**Safeguarding Adults Policy**

*Version: 11*

| Summary: | The Trust recognises that all members of staff have a legal responsibility to prevent the abuse of adults at risk of abuse, harm, or neglect (including self-neglect) and to act positively to report abuse. This policy should be read in conjunction with the local Multi-Agency Safeguarding Policy developed for Southampton, Hampshire, Isle of Wight, and Portsmouth (the 4LSAB). |
| Keywords: | Safeguarding, Safeguarding Adults, adult at risk, Care Act 2014, harm, abuse, neglect, self-neglect, Prevent, Domestic Abuse, SAMA. |
| Target Audience: | All members of staff of Southern Health NHS Foundation Trust, whether paid or unpaid, volunteers, students, non-executive directors, governors and contractors. |
| Next Review Date: | January 2022 or following any material changes to the legal framework |
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Quick Reference Guide

For quick reference, this page summarises the actions required by this policy. This does not negate the need to be aware of and to follow the further detail provided in this policy.

“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect” (Department of Health, 2014).

The Care Act (2014) introduced a number of provisions to support a multi-agency system to prevent abuse and neglect happening in the first place. These include:

- **The S.42 Enquiry Duty.** This is a duty on Local Authorities to make, or ask other agencies to make, enquiries into the abuse, harm, or neglect (including self-neglect) of adults who because of their needs for care and support are unable to protect themselves – ‘adults at risk’.

- **Safeguarding Adults Boards (SAB):** Each Local Authority area must have a statutory Safeguarding Adult Board. Their purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority, NHS commissioners and providers, the Police, and regulatory services.

- **Safeguarding Adults Reviews (SAR):** A statutory review must take place if an adult with care and support needs dies as a result of abuse or neglect, either known or suspected, and there are concerns that multi-agency partners could have worked more effectively together to safeguard the individual.

- **Sharing of Information:** Safeguarding Adults Boards are also empowered to request and receive information in relation to its duties or functions.

If an adult with care and support needs is experiencing or is at risk of harm, abuse, or neglect (including self-neglect) all members of staff must consider a referral to the Local Authority.

Safeguarding is not a substitute for:

- Providers’ responsibilities to provide safe and high quality care and support;

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

- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and

- The core duties of the Police to prevent and detect crime and protect life and property.

All members of staff, whether paid or unpaid, students, and volunteers, are able to access the support of the Corporate Safeguarding Team for advice and responsive supervision.

The local safeguarding adult board requires trusts to have a Safeguarding Allegation Management Advisor (SAMA). In Southern Health NHS Trust this role is held by the Associate Director of Safeguarding.

Whenever a concern is raised, or a referral made, a Ulysses Incident Report must be completed.
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1. Introduction

1.1 “Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect” (Department of Health, 2014).

1.2 Safeguarding Adults was placed on a statutory footing by the Care Act 2014.

1.3 The Care Act 2014 is supported by statutory guidance, published online by the Department of Health. This guidance is known as the Care and Support Statutory Guidance.

1.4 This policy sets out our organisation’s statement of purpose; for all members of staff to promote the wellbeing of everyone who uses services and their carers, act positively to prevent harm, abuse or neglect (including self-neglect) and respond effectively and promptly if concerns are raised. Southern Health NHS Foundation Trust is committed to an organisational culture which prevents abuse and neglect and has a zero tolerance of practice that harms service users.

1.5 Southern Health NHS Foundation Trust is a member of the Local Safeguarding Adult Boards (LSAB) in Hampshire and Southampton. The purpose of LSABs is to help and protect adults at risk, through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services such as the Care Quality Commission (CQC). This policy should therefore be read in conjunction with the 4LSAB Multi-Agency Safeguarding Policy and Procedures that each LSAB in the region has signed up to. These policies are available via a link from our website.

1.6 Statutory guidance to the Care Act 2014 has identified six principles of safeguarding, originally published in a Department of Health statement on Safeguarding Adults (Department of Health, 2011). These are: Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability.

2. Who does this policy apply to?

2.1 The Trust is accountable for ensuring that there are “reliable systems, processes, and practices in place to keep people safe and to safeguard them from abuse and neglect” (CQC, 2015).

2.2 This policy applies to all members of staff, whether paid or unpaid, student, or volunteer.

2.3 Southern Health NHS Foundation Trust’s policy on Safeguarding is designed to complement the Multi-Agency Policies and Procedures of Local Safeguarding Adults Boards, and links closely to other Trust Policies on:

- Safeguarding Children
- Confidentiality and information sharing
- Consent to examination or treatment
- Incident management, and investigations
- Mental Capacity Act and Deprivation of Liberty Safeguards

1 The 4LSAB represents the Safeguarding Adults Boards of Hampshire, Isle of Wight, Portsmouth and Southampton
3. Definitions

3.1 Safeguarding Adults:
Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect (Department of Health, 2014). It includes self-neglect in some circumstances.

3.2 "Three Point Test": Safeguarding duties apply when:

3.3 When a person's right to live in safety is threatened, and they are unable to protect themselves from abuse or neglect because of their care and support needs, safeguarding procedures exist to ensure they are offered the protection they are entitled to.

3.4 Specifically, the Local Authority has a legal duty to facilitate enquiries to find out whether abuse or neglect is occurring and to make decisions about the protection to be offered. Local Authorities may carry out enquiries themselves or ask other agencies to do this on their behalf – depending on what is best for the adult at risk.

3.5 The Care Act 2014 sets this out in section 42, leading to the phrase “section 42 enquiry”. The Care Act states that, for the purpose of safeguarding, an adult at risk is any person over the age of eighteen years old who:

1. Has needs for care and support (whether or not the [local] authority is meeting any of those needs),
2. is experiencing, or is at risk of, abuse or neglect, and
3. as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.” (S42., Care Act 2014)

3.6 Abuse:

3.6.1 It is important not to limit abuse or neglect as these may take various forms and can be dependent on the circumstances of the case and the individual.

3.6.2 Abuse can be intentional or unintentional and may be single or repeated acts. It can occur in any setting including residential and nursing home settings, family homes, day care settings, social settings, public places and hospitals.

3.6.3 Abuse, harm and neglect often incorporate a misuse or abuse of power and an individual’s dependence on others. In addition to exploitation the following list, from the Care and Support Statutory Guidance gives examples of different types of abuse:

- Physical Abuse
- Domestic Violence and Abuse; including so called ‘honour’ based crimes and forced marriage
• Sexual Abuse
• Psychological Abuse; this is sometimes referred to as emotional abuse
• Financial or Material Abuse
• Modern Slavery, or servitude; includes slavery, human trafficking, forced labour, and domestic servitude.
• Discriminatory abuse; this may include other types of abuse experienced by someone because of their: race, gender, gender identity, age, disability, sexual orientation, or religion.
• Organisational Abuse; formerly known as ‘Institutional Abuse’.
• Neglect and acts of omission
• Self-neglect

3.7 Self-neglect

3.7.1 Self-neglect, under the Care Act 2014, is included in the legal definition of abuse. Self-neglect includes a wide range of behaviours involving an individual’s neglect of their personal hygiene, health, or surroundings and includes behaviours such as hoarding (Department of Health, 2014).

3.7.2 The Care and Support Guidance notes that self-neglect may not always prompt a safeguarding enquiry, depending on a “person’s ability to protect themselves by controlling their behaviour” (para. 14.17, Care and Support Guidance). The 4LSAB Safeguarding Policy contains guidance on self-neglect and alternative procedures that may be used.

3.8 Section 42; the Safeguarding Enquiry:

3.8.1 Section 42 (Care Act, 2014) places a duty on local authorities to make enquiries, or cause others to do so, when the safeguarding duty applies – that is where an adult with care and support needs is experiencing, or at risk of abuse, and unable to protect themselves because of their care or support needs.

3.8.2 A section 42 Safeguarding Enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. It is about deciding whether or not the Local Authority, or another organisation or person, should do something to help or protect the adult at risk.

3.9 Safeguarding Adults Boards (SAB):

3.10 Each Local Authority area must have a statutory Safeguarding Adult Board – often referred to as the Local Safeguarding Adults Board (LSAB) whose purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services such as the Care Quality Commission (CQC).

3.11 Safeguarding Adults Reviews (SAR):

3.12 A statutory review must take place if the Safeguarding Adults Board believe the criteria for a SAR has been met:

3.12.1 Safeguarding Adults Boards must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

3.12.2 Safeguarding Adults Boards must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of
SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

3.12.3 Safeguarding Adults Boards are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

3.12.4 If you believe you know of a case that may meet the criteria for a Safeguarding Adults Review you must contact the Corporate safeguarding Adults Team who can support the referral to the Safeguarding Adults Board.

3.13 Prevent

3.13.1 Section 26 of the Counter-Terrorism and Security Act 2015 (CTSA, 2015) places a duty – the ‘Prevent Duty’ on specified bodies, including NHS Foundation Trusts such as Southern Health.

3.13.2 The ‘Prevent Duty’, requires specified authorities to have” due regard to the need to prevent people from being drawn into terrorism.” (CTSA, 2015).

4. Duties and responsibilities

4.1 NHS role and responsibilities:
NHS Clinical Commissioning Groups are statutory members of the Local Safeguarding Adults Boards. Health Services have a vital role in preventing harm, abuse, or neglect from occurring, as well as identifying signs of abuse or neglect and reporting concerns to local authorities.

Health providers additionally have a key role to play in safeguarding enquiries and taking action to protect adults at risk. This includes supporting individuals, ensuring their voice and wishes are heard, as well as participating in, or making enquiries under the guidance of local authorities.

4.2 Trust Board:
The Trust Board has a responsibility to set safeguarding adults within their strategic objectives; to ensure there is Board level leadership, an overall policy in place and an organisational culture which places service users and their wellbeing at the centre of safeguarding, and that endeavours to prevent harm, abuse, and neglect from occurring.

4.3 Director accountable for Safeguarding:
The director accountable for safeguarding is responsible for reporting to the Board and providing executive leadership. He/she is accountable for the governance of safeguarding to the service, partners and regulators.

4.4 Corporate Safeguarding Team:
Southern Health NHS Foundation Trust employs a Corporate Safeguarding Team whose purpose is to support members of staff, and the organisation to fulfil its obligations to service users and their carers to work effectively to prevent harm, abuse, and neglect, and to act positively to protect adults at risk.

4.5 Area/Divisional Leads:
Area leads are responsible for leading improvements, innovations and best practice; for providing support, responsive supervision, clinical leadership and practice advice. They also provide a link between directorates and the Trust-wide forum and provide information in respect of compliance and performance updates.
4.6 **Managers:**
Managers are responsible for ensuring that staff are aware of the Trust policy and are appropriately supported with regard to safeguarding issues.

Managers should ensure that the level of responsibility for each staff member is an explicit statement in all job descriptions to identify the expectations of each role. Managers are also responsible for ensuring that individuals (including themselves) are trained to the level appropriate for their post and role.

Good clinical leadership and high professional standards are paramount in the provision of care and the prevention of abuse. Managers should ensure that staff have access to clinical supervision, including safeguarding supervision, from an individual with appropriate expertise.

4.7 **All members of Staff:**
All employees (including bank & agency staff), volunteers and contractors are required to adhere to the policies, procedure and guidelines of the Trust, including their roles and responsibilities under this policy.

All staff should make sure that they have familiarised themselves with their LSAB multi-agency safeguarding policy as this Southern Health policy is designed to complement rather than replace the multi-agency policies which define the local practice that must be followed, and the local responsibilities of Southern Health staff within multi-agency safeguarding practice.

Staff must also work at all times within the guidelines of their professional codes of conduct and the policies of the Trust to prevent abuse through acts or omissions to act. Omissions to act and poor professional practice can amount to neglect even if the abuse was unintentional.

5. **Main Policy Content**

5.1 The first part of this section is structured around the six principles of safeguarding adults, as published in statutory guidance (Care Act, 2014).

6. **Safeguarding Principle 1: Empowerment:**

6.1 Empowerment is about people being supported and encouraged to make their own decisions and provide informed consent (Department of Health, 2014).

6.2 Self-determination / consent: Staff must be aware that adults have the right to make their own decisions and can make choices to stay in abusive situations that may cause them significant harm.

6.3 Even when a service users does not want a safeguarding response, a referral should be made to the Local Authority if the ‘three-part test’ (Section 42: Care Act, 2014) is met. However it is vital that the views and wishes of the adult at risk are known. This will enable the Local Authority to meet their legal duty under Section 42 to enquire and decide if there is anything that agencies can do to mitigate risk.
7. **Safeguarding Principle 2: Prevention:**

7.1 Members of staff play a key role in preventing abuse and in taking positive action on suspicion of abuse or neglect. Safeguarding adults is core to delivering high quality care.

7.2 Members of staff should endeavour to recognise potential vulnerable situations where abuse or neglect may occur, in order to mitigate the risk of abuse or neglect. Early identification of potential risks of abuse or neglect can ensure appropriate and timely action.

7.3 Staff should empower people to use services to protect themselves from abuse through a variety of community support services, such as service user groups and advocacy services. This does not mitigate staff’s responsibilities in protecting adults at risk from abuse or neglect.

7.4 Routine processes such as assessment, capacity assessment, risk assessment, care planning, and the Care Programme Approach should be used to enable people and professionals to acknowledge the risk of abuse and take active steps to minimise the risk and subsequent impact.

8. **Safeguarding Principle 3: Proportionality:**

8.1 An important aspect of a person-centred approach to safeguarding is that services and safeguarding should act proportionately to the risk that is identified.

8.2 The concept of proportionality is apparent throughout the Human Rights Act, 1998 and is reflected in the principles of less restrictive (MCA, 2005 and Code of Practice) and least restrictive (MHA, 1983 and Code of Practice) practice.

8.3 Proportionality means that interventions may range from single agency responses, care management, CPA or professionals meetings, bespoke single agency or joint-agency s.42 Enquiry (Care Act, 2014), leading only to full multi-agency safeguarding procedures where absolutely necessary.

9. **Safeguarding Principle 4: Protection – the management of abuse allegations**

9.1 When an allegation of abuse is made, the primary consideration must be to ensure the immediate and ongoing safety of the service user. Where a criminal offence may have occurred this may include supporting the service user to contact the Police, or you may need to do this yourself.

9.2 Please refer to the section on raising a concern.

10. **Safeguarding Principle 5: Partnership:**

10.1 Partnership working is the cornerstone of effective safeguarding practice. In addition to working in close partnership with adults at risk, it is essential that professionals from different agencies are able to work together and coordinate their responses to safeguard adults at risk and prevent harm, abuse, or neglect from occurring.

10.2 The role of the Safeguarding Adults Board is statutory following The Care Act (2014), under Section 43.

10.3 Each Local Authority must establish a Local Safeguarding Adults Board whose purpose is to help and protect adults at risk through coordination of a multi-agency system made up of Local Authority Social Services, NHS commissioners and providers, the Police, and regulatory services.
10.4 The Local Safeguarding Adults Boards have been granted legal powers to support them in the coordination of effective safeguarding, in particular the power to request and receive information that will support its key functions.

10.5 Within Southern Health NHS Foundation Trust, the Corporate Safeguarding Team represents the Trust at each Local Safeguarding Adults Board and is the conduit between the Trust and the LSAB.

11. Safeguarding Principle 6: Accountability

11.1 Principle 6 of safeguarding calls for accountability and transparency in delivering safeguarding.

11.2 Adults at risk should be aware of the actions that professionals are intending to take, what their role is within safeguarding, and they should be confident that professionals are also aware of each other’s roles.

12. Self-neglect

12.1 Self-neglect can encompass a range of behaviours; for example hoarding, or neglecting personal health. Not all cases of self-neglect will prompt a Section 42 enquiry; each assessment should be looked at individually.

12.2 Staff members should consider self-neglect under safeguarding and seek further assistance if required. Staff should additionally consider what the risks are for that individual and how we might manage those risks with the support of the multi-disciplinary team.

13. Multi-Agency Risk Management Framework

13.1 This framework is designed to provide guidance on managing cases relating to adults where there is a high level of risk and the circumstances may sit outside the statutory adult safeguarding framework but for which a multi-agency approach would be beneficial.

13.2 It sits alongside the 4LSAB Multi-Agency Safeguarding Policy and Guidance (2015) and should be read in conjunction with this and the related guidance on Information Sharing and Prevention and Early Intervention. The framework does not replace the Trust’s risk management arrangements but provides an overarching multi-agency framework. This may be useful when working with adults experiencing an unmanageable level of risk as a result of circumstances which create the risk of harm unrelated to abuse or neglect by a third party. Examples include: self-neglect, including hoarding and fire safety; on-going needs or behaviour leading to lifestyle choices placing the adult and/or others at significant risk, including significant risk to their health.

14. Domestic Violence and Abuse

14.1 Domestic violence and abuse is defined as any incident or pattern of incidents of controlling, coercive threatening behaviour, violence or abuse between those aged 16 or over who are, have been, intimate partners or family members regardless of gender or sexuality.

14.2 The Serious Crime Act (2015) introduced a new offence linked to domestic violence; coercive and controlling behaviour.
14.3 Domestic violence and abuse must be considered under safeguarding and appropriate referrals made when required to the local authority and the police, if it is suspected a crime has been committed.

14.4 Staff should refer to the Southern Health Domestic Violence and Abuse Policy (SH CP 78) for further details.

15. **Family Approach**

15.1 Staff must consider a ‘Family Approach’ at all times, recognising that adults who access Trust services are often parents/carers or have other roles and responsibilities within a family context. Staff should not limit their scope to only considering the adults that they may be working with.

Where concerns lie within a family, staff must have regard for the wellbeing and safety of any children who may be at risk and make a referral to children’s services as appropriate.

Staff should refer to the 4LSCB (Local Safeguarding Children’s Board) Joint Working Protocol for further information.

16. **Raising a Safeguarding Concern**

16.1 Members of staff should, as soon as they become aware of allegations of harm, abuse, or neglect (including self-neglect) of an adult with care and support needs, contact their Local Authority Social Services department – whether directly to the adult’s care manager or social worker, or through to a generic number.

16.2 Organisations have a responsibility to establish and operate systems and processes effectively to ensure that adults at risk are protected and allegations of abuse are investigated as soon as they become aware of them (CQC, 2015).

16.3 Safeguarding concerns should generally be raised with the consent of the adult at risk – in keeping with the first principle of safeguarding (Department of Health, 2014).

16.4 Where the person has been assessed as lacking mental capacity to consent, a decision will need to be made in the person’s best interests, in line with the Mental Capacity Act (2005). For further information please refer to Southern Health Mental Capacity Act 2005 Policy (SH CP 39).

16.5 Where the person refuses to give consent it may be justifiable in some circumstances to override confidentially and share information due to the risks posed to themselves or others. If unsure, Staff should seek support from their manager or a member of the safeguarding team.

16.6 Adults at risk, in keeping with the principles of Making Safeguarding Personal, should be an active partner in the raising of a concern. The purpose of which is to enable the local authority to decide if a duty to make or cause an enquiry under section 42 needs to be activated and, if so, who will undertake the enquiry, and whether any actions need to be taken as a result.

17. **Managing disclosure:**

17.1 In the event of a disclosure of abuse, it is important to respond sensitively and appropriately in order to support adults at risk, and preserve the integrity of evidence. Members of staff should therefore:

- Stay calm
• Listen patiently
• Reassure the person they are doing the right thing by telling you
• Find out what the person would like to happen
• Explain the safeguarding process, what you are going to do and when you will do it
• Report to a relevant manager
• Write a factual account of what you have seen/heard immediately as well as anything you have said or actions you have taken, and the person’s views and wishes
• Seek to protect any possible evidence

18. Adults who Disclose Childhood Sexual Abuse

18.1 The term ‘historical abuse or disclosure’ is commonly used to refer to disclosures of abuse that were perpetrated in the past. It is normally used when the victim is no longer in circumstances where they consider themselves at risk of the perpetrator and more commonly used when adults disclose abuse experienced during childhood.

18.2 Cases may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role.

18.3 Consideration must be given to whether the alleged perpetrator presents a current risk; that is are they still working with, caring for, or having contact with children or adults with care and support needs.

18.4 The person to whom the disclosure is made should:
• Clarify whether there are any children or adults who may currently be at risk from the alleged perpetrator
• If it ascertained that the alleged perpetrator has or may have contact with a known child/children, a referral should be made to Children’s Services
• If there are concerns that the alleged perpetrator has contact with children but the names of the children are not identifiable, the Police should be contacted to enable further investigation
• If there are concerns that the adult making the disclosure is at risk, consideration to refer to adult social services and the Police will be required
• Advise and support the adult that they are able to make a formal complaint to the Police

18.5 Further advice and support is available from the Southern Health Corporate Safeguarding Adults and Children’s Teams

19. Making Safeguarding Personal (MSP):

19.1 ‘Making Safeguarding Personal’ aims to promote a shift in culture away from process driven interventions to a person-centred response. It’s about focusing on the personalised outcomes identified as important by the individual with care and support needs; supporting them in making choices, having control in how they choose to live their lives and collaboratively assessing and managing risk.
19.2 Under Care Act statutory guidance all agencies have a responsibility to “engage a person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety” (Department of Health, 2014). An individual should be supported to participate as fully as possible in decisions about them, being given information and support as needed to enable them to consider options and make decisions, rather than being excluded from decisions made about them.

19.3 In practice following a Making Safeguarding Personal approach with adults at risk means working with individuals to answer the four MSP questions of:

- What difference is wanted or desired?
- How will you work with someone to enable that to happen?
- How will you know that a difference has been made?
- Is there anything that the person with care and support needs does not want to happen?

19.4 Seeking answers to these questions when concerns are identified is good practice, and should be the norm rather than the exception. Making Safeguarding Personal offers an opportunity to educate individuals about their right to live a life free from abuse, harm, or neglect and about the safeguarding process as a tool to enable change.

20. Section 42 Enquiries

20.1 Statutory guidance states that although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine the best person to begin an enquiry. In many cases this will be a professional who already knows the adult and may be a social worker, a housing support worker, a GP or other health worker such as a community nurse (Department of Health, 2014). Awaiting the decision of the Local Authority about whether a safeguarding concern meets the threshold for further enquiries to be made should not prevent staff from continuing to provide services and act to minimise risk and protect people from harm or further risk.

20.2 An enquiry may be anything from a simple conversation with the adult at risk to full investigation of an adverse incident. In many cases existing Quality Governance processes (such as the SI process) within the Trust will be used to meet the requirement of an enquiry.

20.3 When a member of staff or the Trust itself is caused with making an enquiry, the Local Authority retains overall responsibility for the enquiry; taking an active part in agreeing any terms of reference and for decision making about what actions should be taken, and by whom, as a result of the outcome.

20.4 Staff must cooperate when asked to undertake or contribute to enquiries, and advice or support from the Corporate Safeguarding Adults Team if needed.

20.5 It should be noted that under statutory guidance that “safeguarding is not a substitute for:

- Providers’ responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.” (Department of Health, 2014)
21. **Safeguarding Adult Reviews (SAR)**

21.1 Section 44 (Care Act, 2014) requires Local Safeguarding Adults Boards to commission a Safeguarding Adult Review (SAR) when:

- An adult has died as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult; or
- An adult in its area has not died, but it is known or suspected that the adult has experienced serious abuse or neglect
- Safeguarding Adults Boards are free to arrange Reviews in any other situation involving an adult in its area with needs for care and support

21.2 Southern Health NHS Foundation Trust has a responsibility to refer such cases to the Local Safeguarding Adults Board for consideration of review. As this is a multi-agency process, it may not be the Trust’s services where abuse, harm, or neglect may be known of or suspected.

21.3 All potential referrals for Safeguarding Adult Review must in the first instance be discussed with the Corporate Safeguarding Team who will support you to gather the relevant information and a chronology if required, and submit the referral for you.

22. **The Mental Capacity Act and Safeguarding:**

22.1 The right to live a life free from harm, abuse or neglect (including self-neglect) is universal and applies to everyone equally – regardless of their ability to make decisions or engage independently with a process.

22.2 The principles and implementation of the Mental Capacity Act (2005) may well influence the level of support needed to enable individuals to participate in safeguarding and the Making Safeguarding Personal approach. It may be that use of safeguarding procedures itself arises out of a best interest decision-making process.

23. **Mental Capacity Act and Criminal offence**

23.1 Section 44 of the Mental Capacity Act (2005) introduced criminal offences of ill treatment and wilful neglect of a person who lacks capacity. The offences, which carry penalties from a fine to up to 5 years’ imprisonment, or both, may apply to:

- anyone caring for a person who lacks capacity
- an attorney appointed under an Enduring Power of Attorney (or Lasting Power of Attorney from 1st October 2007)
- a deputy appointed for the person by the Court.

23.2 Ill treatment: deliberate ill treatment of an individual lacking capacity or recklessness in the way they ill-treat the person or not. It does not matter whether the behaviour way likely to cause, or actually caused, harm or damage to the victim's health.

23.3 Wilful neglect: the meaning varies depending on the circumstances but usually means a failure to carry out an act the person knew they had a duty to do.

23.4 Since April 2015, it is a criminal offence for care workers to ill-treat or willfully neglect someone in receipt of care, irrespective of the person’s mental capacity. The new offences have been
introduced under the Criminal Justice and Courts Act (2015) and have far broader implications as they protect all service users and apply to both care workers and care providers. The offence is not intended to catch genuine mistakes; the care worker must act deliberately or recklessly.

23.5 For more information on the Mental Capacity Act, please refer to the Mental Capacity Act Policy and Guidance (SH CP 39).

24. Recording Safeguarding: Incident reporting

24.1 The harm, abuse, or neglect of an adult at risk as a result of their care or treatment from Southern Health NHS Foundation Trust is a reportable incident – regardless of whether the alleged harm, abuse, or neglect, is or was intentional/unintentional.

24.2 The Trust's internal incident management policy will need to be used alongside safeguarding procedures. Incident reporting is one of the key methods for alerting when unintended or unexpected incidents could have, or did lead to harm. An incident report form should be completed for all safeguarding adult incidents that occur within the Trust.

24.3 Specifically, a Trust incident form or electronic reporting should be completed in the following circumstances:
   - When a safeguarding referral is made to the Local Authority about care received from Southern Health NHS Foundation Trust care.
   - Where abuse, neglect or intimidation is suspected as a result of the actions of a Trust staff member (See following section for advice regarding maintaining confidentiality of the details of the staff member against whom the allegations have been made).
   - Suspected abuse, neglect or intimidation which takes place on Trust premises
   - Where a service user or child has been seriously harmed within the care of the Trust

24.4 Further clarification can be sought from the governance team if required. The Trust incident policy should be followed to guide staff as to the level of further investigation required

24.5 Due to the diversity of recording systems within the Trust, Divisions should refer to their recording policies and guidance on how to record safeguarding. This may include whether an incident form should be raised for “non-Southern Health safeguarding incidents”.

25. Safeguarding Allegation Management Advisor SAMA

25.1 The Allegations Management Framework (4LSAB, 2016) sets the standards in relation to the management of allegations against people in a position of trust. This framework applies to anyone in a position of trust regardless of the sector.

25.2 The local safeguarding adult board strongly recommend trusts have a safeguarding allegation management advisor (SAMA). In Southern Health Foundation Trust this role is held by the Associate Director of Safeguarding.

25.3 The SAMA is responsible for coordinating complex cases where concerns or allegations about the harm or abuse of an adult at risk are raised against a member of staff of that organisation.

25.4 Where concerns are raised about someone who works with adults with care and support needs, the employer must assess any potential risk to adults with care and support needs who use their services and, if necessary, to take action to safeguard those adults.
25.5 If an allegation made about a SHFT staff member the line manager must make the SAMA aware and complete a Ulysses incident form (alongside other responsibilities as required (for further information, please see the Trust’s Workforce Investigation Policy & Procedure, SH HR 20). The incident form should be completed in a way which ensures that the name and details of the staff member against whom the allegations have been made remains confidential.

25.6 In addition, Disclosure and Barring Service (see below) must be notified as soon as there is sufficient evidence of a risk of harm to children or adults at risk with details of any management action taken such as restriction of practice or exclusion. A referral may also be required to the professional body of the staff member concerned. Advice should be sought from HR alongside the Safeguarding Allegation Management Advisor, Clinical Directors and Directorate Lead Nurse.

25.7 Where an internal investigation or the safeguarding investigation establishes a suspected crime this will need to be reported to the Police.

25.8 Where there is an allegation against a Trust employee unconnected to their employment, the line manager will consider the facts and will need to consider whether the actions of the employee pose a risk and warrant notifying the SAMA.

26. Disclosure and Barring Service (DBS)

26.1 The Disclosure and Barring Service is responsible for carrying out pre-employment checks including Criminal Records Bureau (CRB) checks, and checks of a vetting and barring list. The DBS has the power to bar certain people from regulated activity with children and adults at risk. As an NHS and social care provider of services the Trust is known as a regulated activity provider for the purposes of the scheme.

26.2 The DBS will make all decisions about who should be barred and will hold a central register of those who are barred from working with children or adults at risk. It is a criminal offence for individuals barred by the DBS to work or apply to work with children and adults at risk in a wide range of posts including most NHS jobs. It is also a criminal offence to employ a barred individual. Employers and service providers will be able to check an individual’s status on-line free of charge.

26.3 Please see the Disclosure and Barring Service and employment checks policy SH HR 06 for information about pre-employment checks and the Referral to the Disclosure and Barring Service policy SH CP 165 for further information about how and when to refer an individual to the DBS.

27. Speak Up! Whistleblowing

27.1 The values of the Trust include acting with ‘honesty and integrity’. The Trust wants to be open with its staff, and for staff to be open with service users, with each other and with the Trust. The Trust believes that this will lead to better care. Members of staff are encouraged to speak to their manager if they have any concerns over the quality or safety of care being delivered.

27.2 The Trust’s Speak Up (whistleblowing) policy is intended to enable staff to report that something is wrong, has happened, or may happen, and to support staff in raising genuine concerns which will be treated seriously, promptly and fairly. Raising a concern does not mean the individual has to provide proof of the problem – the individual only needs a genuine belief that something may be wrong and may need looking into.

27.3 Whistleblowing is relevant to safeguarding where there are concerns of abuse due to the actions or omissions of another staff member in the Trust. In these circumstances the case should also
be notified to the Corporate Safeguarding Adults Team under their SAMA function (see above). Please refer to the Trust’s Whistleblowing policy (SH HR 12) for further details.

27.4 Additionally the trust now has a ‘Freedom to Speak up Guardian’ who acts independently and is there is listen and support staff in raising concerns.

28. Prevent

28.1 Prevent forms one part of the Government’s overall counter terrorism strategy, ‘CONTEST’, which is led by the Home Office.

28.2 Prevent is aimed at front line staff and is designed to help make staff aware of their role in preventing vulnerable people being exploited for terrorist purposes.

28.3 The Counter Terrorism and Security Act (2015) places a duty on a range of organisations to have due regard to the need to prevent people of all ages being drawn into terrorism.

28.4 The Prevent strategy recognises that NHS staff may come into contact with individuals (both children and adults) who are vulnerable to radicalisation. Radicalisation is usually a process, not a one-off event, and during that process it is possible to intervene to safeguard the vulnerable individual before any harm has occurred or crime has been committed. Staff must have an awareness of the risk of radicalisation, identify those individuals who may be vulnerable and intervene to prevent them from supporting terrorism or becoming terrorists themselves.

28.5 If a staff member has concerns that a child or adult may have been radicalised or is at risk of radicalisation, staff must be aware of their responsibilities under this policy to report their concerns and complete a Prevent referral to the Local Authority.

28.6 All concerns relating to Prevent must be escalated as a matter of urgency to the Corporate Safeguarding Team.

28.7 The Prevent referral process can be described in three stages; notice, check and share.

- **Notice**: Staff must be aware of an individual’s vulnerability to radicalisation, changes in behaviour, ideology and other forms of extremism.

- **Check**: Out your concerns with the individual where possible, and where safe, with your line manager, colleagues and Multi-Disciplinary Clinical meetings. Checking out your concerns with the Southern Health Safeguarding Team will help to ensure a proportionate response to the concerns.

- **Share**: Your concerns with partner agencies, and as far as possible be open and honest with the individual about the duty to share your concerns.

28.8 On raising a concern or completing a Prevent referral form, a Ulysses Incident Report must be completed.

28.9 Please refer to the Trust’s Prevent policy for further details.

29. Training requirements

29.1 The delivery of effective training is crucial to the success of the safeguarding adult’s agenda. There are differing levels of safeguarding training dependent on roles and responsibilities.

29.2 Please refer to the Training Needs Analysis in Appendix A1.
30. Monitoring compliance

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding adults reporting data is in line with expected national average</td>
<td>Area Managers / Service Leads</td>
<td>Safeguarding Adults Dashboard Record keeping audit</td>
<td>Monthly reports/ quarterly reports</td>
<td>Service Leads/ Area Managers/ Safeguarding Forum Area / Divisional Quality &amp; Governance committees/ Quality &amp; Safety committee as part of exception reporting.</td>
</tr>
<tr>
<td>Safeguarding alerts recorded correctly, including Safeguarding incident report</td>
<td>Area Managers/ Service Leads</td>
<td>Record keeping audit</td>
<td>Monitored through quarterly reports and through corporate Safeguarding Team</td>
<td>Service Leads/ Area Managers/ Safeguarding Forum Area / Divisional Quality &amp; Governance committees/ Quality &amp; Safety committee as part of exception reporting.</td>
</tr>
<tr>
<td>All staff have completed appropriate level of training</td>
<td>Area Managers/ Service Leads</td>
<td>Managers’ training record</td>
<td>Review at Managers’ discretion</td>
<td>Service Leads/ Area Managers/ Safeguarding Forum Area / Divisional Quality &amp; Governance committees/ Quality &amp; Safety committee as part of exception reporting.</td>
</tr>
</tbody>
</table>

31. Policy review

31.1 This Policy may be reviewed on a three yearly basis, or following any significant changes in national policy or legislation.

32. Associated trust documents

- Confidentiality and information sharing
- Consent to examination or treatment
- Incident management, and investigations
- Mental Capacity Act and Deprivation of Liberty Safeguards
- Personal and professional boundaries
- Disclosure and Barring Service
- Speak Up (whistleblowing)
- Incident Reporting
- Governance
- Workforce Investigation
33. **Supporting references**


33.13 Hampshire and IOW 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance available online at: [http://www.hampshiresab.org.uk/professionalsarea/hampshire_4lsab_multiagency_safeguarding_adults_policy_guidance/](http://www.hampshiresab.org.uk/professionalsarea/hampshire_4lsab_multiagency_safeguarding_adults_policy_guidance/)


33.15 Hampshire, Isle of Wight, Portsmouth and Southampton Local Safeguarding Children’s Board (4LSCB), 2017, Joint Working Protocol
Appendix 1

Training Needs Analysis

If there are any training implications in your policy, please complete the form below and make an appointment with the LEaD department (Louise Hartland, Quality, Governance and Compliance Manager or Sharon Gomez, Essential Training Lead on 02380 874091) before the policy goes through the Trust policy approval process.

<table>
<thead>
<tr>
<th>Training Programme</th>
<th>Frequency</th>
<th>Course Length</th>
<th>Delivery Method</th>
<th>Facilitators</th>
<th>Recording Attendance</th>
<th>Strategic &amp; Operational Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Safeguarding Level 1, Level 2</td>
<td>3 yearly, except multi-agency training</td>
<td>One day</td>
<td>Face to face and e-learning</td>
<td>Corporate Safeguarding Team</td>
<td>Delegate’s LEaD training record</td>
<td>Corporate Safeguarding</td>
</tr>
</tbody>
</table>

**Directorate** | **Service** | **Target Audience** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MH/LD/TQ21</td>
<td>Adult Mental Health</td>
<td>• All non-clinical staff will attend, or complete electronically, mandatory Safeguarding Children &amp; Adults Level 1.</td>
</tr>
<tr>
<td></td>
<td>Specialised Services</td>
<td>• All clinical staff will attend, or complete electronically, mandatory Safeguarding Children &amp; Adults Level 2.</td>
</tr>
<tr>
<td></td>
<td>Learning Disabilities</td>
<td>• All staff should be familiar with the Safeguarding Adults’ Policy and be aware of the alert process in their own geographical area.</td>
</tr>
<tr>
<td></td>
<td>TQtwentyone</td>
<td>• Multi-agency training is accessed for staff whose roles involve discharge of the Local Authority responsibilities under multi-agency policy and procedure.</td>
</tr>
<tr>
<td>ISD’s</td>
<td>Older Persons Mental Health</td>
<td></td>
</tr>
<tr>
<td>ISD’s</td>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>ISD’s</td>
<td>Childrens Services</td>
<td></td>
</tr>
<tr>
<td>Corporate</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Training Programme</td>
<td>Frequency</td>
<td>Course Length</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------</td>
<td>---------------</td>
</tr>
<tr>
<td>Prevent Training – Workshop to Raise Awareness of Prevent (WRAP3)</td>
<td>Once only</td>
<td>1½ Hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Service</th>
<th>Target Audience</th>
</tr>
</thead>
</table>
| MH/LD/TQ21           | Adult Mental Health            | ✓ This is a Department of Health PREVENT Course (part of the Home Office Counter Terrorism strategy).  
                      | Specialised Services           | ✓ This training can be delivered by trainers who have been approved by the Department of Health to deliver HealthWRAP (Workshop to Raise Awareness of Prevent)  
                      | Learning Disabilities          | ✓ The Department of Health require that all front-line staff attend this training.  
                      | TQtwentyone                    | ✓ Prevent training is mandatory for all clinical staff, and deliverable to non-clinical staff as needed                                                                                                           |
| ISD’s                | Older Persons Mental Health    |                                                                                                                                                                                                                 |
| ISD’s                | Adults                         | ✓ Prevent training is mandatory for all clinical staff, and deliverable to non-clinical staff as needed                                                                                                           |
| ISD’s                | Children’s Services            |                                                                                                                                                                                                                 |
| Corporate            | All                             | ✓ Prevent training is mandatory for all clinical staff, and deliverable to non-clinical staff as needed                                                                                                           |
Appendix 2

Southern Health NHS Foundation Trust:
Equality Impact Analysis Screening Tool

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy/practice or service to identify what impact or likely impact it will have on protected groups.

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. The form is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

For guidance and support in completing this form please contact a member of the Equality and Diversity team.

<table>
<thead>
<tr>
<th>Name of policy/service/project/plan:</th>
<th>Safeguarding Adults Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number:</td>
<td>SH CP 15.2</td>
</tr>
<tr>
<td>Department:</td>
<td>Safeguarding</td>
</tr>
<tr>
<td>Lead Officer for assessment:</td>
<td>Safeguarding Specialist Practitioner</td>
</tr>
<tr>
<td>Date Assessment Carried Out:</td>
<td>March 2013</td>
</tr>
</tbody>
</table>

1. Identify the aims of the policy and how it is implemented.

<table>
<thead>
<tr>
<th>Key questions</th>
<th>Answers / Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe purpose of the policy including:</td>
<td>This document gives guidance to all staff on the local policies, practice and procedures that should be followed by Southern Health NHS Foundation Trust employees when working with individuals who may require safeguarding with the intended outcomes of either preventing abuse or responding promptly and effectively when abuse occurs.</td>
</tr>
<tr>
<td>▪ How the policy is delivered and by whom</td>
<td></td>
</tr>
<tr>
<td>▪ Intended outcomes</td>
<td></td>
</tr>
</tbody>
</table>

2. Consideration of available data, research and information

Monitoring data and other information involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions. It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent research findings (local and national)
- Results from consultation or engagement you have undertaken
- Service user monitoring data
- Information from relevant groups or agencies, for example trade unions and voluntary/ community organisations
- Analysis of records of enquiries about your service, or complaints or compliments about them
- Recommendations of external inspections or audit reports
<table>
<thead>
<tr>
<th>Key questions</th>
<th>Data, research and information that you can refer to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> What is the equalities profile of the team delivering the service/policy?</td>
<td>The policy is relevant to all Trust staff. The Equality and Diversity team will report on Workforce data on an annual basis.</td>
</tr>
<tr>
<td><strong>2.2</strong> What equalities training have staff received?</td>
<td>All Trust staff undertake Equality and Diversity training as part of Corporate Induction (Respect and Values) and E-Learning.</td>
</tr>
<tr>
<td><strong>2.3</strong> What is the equalities profile of service users?</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>2.4</strong> What other data do you have in terms of service users or staff? (e.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?</td>
<td>The Trust is preparing to implement the Equality Delivery System which will allow a robust examination of Trust performance on Equality Diversity and Human Rights. This will be based on 4 key objectives that include: 1. Better health outcomes for all 2. Improved patient access and experience 3. Empowered, engaged and included staff 4. Inclusive leadership</td>
</tr>
<tr>
<td><strong>2.5</strong> What internal engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? Service users/carers/staff</td>
<td>Staff consulted across Southern Health.</td>
</tr>
<tr>
<td><strong>2.6</strong> What external engagement or consultation has been undertaken as part of this EIA and with whom? What were the results? General Public/Commissioners/ Local Authority/Voluntary Organisations</td>
<td>This version has not been externally consulted on as there has been no major re-write rather a drawing together of merge organisation documents.</td>
</tr>
</tbody>
</table>
In the table below, please describe how the proposals will have a positive impact on service users or staff. Please also record any potential negative impact on equality of opportunity for the target:

In the case of negative impact, please indicate any measures planned to mitigate against this:

<table>
<thead>
<tr>
<th>Positive impact (including examples of what the policy/service has done to promote equality)</th>
<th>Negative Impact</th>
<th>Action Plan to address negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Applies to everyone over the age of 18 years. Older people may be more likely to be deemed vulnerable due to known factors and/or ageist attitudes or communication barriers due to increased frailty or ill health together with those with mental health problems or learning disabilities.</td>
<td>Implementation of the Safeguarding Policy, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to promote independence and choice.</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>The Safeguarding Policy provides important safeguards for people who are vulnerable because of their disability and/or circumstance. The Trust will provide interpreting and translation and respond to requests of information in alternative formats. This will largely affect individuals with significant learning disabilities, older people suffering from dementia or similar disability. This also includes other causes such as neurological conditions such as brain injury. DRC report 2007- Independent living &amp; the Commission for Equality &amp; Human Rights highlights how health staff may have paternalist approach to disabled people which can lead to poor practice.</td>
<td>Any action taken to safeguard people must be in line with the appropriate Multi-Agency Policy which the Trust policy underpins.</td>
</tr>
<tr>
<td><strong>Gender Reassignment</strong></td>
<td>The Safeguarding Policy applies to all people and together with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation provides important 'Working with lesbian, gay, bisexual and trans (LGBT) people' (DOH briefing) indicates up to 25% of health care staff have expressed negative or homophobic attitudes and highlights need</td>
<td>Trust Equality and Diversity Lead will provide support and guidance on cultural issues. Trust has a staff network of over 60 diversity</td>
</tr>
<tr>
<td><strong>Safeguards</strong></td>
<td><strong>for training across NHS staff.</strong></td>
<td><strong>champions.</strong></td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>

| **Marriage and Civil Partnership** | The Safeguarding Policy does not discriminate between types of relationships. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs. | Any action taken to safeguard people must be in line with the Safeguarding Policy. |

| **Pregnancy and Maternity** | The Safeguarding Policy does not discriminate against women. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs. | Any action taken to safeguard people must be in line with the Safeguarding Policy. |

| **Race** | The Safeguarding Policy is not expected to impact in any different way on different racial or ethnic groups. The Trust has provisions in place so that staff are aware of their responsibilities to different ethnic group groups and if the deed to ensure that safeguards are operated fairly and equitably the Trust will provide interpreting and translation and respond to requests of information in alternative formats. | Lack of understanding/awareness of how to take account of the cultural background of the individual concerned. |

| | Trust Equality and Diversity Lead will provide support and guidance on cultural issues. Trust has a staff network of over 60 diversity Champions Trust Spirituality and Chaplaincy provision | |

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January 2019
<table>
<thead>
<tr>
<th>Religion or Belief</th>
<th>The Safeguarding Policy does not discriminate between religions or beliefs. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs.</th>
<th>Risk staff are not always aware of the implications for service provision taking into account the person’s cultural, ethnic or religion or beliefs.</th>
<th>Trust Equality and Diversity Lead will provide support and guidance on cultural issues. Trust has a staff network of over 60 diversity champions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>The Safeguarding Policy does not discriminate between men and women. A principle on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs.</td>
<td>Any action taken to safeguard people must be in line with the Safeguarding Policy.</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>The impact of the Policy on groups by sexual orientation is expected to be positive overall, because the principles on which safeguarding is based is that everybody should be treated as an individual and their care regimes determined by reference to their specific needs.</td>
<td>There may be a potential difficulty for some partners of those who lack capacity to have a voice when decisions relating to their partner are being considered.</td>
<td>In any event as well as the Safeguarding Policy the Mental Capacity Act would apply which requires that in considering what is in the best interests of a person lacking capacity, the decision-maker must take into account all of the issues relevant to the individual including the person’s past and present wishes and feelings. A person’s sexual orientation would need to be included in any consideration of their best interests.</td>
</tr>
</tbody>
</table>