity to Give Consent to Share Information:

Where appropriate, if an individual is not considered to have the capacity to give consent, those providing a service should take into account the views of the person's carer or nominated representative/advocate prior to making a decision as to whether information can be shared in accordance with the best interests of the individual.

Carers:

There is no legal duty to share information with carers, but carers should wherever possible be listened to and supported:

- a) staff should always seek the service user's consent to share information with his/her carer, if they are able to give it;
- b) where appropriate, information should only be shared with carers on a need to know basis with service users' consent.
- c) when a Service User identifies themselves as a carer consideration should be given to the appropriateness of this arrangement taking into consideration the presentation of the Service User and person they are providing care to.

Disclosing without Consent:

Consent should always be sought to share personal information. Individuals have the right to refuse or withhold consent for staff to share information in relation to suspected abuse. Wherever possible the views and wishes of the adult in safeguarding will be respected. However, if it is thought that they are in a situation that results in their abuse, or if they are abusing another person(s) the duty of care overrides the individual's refusal and the need to protect the individual or wider public outweighs their rights to confidentiality. Why a disclosure in these circumstances has been made should be explained to the adult concerned unless this act by itself increases the risk of harm.

Any decisions made in this regard must be fully recorded but decisions made to share information without consent must not interfere with that individual's human rights. In addition, circumstances in which consent to share information may not be sought, or may be deferred, include those in which a person does not have capacity and a decision is made to share the information in that person's best interests.

There are a number of other circumstances in which disclosure can take place with or without the consent of the service user:

These include:

- a) where an individual presents a serious risk of harm to an adult;
- b) where there is no other practical, less intrusive means of protecting the adult, and failure to disclose would put them in danger.

N.B. Staff responsible for referring an allegation of abuse are accountable for their decision. If in doubt practitioners should SEEK FURTHER ADVICE but this should not result in a delay in making a referral if significant concerns exist.

Professional abuse:

Abuse occurs when a professional takes advantage of their service user's trust, exploits their vulnerability, does not act in their best interest and fails to keep professional boundaries. Professional trust is vital due to the degree of intimacy involved in providing a therapeutic relationship and the inherent power difference between a professional and the person seeking help. Such relationships are open to exploitation so it is imperative that any episodes or

alleged incidents of professional abuse are reported immediately to service management or the Safeguarding Lead as soon as this situation becomes known. The police will always be the lead agency in dealing with any criminal allegations against organisation staff.

In all cases where the suspected abuse involves a member of staff then a safeguarding referral should be made. In the event that a professional is considered to be perpetrating abuse then consideration needs to be given to making a referral to the Disclosure and Barring Service (DBS).

PREVENT:

Prevent is the Government counter terrorism strategy (CONTEST) which aims to reduce the risks the UK faces from terrorism. This strategy aims to stop people becoming involved in or supporting terrorist activity. The Counter-Terrorism and Security Act 2015 requires specified authorities, in the exercise of their functions to have due regard to the need to prevent people being drawn into terrorism. The support available for individuals at risk of being radicalised is called Channel.

8. Training and Support

All staff will receive safeguarding adults training at induction. Training needs analysis are carried out on a regular basis and the feedback from these reviews help inform Safeguarding training updates.

The Safeguarding Lead will ensure that all staff involved in safeguarding issues are provided with adequate training and support. Staff can contact the Safeguarding Lead for support and advice and also request face to face meetings should they feel this necessary.

9. Monitoring and Review

The Quality and Safety Committee is responsible for monitoring the effectiveness of this policy and will provide an annual report detailing compliance to the Board.

This policy should be used in conjunction with the Multi-Agency Procedures for Safeguarding Adults of all the Local Authorities in which First Person Project may operate.

Regular safeguarding audits will be undertaken to assure compliance with the Policy.