Safeguarding Adults Overarching Policy & Procedure

Policy reference: HFT-CAS-001-001
Approved: 26/03/2026
Review date: 26/03/2027

Safeguarding Adults Overarching Policy & Procedure Summary

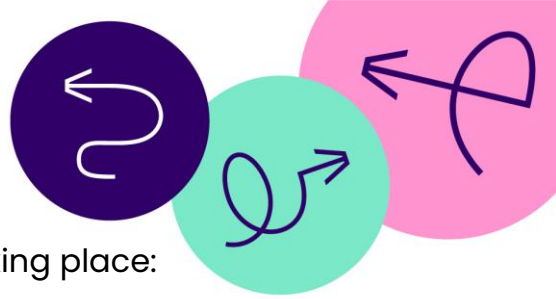
This summary sets out the key things every Hft colleague must know about safeguarding. All staff must read this section first, and then the full policy.

Core Principles

- Safeguarding is everyone's responsibility.
- All colleagues must complete safeguarding training and refresh it when required.
- Safeguarding applies to current, recent and historic concerns.
- You must always act to keep people safe and uphold their rights.

Report Safeguarding Concerns Immediately

- Do not wait for more information or your next shift.
- Safeguarding concerns must be reported to the Registered Manager / DSL and recorded on InPhase immediately.
- The DSL is always the Registered Service Manager, unless formally delegated in writing.
- If the concern involves the Registered Manager / DSL, report it to the Regional Service Manager (or use Whistleblowing) and record it on InPhase immediately.
- Records must be clear, factual and timely.
- If you are unsure whether something is a safeguarding concern, report it anyway and speak to your Line Manager.
- Safeguarding concerns can be raised confidentially through Whistleblowing – use the link in the Policy Library.



Immediate Safety Actions

If someone is in immediate danger or a crime may be taking place:

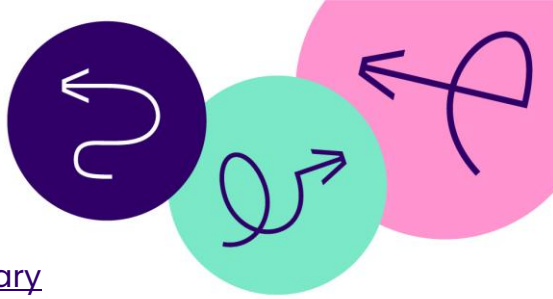
- Call 999 (or 101 for non-urgent Police contact).
- Take action to keep people safe.
- Do not clean or disturb evidence.
- In cases of recent sexual assault: contact Police immediately and support the person not to wash themselves, to preserve evidence.

If you are unsure what to do:
Always seek guidance from your Line Manager or DSL.

What Happens Next

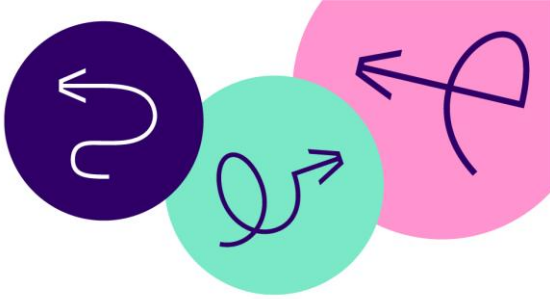
All safeguarding concerns will be reviewed by the Registered Manager / DSL.
Actions may include:

- making a referral to the Local Authority
- contacting the Police
- completing immediate safety planning
- recording all actions on InPhase



Contents

Safeguarding Adults Overarching Policy & Procedure Summary
Purpose & Policy Statement
Accessible & Alternative Formats
Scope
Definitions
Safeguarding Adults Overarching Policy
Aims
Framework & Commitment
Definition of Abuse & The Harm Test
Preventing Abuse and Harm
Categories of abuse
Indicators of abuse
Identifying Perpetrators of Abuse/Harm
People in Positions of Trust (PiPoT)
People Who Lack Mental Capacity
Prevent Duty
Making Safeguarding Personal
Making Safeguarding Accessible
Safeguarding Children
Safeguarding responsibilities
Documentation Standards for Safeguarding Concerns
Local Authority Safeguarding & Multi-Agency Working
Section 42 Enquiries
Severity Matrix
Information Sharing & Safeguarding
Safe Recruitment Practices
Preventing Closed Cultures and Monitoring Restrictions
Lessons Learnt or To Be Learnt
Debrief, Reflective Practice & Staff Wellbeing
Duty of Candour
Charity Commission Compliance
Whistleblowing & Speaking Up
Training & Monitoring
Safeguarding Metrics & Data Reporting
Other Contacts and Sources of Assistance



Safeguarding Adults Overarching Procedure
Impact Assessment
Equality Assessment
Appendix 1 – Safeguarding Adults Flowchart
Appendix 2 – Severity Matrix – Further information
Appendix 3 – Full Definitions and Harm Test Guidance
Appendix 4 – Preparing for Multi-Agency Strategy Meetings
Appendix 5 – External Contacts
Appendix 6 – Categories of Abuse and Related Safeguarding Concerns
Appendix 7 – Indicators of abuse
Appendix 8 – Safeguarding metrics
Appendix 9 – Prevent duty

Purpose & Policy Statement

This Policy & Procedure sets out how Hft safeguards adults and meets its legal duties under the Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Mental Capacity Act 2005, the Equality Act 2010, the Human Rights Act 1998, the Counter-Terrorism and Security Act 2015 (Prevent Duty), and other relevant legislation and best practice guidance.

Hft is committed to providing safe, high-quality care and support and to promoting the health, safety and wellbeing of People We Support, staff and others.

Hft will always aim for the highest possible standards of care and will act promptly and effectively to prevent, identify and respond to abuse, harm and associated risks.

Hft works in line with Local Authority policies and procedures, Local Safeguarding Adults Boards' guidance, and guidance from the Care Quality Commission (CQC), recognising the importance of national safeguarding guidance.

This Policy reflects the sections recommended by Local Safeguarding Adults Boards and supports the local partnership to discharge its safeguarding duties under section 14 of the Care Act 2014 and its statutory guidance.

Hft uses its governance systems to track and monitor concerns, incidents, accidents, disciplinary action, complaints and safeguarding concerns, and to identify patterns or themes that may indicate abuse or harm.
Learning from this monitoring informs improvements in practice, training and service design.

This Policy & Procedure, and related safeguarding information, is made available to staff, People We Support and other relevant parties in formats they can understand, so they know how to raise safeguarding concerns with Hft, the Local Authority or the Care Quality Commission.

All Hft staff receive training in this Policy and its implementation appropriate to their role. Hft also promotes its Speaking Up / Whistleblowing Policy, recognising its close link with safeguarding and the rights and responsibilities of staff to voice concerns about people's safety and wellbeing.

Related Policies & Procedures

Safeguarding practice operates within Hft's wider governance framework and must be read alongside related organisational Policies and Procedures.

The following Policies and Procedures are directly related to safeguarding and provide additional guidance on areas that interact with, inform, or complement safeguarding responsibilities:

- Incident Management Policy & Procedure
- Whistleblowing and Speaking Up Policy & Procedure
- Complaints Policy & Procedure
- Mental Capacity Act 2005 Policy & Procedure
- Deprivation of Liberty Safeguards (DoLS) Policy & Procedure
- Positive Behaviour Support (PBS) and Restrictive Practices Policy
- Duty of Candour Policy
- CQC Compliance Policy
- Safe Recruitment and Selection Policy & Procedure
- DBS Referral Policy
- Record Keeping Policy
- Information Governance and Data Protection Policy

These related documents set out additional legal requirements, expectations and organisational standards that apply across all Hft services.

Together, they form the broader governance framework within which safeguarding activity is carried out and ensure alignment with the Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and CQC's Single Assessment Framework.

Accessible & Alternative Formats

This document is currently available in the following formats:

- Written.
- Easy Read.

This document may be available in audio format depending on your device settings and the program used to open it.

If this policy requires converting into an accessible or alternative format, contact hftgovernance@hft.org.uk and a conversion will be completed within 10 working days.

Scope

This Policy & Procedure applies to all staff working for Hft, including all contractors, volunteers and agency staff, from frontline staff to the Board of Trustees.

Definitions

Please see the Policy Definitions Glossary document for all terms specific to Policy documents. Terms should be clear in the policy wording; however, the glossary is provided for the avoidance of doubt.

Safeguarding Adults Overarching Policy

Aims

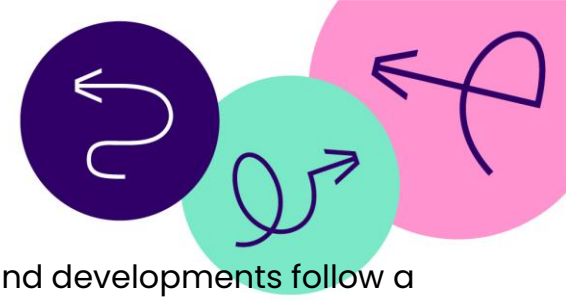
The central purpose of this Policy & Procedure is to set out for all relevant parties the:

- principles and values underlying Hft's approach to the safeguarding of People We Support,
- ways in which the Organisation will do this,
- the steps Hft will take to avoid abuse/harm taking place,
- the actions Hft will take to deal with abuse/harm if it occurs,
- how the Organisation will learn from incidents of abuse to prevent reoccurrence.

Framework & Commitment

Hft shares and is committed to the vision of local safeguarding authorities, which is to empower and protect adults who are at risk of abuse and neglect, as defined in legislation and statutory guidance.

Hft will always take the stance that safeguarding is everybody's responsibility and hold this as a core belief central to the Organisations' values.



Hft understands that local safeguarding arrangements and developments follow a government strategy based on:

- empowerment — supporting people to make decisions and have a say in their care
- protection — support and representation for those in greatest need
- prevention — it is better to act before harm occurs
- proportionality — safeguarding must be built on proportionality and a consideration of people's human rights
- partnership — local solutions through services working with their communities
- accountability — safeguarding practice and arrangements should be accountable and transparent.

All safeguarding actions taken by Hft staff will respect and promote the rights contained in the Human Rights Act 1998 (in particular Article 3 – freedom from torture, inhuman or degrading treatment; Article 5 – right to liberty and security; Article 8 – right to respect for private and family life, home and correspondence; and Article 14 – protection from discrimination in the enjoyment of these rights).

Definition of Abuse & The Harm Test

Abuse is any action, or lack of action, that causes harm to another person or puts them at risk of being harmed. Abuse can happen once or repeatedly. It can be deliberate, careless, or happen when someone fails to act to protect a person.

Harm means any act or failure to act that results in a person being hurt, distressed, neglected, or having their basic rights, health, or wellbeing damaged. Harm can be physical, emotional, sexual, financial, or caused by neglect, poor care, or loss of dignity and respect.

See more guidance on the Definition of Abuse and Harm in Appendix 3 – Full Definitions and Harm Test Guidance

Preventing Abuse and Harm

Hft is committed to taking all reasonable and proportionate steps to prevent abuse, neglect, or harm to the people it supports. This commitment applies to all staff members, agency workers, and volunteers across the organisation.

To achieve this, Hft will:

1. Set out and make widely known clear procedures for identifying, reporting, and responding to suspicions or evidence of abuse or harm.
2. Operate safe recruitment and vetting processes that ensure all individuals involved in regulated activity are appropriately checked, including references, Disclosure and Barring Service (DBS) criminal records and barred list checks, and equivalent checks for overseas applicants.
3. Embed safeguarding awareness and prevention within all levels of induction and ongoing training for colleagues.
4. Maintain vigilance for any signs or indicators of abuse or harm, regardless of the source.
5. Promote a culture of openness, honesty, and accountability in which colleagues, People We Support, families, and stakeholders feel confident to raise concerns about any behaviour or situation that could be harmful.
6. Implement systems and support strategies that reduce risk and manage aggression or distress in ways that protect everyone involved.
7. Embed Positive Behaviour Support (PBS) as a core safeguarding prevention approach.
   Hft recognises that behaviour which challenges often reflects unmet needs, distress, communication differences, trauma, or environmental factors. Staff must apply PBS principles to understand the reasons behind behaviour, reduce restrictive practices, and maintain person-centred, least-restrictive support that promotes autonomy and quality of life.
8. Maintain robust procedures for the management of property, money, and financial affairs belonging to People We Support, ensuring transparency and protection against financial abuse.
9. Share safeguarding concerns promptly with the relevant Local Authority Safeguarding Adults Board, and where appropriate, with the Safeguarding Children Partnership.

10. Empower and support People We Support to recognise unsafe situations and make informed choices that help them stay safe.
11. Maintain and promote a clear Whistleblowing Policy that enables colleagues to report concerns internally or to external agencies without fear of reprisal.

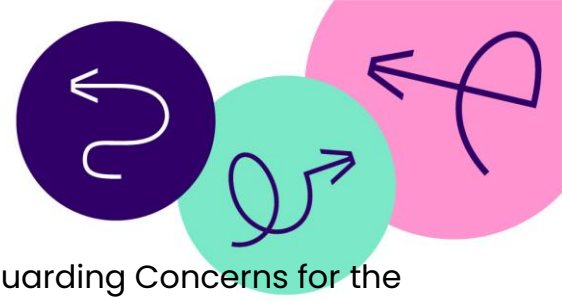
Through these measures, Hft aims to create and maintain an environment where abuse and harm are actively prevented, and where everyone feels safe, respected, and protected.

Categories of abuse

The Care Act 2014 recognises a number of main categories of abuse and neglect. These include:

- Physical abuse – for example assault, rough handling, misuse of medication, restraint or inappropriate physical sanctions.
- Sexual abuse – for example rape, sexual assault, sexual harassment, sexual exploitation or sexual acts without valid consent.
- Psychological / emotional abuse – for example threats, humiliation, intimidation, coercion, controlling behaviour, verbal abuse or isolation.
- Financial or material abuse – for example theft, fraud, exploitation, pressure in relation to money, property, benefits or financial arrangements.
- Discriminatory abuse – abuse, harassment or unfair treatment linked to protected or other personal characteristics.
- Organisational / institutional abuse – poor care, neglect or abusive practice arising within a service, setting or organisational culture.
- Neglect and acts of omission – failing to meet a person's physical, emotional or medical needs, or failing to act to prevent harm.
- Self-neglect – a wide range of behaviours in which a person fails to care for their own health, wellbeing, hygiene or living environment.

Hft also recognises a wider range of abuse, exploitation and safeguarding concerns, including emerging and context-specific forms of harm.



See Appendix 6 – Categories of Abuse and Related Safeguarding Concerns for the full list and further guidance.

Indicators of abuse

Abuse may present through changes in behaviour, presentation, relationships, physical condition or circumstances. Staff must remain alert to possible indicators and report concerns promptly.

See Appendix 7 for examples of possible indicators of abuse.

Identifying Perpetrators of Abuse/Harm

Hft recognises that abuse/harm can be committed by a range of possible people. Hft therefore accepts its responsibility to protect People We Support and others from possible abuse from all sources, which include:

- the staff and management of Hft services
- volunteers working in Hft services
- visiting health and social care practitioners and other official visitors
- relatives and friends of People We Support
- people who have contact with People We Support while they are temporarily outside the premises of their home or service they access
- other People We Support receiving Hft services, or accessing the same service
- total strangers, including those who engage in random attacks on other people
- people who set out to exploit and abuse a vulnerable person.

People in Positions of Trust (PIPOT)

Hft recognises its responsibilities under the Care Act 2014 to take appropriate action when concerns arise about any employee, volunteer or contractor whose behaviour may pose a risk to adults or children. This includes all staff at every level, including senior leaders and trustees.

Hft will apply safeguarding principles of proportionality, confidentiality and lawful information sharing, and will cooperate fully with Local Authorities, Police and the Disclosure and Barring Service (DBS) where required.

Hft is committed to ensuring that organisational responses to PiPoT concerns protect the safety and wellbeing of People We Support, uphold staff rights, and meet all statutory obligations.

People Who Lack Mental Capacity

Hft recognises that adults who lack mental capacity may be at increased risk of abuse, harm or exploitation, and is committed to upholding their rights, freedoms and protections under the Mental Capacity Act 2005 (MCA).

Hft's safeguarding approach for people who lack capacity is guided by the following principles:

Respect for rights and autonomy

All actions must be taken in accordance with the MCA's statutory principles, including the presumption of capacity and the requirement to support individuals to make their own decisions wherever possible.

Understanding the person

Staff must make every reasonable effort to understand the person's experiences, wishes, feelings and perspectives, using appropriate communication methods and independent advocacy where necessary.

Best-interest decision-making

When a person is assessed as lacking capacity for decisions related to their safety or safeguarding, any actions taken on their behalf must be lawful, necessary, proportionate and demonstrably in the person's best interests.

Access to advocacy

Hft supports access to independent mental capacity advocacy (IMCA) or Care Act advocacy for individuals who have substantial difficulty participating in safeguarding processes and have no appropriate person to support them.

Legal compliance

Safeguarding practice for individuals who lack capacity must align with the Mental Capacity Act 2005, its Code of Practice, the Care Act 2014, and—where relevant—Deprivation of Liberty Safeguards (DoLS) and the forthcoming Liberty Protection Safeguards.

Hft is committed to ensuring that safeguarding responses for people who lack capacity remain person-centred, rights-based and compliant with statutory requirements.

Prevent Duty

Staff must remain alert to possible indicators of radicalisation and report concerns in line with this Policy & Procedure.

See Appendix 9 for examples of possible indicators of radicalisation.

Making Safeguarding Personal

All Hft safeguarding policies are also in line with the Making Safeguarding Personal (MSP) agenda. which has been developed by the Local Government Association (LGA) with the Association of Directors of Adult Social Services (ADASS), and other national partners. The MSP aims for:

- a person-centred approach so that safeguarding is done with, not to, people
- practice that achieves meaningful improvement to people's circumstances rather than just on "investigation" and "conclusion"
- an approach that makes use of social work skills rather than just "putting people through a process"
- an approach that enables People We Support, practitioners, families, teams and Safeguarding Adults Boards to know what difference has been made.

Making Safeguarding Accessible

Hft ensures that People We Support receive safeguarding information in accessible formats and are supported to understand how to raise concerns with Hft, the Local Authority or the Care Quality Commission.

Safeguarding Children

Hft sometimes supports children, or Hft staff may interact with children in the course of their work with adults and People We Support.

Hft is also committed to safeguarding children where they may come into contact with services or staff.

The broad processes for safeguarding children are very similar as they are in this policy including recording methods (InPhase); all concerns must be reported, recorded, acted upon and reviewed (and investigated where required).

Where concerns overlap between children's and adult services, staff must ensure that notifications where relevant are made to both agencies and that there is suitable coordination with the LADO.

Safeguarding responsibilities

While safeguarding is everybody's responsibility, there are some clear lines of responsibility and accountability that must be drawn.

Support Workers
Must act in accordance with this policy. Support Workers must always act in a way that promotes the health, safety and wellbeing of People We Support. They must report Safeguarding concerns appropriately. They must manage concerns as they emerge in line with this Policy.

Team Leaders & Deputy Service Managers
Must act in accordance with this policy and must always act in a way that promotes the health, safety and wellbeing of People We Support. They must report Safeguarding concerns appropriately.
Team Leaders may be asked by a more senior member of staff to support with an investigation or to manage a concern.

Registered Service Managers / Service Managers

Acts as the Designated Safeguarding Lead (DSL) for their service.

Must act in accordance with this policy and must always act in a way that promotes the health, safety and wellbeing of People We Support. They must report safeguarding concerns appropriately. They must manage concerns as they emerge in line with this Policy.

Responsible for ensuring operational staff are appropriately trained in safeguarding.

They must add safeguarding concerns to the InPhase system within 24 hours of the report.

They must investigate concerns in line with this and other Policies.

They must make Statutory notifications when required eg. To CQC or to the Local Authority.

Regional Service Managers

Responsible for the oversight of safeguarding practice of all staff including Managers in their remit.

Responsible for ensuring that Registered Managers / Service Managers are appropriately trained to the required level for their role in safeguarding.

Provide mentoring and support to Registered Managers regarding safeguarding and management of concerns.

Responsible for ensuring that safeguarding concerns are appropriately managed and investigated, in line with this Policy & Procedure.

Responsible for oversight and/or investigation of incidents that meet the relevant threshold.

They must make Statutory notifications when required eg. To CQC or to the Local Authority where required, in the absence of the Registered Manager. See also CQC Compliance Policy.

Head of Care & Support

Responsible for oversight and/or investigation of Serious Incidents (including safeguarding-related Serious Incidents).

Provide mentoring and support to Regional Managers and/or Registered Managers regarding safeguarding and management of concerns.

Responsible for the overall implementation of this Policy & Procedure throughout the Division.

Responsible for oversight of Serious Incidents and leading or delegating investigation activity as required.

Head of Quality Transformation & Clinical Excellence

Acting as the Hft lead for promotion of good practice in respect of care for the adults at risk and neglect who require protection under the Care Act 2014.

Responsible for setting Policy & Strategy regarding safeguarding.

Responsible for setting Training Strategy regarding safeguarding.

Responsible for the oversight of all safeguarding matters within the Organisation.

Collating data on safeguarding adult activities within Hft and report on issues and incidents relating to adults at risk to Hft Executive Board and the Trustees.
This data is collated within an annual Safeguarding Governance Report. All data, themes and learning is shared with the Hft Executive Board and Board of Trustees.

Investigation of Serious Incidents where appropriate.

Deputy Director of Quality & Inclusion

May commission a Serious Incident Review, if certain conditions are met. A Serious Incident Review likely will also be a significant safeguarding concern as this typically denotes that significant harm has occurred.

Board of Trustees

The Board of Trustees holds ultimate responsibility for ensuring that Hft has robust safeguarding arrangements in place and that the charity meets all statutory and regulatory duties under the Care Act 2014, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Charity Commission requirements.

The Board receives regular reports from the Head of Quality Transformation & Clinical Excellence on trends, serious incidents, and policy compliance; maintains oversight through the safeguarding dashboard and risk register; ensures the Safeguarding Adults Policy is reviewed annually; and confirms that serious safeguarding incidents are promptly reported to the Charity Commission and CQC as required.

The Board promotes a culture in which safeguarding is recognised as everyone's responsibility and satisfies itself that effective systems are in place to protect People We Support from harm.

There is a named Trustee Safeguarding Champion who steers the Board on such matters, this person will also chair the Board Safeguarding Committee.

Documentation Standards for Safeguarding Concerns

Accurate, objective and timely recording is essential to safeguarding practice and is a requirement under the Care Act 2014, Regulation 17 (Good Governance), and the CQC Single Assessment Framework.

All colleagues must ensure that safeguarding concerns are documented to a consistently high standard, using the following principles.

Factual, Objective and Neutral Language

- Records must be factual, impartial and written in clear, professional language.
- Where possible, colleagues must use the *exact words* spoken by the Person We Support or other individual.
- Opinions, interpretations or assumptions must not be included unless clearly identified as professional judgement and supported by evidence.

Contemporaneous Recording

- Safeguarding concerns must be recorded as soon as possible and always on the same day the concern arises. Staff must not wait until the next shift/day.
- InPhase is the primary system for recording safeguarding concerns. Care notes may reference concerns but must not replace or duplicate the formal report.
- Any new information, developments or outcomes must be added to the InPhase record promptly so that the safeguarding chronology remains accurate and complete.

Body Maps and Injury Recording

- Where physical marks, injuries or bruising are observed, colleagues must use body maps to record their presence and location.

- Descriptions must include size, shape, colour and precise positioning.
- Photographs must not be taken unless with appropriate consent, authorised by a manager and only where this is necessary, proportionate and clearly enhances the safeguarding record.

Use of Photographs

- Photographs may only be taken using an authorised device and must be uploaded directly and securely to InPhase.
- Photographs must never be stored on personal devices.
- Where the person has capacity, consent must be obtained before photographs are taken.
- If the person lacks capacity, a best-interest decision must be documented in line with the Mental Capacity Act 2005 and its Code of Practice.

Training Requirements

All operational colleagues must complete mandatory training to ensure high-quality, defensible and compliant recording standards.

This includes:

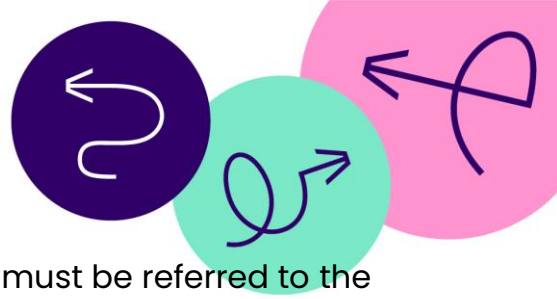
- InPhase Incident Recording (mandatory)
- Record Keeping (mandatory)

These courses provide essential guidance on how to record safeguarding concerns, incidents, injuries, evidence and investigation activity to the standards expected within Hft and by Local Authorities and the Care Quality Commission.

Local Authority Safeguarding & Multi-Agency Working

Hft works in full alignment with Local Authority Safeguarding Adults Boards (SABs) and the Care Act 2014 statutory guidance. Safeguarding arrangements reflect national requirements as well as regional variations in practice across England and Wales.

Hft develops its Policies, Procedures and staff competencies in accordance with SAB guidance, local multi-agency procedures, and any locally defined safeguarding tools or expectations.



Safeguarding concerns that meet the Care Act threshold must be referred to the relevant Local Authority without delay. This includes both the funding (placing) Local Authority and the host Local Authority where the service is located.

For out-of-county placements or jointly commissioned services, Hft will work with both authorities to ensure responsibilities for decision-making and enquiry leadership are clearly understood.

Managers must ensure the lead authority is identified and documented.

Multi-Agency Working Principles

Hft is committed to effective partnership working with Local Authorities, Integrated Care Boards, the Police, health professionals and other safeguarding partners.

The following organisational principles apply:

When Hft Leads Internal Processes

Hft will lead internal safeguarding actions when:

- immediate safety actions are required.
- concerns do not meet the Section 42 threshold.
- the Local Authority requests Hft to undertake aspects of fact-finding
- internal learning or practice improvement is required, regardless of LA involvement
- employment or conduct matters must be considered under HR processes

Hft remains responsible for:

- immediate risk management
- accurate and timely recording
- Duty of Candour requirements where applicable
- the wellbeing and supervision of staff
- embedding service-level learning

These responsibilities continue even when multi-agency enquiries are active.

Pausing Internal Investigation for Police Enquiries

Hft will pause internal investigative activity where the Police are conducting a criminal investigation and where continued fact-finding may compromise evidence.

During this period Hft continues to ensure safety, support people and staff, and maintain communication with the Local Authority and Police.

Only the Police determine when internal investigation activity may resume.

Out-of-County and Cross-Authority Responsibilities

When supporting individuals placed out of county, Hft will liaise with both the funding and host authorities.

Hft ensures:

- notification to both authorities when required
- consistent and accurate information sharing
- clarity regarding which authority leads the enquiry
- organisational responsibilities are documented and understood

These commitments support lawful, collaborative safeguarding practice across geographical boundaries.

Section 42 Enquiries

Where a safeguarding concern meets the Care Act threshold, the Local Authority has a duty to make enquiries or cause them to be made under Section 42 of the Care Act 2014.

Hft will cooperate fully with any enquiry, provide information when requested, and continue to take all reasonable steps to keep the person safe.

Severity Matrix

Hft uses the following descriptors for safeguarding concerns and other incidents.

Level	Description	Safeguarding Threshold met?	Lead Investigator	Sign-off	Investigation target timeline
Low	Low harm/no harm events	Likely does not meet threshold	Deputy Manager	Registered Manager	3 working days
Medium	Allegation of abuse (moderate harm), Other incident that causes or has potential (near miss) to cause moderate harm.	Possibly – check threshold	Registered Manager	Regional Service Manager	7 working days
High	Allegation of abuse (significant but not life changing harm), significant safeguarding risk, prolonged psychological harm. Incident that has potential to cause significant harm (near miss).	Yes	Regional Service Manager	Regional Head of Care & Support	10 working days
Serious	Death; life-changing harm; confirmed abuse/neglect; credible systemic failure	Yes	Regional Head of Care & Support	Deputy Director of Quality & Inclusion	20 working days

The above Severity Matrix is taken from the Incident Management (Operational) Policy & Procedure.

Further guidance on severity ratings and investigation timelines is available in Appendix 2 and the Incident Management (Operational) Policy & Procedure.

Information Sharing & Safeguarding

Hft will share information lawfully and proportionately where necessary to safeguard a person, prevent harm, support a safeguarding enquiry, or meet legal or regulatory duties.

Consent should be sought where appropriate, but information may be shared without consent where there is serious risk, a crime may have occurred, or there is another lawful safeguarding basis to do so.

Decisions must be clearly recorded and handled in line with data protection legislation, confidentiality principles and Hft's Data Protection Policy.

Safe Recruitment Practices

Hft is committed to robust and lawful safe recruitment practices that prevent unsuitable individuals from working with adults at risk.

The organisation will ensure that all recruitment, vetting, and employment decisions reflect its responsibilities under safeguarding legislation and CQC regulatory requirements.

Hft will ensure that:

- All staff engaged in regulated activity, or in roles that involve direct support, undergo the appropriate Disclosure and Barring Service (DBS) criminal records and barred list checks in line with statutory requirements.
- Recruitment and selection processes follow the organisation's Safe Recruitment and Selection Policy & Procedure, including verification of identity, references, employment history and professional qualifications.
- Any safeguarding concerns arising during employment are managed promptly, lawfully, and in accordance with Hft's wider safeguarding and HR frameworks.
- Where a staff member has harmed, abused, or posed a risk of harm to an adult or child, or where they resign or are dismissed in circumstances that would have led to such action, Hft will fulfil its statutory duty to make a referral to the Disclosure and Barring Service (DBS). This duty applies whenever an individual may present a future risk to people who use services.

- Hft cooperates fully with partner agencies, the DBS, Local Authorities, and regulatory bodies in the exchange of information to protect People We Support.

These commitments ensure that Hft maintains a safe workforce and meets its obligations to protect adults from abuse and neglect.

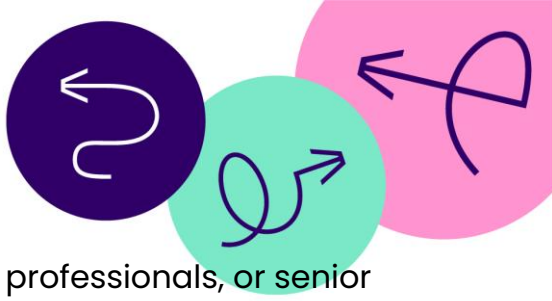
Preventing Closed Cultures and Monitoring Restrictions

Hft is committed to delivering open, person-led services and to actively preventing the development of closed cultures. Registered Managers and other leaders must treat the presence of multiple indicators below as a red flag that requires immediate review and escalation.

A developing closed culture will almost always involve breaches of Articles 5 and/or 8 of the Human Rights Act 1998. Any restriction on a person's liberty, privacy, relationships or autonomy must therefore be lawful, necessary, proportionate and subject to regular documented review.

Managers must routinely monitor for, and act on, the following measurable early warning signs of a potential closed culture:

- Low or suspiciously consistent incident/concern reporting (possible incident suppression)
- Excessively high numbers of incident reports and/or safeguarding concerns
- Repeatedly low or no recorded family/advocate contact or visits
- High or increasing use of agency/locum staff or frequent staff changes.
- Rigid daily routines that are staff-led rather than person-centred
- Limited or reducing community access or meaningful daytime activities
- People We Support being excluded from decisions about their own lives
- High use of restrictive practices (physical intervention, PRN medication for behaviour, locked doors, restricted possessions, or increased observation levels) without clear, time-limited justification and regular review
- Low whistleblowing or speaking-up activity from staff



- Reluctance to allow unannounced visits by families, professionals, or senior managers

Where three or more of these indicators are present, the Registered Manager must complete a Closed Culture Risk Review with the Regional Service Manager, record the findings and actions on InPhase, and escalate to the Head of Quality Transformation & Clinical Excellence if significant risk is identified.

The review is simple and must consider all of the potential indicators given above.

All restrictive practices (e.g., physical holds, PRN medicines used to manage behaviour, environmental restrictions, observation levels) must be recorded, reviewed at least monthly, be time-limited, least-restrictive, lawful, and explicitly linked to a current Positive Behaviour Support Plan and, where required, an MCA best-interest decision or DoLS authorisation. Any concern that restrictive practices are being used disproportionately or unlawfully must be escalated without delay as a safeguarding concern in line with this Policy & Procedure.

Managers must actively promote visibility and voice through easy family/advocate access, regular unannounced walk-rounds by senior staff, and clear routes for everyone to speak up. External scrutiny from commissioners, Local Authorities, and CQC is always welcomed and fully supported.

Lessons Learnt or To Be Learnt

Hft learns from every safeguarding concern. After each investigation, managers record key findings in InPhase.

Themes and trends are reviewed by the Head of Quality Transformation & Clinical Excellence and reported to senior leaders. Learning is shared with teams, and where appropriate, with the Person We Support and their representative.

Policies, training, and practice are updated to prevent recurrence, and progress is checked through supervision, audits, and service reviews.

Lessons learnt from Serious Incidents are shared widely across the Organisation. See Incident Management (Operational) Policy & Procedure.

Safeguarding learning is shared through the same mechanisms used for incident learning including Learning Briefs, InPhase alerts and organisational learning forums.

Debrief, Reflective Practice & Staff Wellbeing

Hft recognises that involvement in a safeguarding concern can have an emotional, psychological and professional impact on staff. A supportive, reflective and learning-focused culture is essential to ensuring safe, high-quality care and to sustaining staff wellbeing.

Hft is committed to ensuring that all colleagues involved in safeguarding concerns, whether as witnesses, reporters, investigators or in supporting roles; receive timely opportunities for debrief, reflection and support.

Hft expects managers to foster a culture where staff feel able to seek support and reflection following concerns and incidents.

Reflective practice is a core element of Hft's safeguarding culture. It promotes learning, strengthens professional judgement, and helps prevent closed cultures from developing. Hft will ensure that reflective practice is embedded across services and linked to supervision, team learning, and wider organisational improvement where relevant.

Hft will also ensure that staff have access to appropriate wellbeing support, including internal support structures and external services such as the Employee Assistance Programme (EAP). Staff wellbeing is recognised as integral to the delivery of safe, person-centred care.

Learning and insights arising from debriefs and reflective practice will be used to inform improvements in policy, training, and practice, in alignment with Regulation 17 (Good Governance) and the CQC Single Assessment Framework.

Duty of Candour

Hft is committed to being open, honest, and transparent when things go wrong. The Duty of Candour is a legal requirement under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It applies when an incident has caused, or could cause, significant harm to a person Hft supports.

When a safeguarding concern or incident meets this threshold, Hft must tell the person affected (or their representative) what has happened as soon as possible, without delay, and certainly within 48 hours.

The responsibility for completing this will typically lie with the Registered Manager / DSL, unless instructed otherwise, particularly in the event of the concern being categorised as a Serious Incident.

This includes explaining what is known, what actions have been taken to keep them safe, and what will happen next. If appropriate, an apology will be given. Hft will also provide clear written information and offer ongoing support throughout any investigation or review.

All staff members must understand that being open and honest is not optional — it is part of Hft's values and legal responsibilities. The Duty of Candour builds trust and helps people feel respected and informed. It also supports learning from incidents so that improvements can be made. Managers must ensure that all conversations and actions relating to the Duty of Candour are recorded clearly and that the person affected is kept up to date.

Duty of Candour information should be delivered in a way that is meaningful and appropriate to the Person and/or their representatives, in the manner that they find the most accessible and/or proportionate. This could range from an in-person meeting to a telephone or online meeting, or a written outcome in a relevant format.

Charity Commission Compliance

As a registered charity, Hft is committed to meeting the Charity Commission's safeguarding expectations, including reporting serious incidents involving abuse or harm that impact People We Support, staff, or the charity's reputation.

Trustees ensure annual safeguarding policy reviews are conducted and maintain oversight through regular board reports and trend monitoring via dashboards and risk registers.

Serious incidents must be promptly reported via the Commission's online portal without delay, ensuring transparency and accountability.

Whistleblowing & Speaking Up

Sometimes concerns will be first reported as Whistleblowing alerts, either internally or externally.

Hft, and the person receiving the concern, must report concerns in line with this Policy & Procedure, as well as the Whistleblowing and Speaking Up Policy & Procedure.

Sometimes concerns will be first reported via the Freedom to Speak Up Guardian. The Guardian is typically obliged to keep all conversations with staff members or others confidential, however if the matters raised to the Guardian constitute a safeguarding concern, they must escalate these concerns in line with this Policy & Procedure.

Training & Monitoring

All staff will be trained in safeguarding.
Staff will receive different levels of training dependent on their role and responsibilities. Training is tailored to Hft's cohort of People We Support, primarily being people with learning disabilities and autism.

Basic requirement – all staff

- Safeguarding Adults E-learning. Refreshed annually.

Basic requirement – Support / Operational staff

- Safeguarding Adults E-learning. Refreshed annually.
- Safeguarding Protection for Adults Level 2 (e-learning). Completed in line with organisational requirements and refreshed every 3 years.

Basic requirement – Managers

- Safeguarding Adults E-learning. Refreshed annually.
- Safeguarding Adults Level 3 / Safeguarding for Managers training, completed in line with organisational requirements.

Local Authority Training Requirements

Some Local Authorities place additional or specific requirements regarding safeguarding training, in which case those staff members will receive additional training that is organised and managed locally.

Monitoring

Staff adherence to training is monitored through frequent audit and review at various levels of the Organisation, working together, observations, supervision and appraisal.

Training data and compliance is monitored through systems and dashboards operated by the Learning & Development department.

Where practice falls short of the expectations set out in the training provided, or the terms of this Policy & Procedure, staff may face disciplinary action and/or mandatory re-training.

Safeguarding Metrics & Data Reporting

Hft monitors safeguarding activity through defined governance metrics, data review and thematic reporting. See Appendix 8 – Safeguarding metrics for safeguarding metrics and reporting arrangements.

Other Contacts and Sources of Assistance

External safeguarding contacts and sources of assistance are listed in Appendix 5.

Safeguarding Adults Overarching Procedure

This procedure outlines the step-by-step actions Hft staff must take when a safeguarding concern is disclosed, witnessed, or suspected, ensuring compliance with the Safeguarding Adults Overarching Policy & Procedure and relevant legislation (Care Act 2014, Mental Capacity Act 2005, Health and Social Care Act 2008).

Reporting routes and escalation arrangements are set out in the Summary section and in the relevant parts of this Procedure.

Relationship with the Incident Management (Operational) Policy

Safeguarding concerns are managed within Hft's wider Incident Management framework. All safeguarding concerns must be recorded as an Incident on InPhase in line with the Incident Management (Operational) Policy & Procedure.

The Incident Management (Operational) Policy & Procedure sets out the organisational processes for incident reporting, severity rating, escalation, investigation, timelines and learning.

This Safeguarding Policy & Procedure provides the additional legal and practice requirements that apply specifically where abuse, neglect, or safeguarding risks are suspected. Staff must therefore follow both policies together when responding to safeguarding concerns.

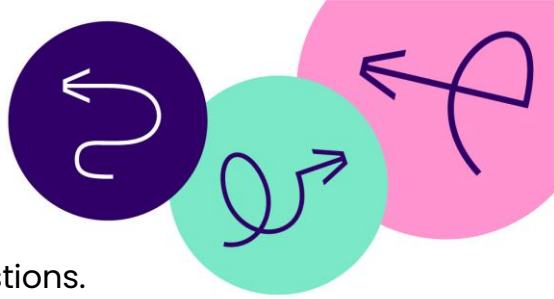
Immediate Actions for Safeguarding Concerns

Ensure Safety

Act immediately to keep the person safe and meet medical needs if relevant.

Prevent further harm (e.g., separate the person from the alleged perpetrator if safe to do so).

In emergencies (e.g., immediate danger, crime), call 999 (or 101 for non-emergencies) and preserve evidence (e.g., avoid washing in sexual assault cases).



Listen and Support

Listen carefully to disclosures without asking leading questions.

Reassure the person they have done the right thing by speaking up.

Do not promise confidentiality, as concerns must be reported.

Ask what the person wants to happen, respecting their wishes where possible.

Assess Capacity

Determine if the person has the mental capacity to make decisions about their safety (per Mental Capacity Act 2005).

If they lack capacity, make best-interest decisions and consider referral to an Independent Mental Capacity Advocate (IMCA) if they have no family/friends support.

If the person has capacity but may have substantial difficulty being involved in the safeguarding process, and there is no appropriate individual to support them, notify the Local Authority that Care Act advocacy may be required under Section 68.

If the person has capacity but their wishes are overridden (e.g., due to public interest, crime, or risk to others), record the reason and inform them.

Reporting the Concern

Notify Immediately

Report the concern to the Registered Manager/DSL or other senior manager or via InPhase as soon as possible, without delay, and no later than 24 hours.

For high/Seriou's risk concerns (per Severity Matrix), immediately consult the Head of Quality Transformation & Clinical Excellence.

Record the Concern

1. Log the concern factually on InPhase, using the person's own words where possible.
2. Include the severity rating using the Operational Severity Matrix from the Incident Management (Operational) Policy.
3. Upload any correspondence (e.g., Local Authority confirmation) to InPhase.

Determining Safeguarding Referral

Assess the Care Act Threshold (Manager/DSL Responsibility)

Check if the concern meets the Section 42 enquiry criteria:

- The adult has care and support needs.
- The adult is experiencing, or at risk of, abuse or neglect.
- The adult cannot protect themselves due to those needs.

If the threshold is met, make a safeguarding referral to the Local Authority, without delay, and certainly within 24 hours of receipt of the concern.

If the threshold is not met, record the reason on InPhase and signpost to other support (e.g., Care Act needs assessment, Police, Environmental Health).

How to Make a Local Authority Safeguarding Referral

Referrals must be made using the Local Authority's required method (e.g., online form, telephone, secure email, or multi-agency referral form).

Staff making referrals must ensure they follow the specific local process accurately. Where no automatic confirmation is generated (such as an email receipt), staff must record on InPhase:

- the method used to make the referral
- the date and time of submission
- the name or role of the person or team it was sent to

The InPhase safeguarding record must be updated immediately once the referral is submitted, and again when a Local Authority response is received.

Statutory Notifications (Manager/DSL Responsibility)

Notify the Care Quality Commission (CQC) if the concern involves abuse, alleged abuse, or the person is an abuser/alleged abuser without delay, and certainly within 24 hours.

Notify the Charity Commission via hftgovernance@hft.org.uk for serious incidents impacting people, staff, or Hft's reputation.

For modern slavery concerns, report via GOV.UK or the helpline (0800 0121 700). For deaths of autistic people or those with learning disabilities, notify LeDeR.

Inform the person's Lasting Power of Attorney, Court Appointed Deputy, or Relevant Person's Representative (if under DoLS).

Managing Specific Concerns

Domestic Abuse

Complete a Safe Lives DASH Risk Assessment.

If the score is 14 or above, refer to the local Multi-Agency Risk Assessment Conference (MARAC).

People in Positions of Trust (PiPoT)

Immediate Risk Assessment

On receiving a PiPoT concern, the Registered Manager/DSL must complete an immediate risk assessment to determine any potential risk to People We Support, colleagues, or others. This assessment must be recorded on InPhase and must consider whether interim actions (e.g., supervision, removal from shift, redeployment or suspension) are necessary to protect people.

If a colleague is involved, inform the Line Manager, Head of Quality Transformation & Clinical Excellence, and People Services immediately.

Local Authority PiPoT Referral

PiPoT concerns must be reported to the Local Authority PiPoT lead or designated PiPoT route, even where the safeguarding threshold is not met. Staff must follow the PiPoT process defined by the local Safeguarding Adults Board.

Police Involvement

If the information suggests a criminal offence may have been committed, the DSL or senior manager must notify the Police immediately and pause all internal enquiries that could compromise evidence.

DBS Referral

Report concerns to the Disclosure and Barring Service (DBS) where required. A DBS referral must be made when a staff member or volunteer:

- has harmed or poses a risk of harm to an adult or child, and
- has been removed from regulated activity, redeployed, suspended, or would have been removed had they not resigned.

This is a legal requirement under the Safeguarding Vulnerable Groups Act 2006.

For child protection concerns, the Local Authority Designated Officer (LADO) must also be contacted. See the Safeguarding Children Policy & Procedure.

Recording Requirements

All PiPoT actions, risk assessments, referrals and decisions must be recorded on InPhase and linked to the corresponding incident or safeguarding report.

Historical Abuse:

Record the disclosure factually, noting any details about the alleged perpetrator's current whereabouts or contact with others.

If children or other adults are at risk, refer to Social Care Children's/Adult Services and/or Police.

Signpost the person to therapeutic support (e.g., talking therapies).

Receipt and monitoring of Incident Reports (Safeguarding concerns)

Managers (Registered Managers, Service Managers, Deputy Managers) responsible for monitoring safeguarding reports and incidents via InPhase must begin an initial review of the concern as soon as possible, without delay, and certainly within 24 hours, in line with the Incident Management (Operational) Policy & Procedure.

This initial review includes confirming immediate safety actions, confirming or amending severity, and deciding whether a safeguarding referral and/or further fact-finding is required.

Internal Fact-Finding vs Multi-Agency Enquiry

Hft may complete internal fact-finding when the Local Authority has requested it, when the concern does not meet Section 42 threshold, or when further clarification is required to inform next steps.

If a Local Authority Section 42 enquiry has commenced, Hft must follow all instructions and must not conduct investigative interviews or gather evidence beyond what the authority requests.

If the Police are leading a criminal investigation, internal investigation activity must pause to avoid contaminating evidence.

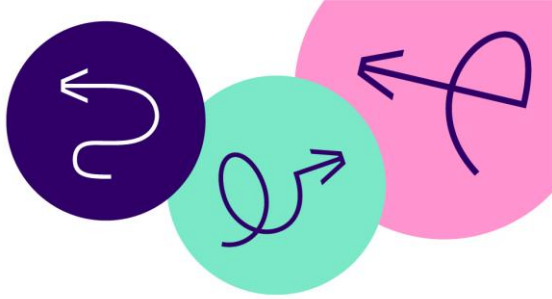
Assign Investigation

The investigator should be appointed based on the Severity Matrix.

Pause internal investigations if Police or Local Authority Section 42 enquiries are active but continue safety actions.

Investigation Steps

- Confirm immediate safety actions.
- Document the person's desired outcomes.
- Establish (through proportionate fact-finding, or as directed by the Local Authority/Police) if abuse/harm occurred, what happened, and why.
- Identify lessons learned and preventive measures.
- Assess staff actions and determine if HR actions (e.g., disciplinary, retraining) are needed.



- Record findings and actions on InPhase.
- Refer to Severity Matrix re: timelines.

Managers responsible for investigating concerns must adhere to the investigation timelines set out in the Severity Matrix (following completion of the initial review).

- Determine whether the actions taken (or not taken) respected the person's rights under the Human Rights Act 1998 and, if any rights were restricted, whether that restriction was lawful, necessary and proportionate.
- Update report on InPhase with new or updated information as it becomes available, or as investigation steps are completed.
- Close report on InPhase when concern has been fully investigated and resolved.

Multi-Agency Collaboration

Cooperate with Local Authority Section 42 enquiries, attending strategy meetings and providing requested information.

Update InPhase with enquiry outcomes and action plans.

Managers attending strategy meetings must ensure they have access to relevant documentation, records and information required to support multi-agency decision making. See Appendix 4 for the manager preparation checklist.

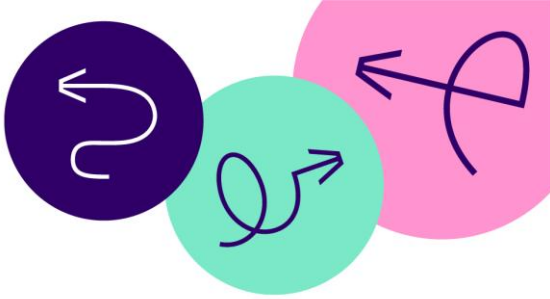
Record Keeping

All safeguarding recording must be completed in line with the Documentation Standards section of this Policy & Procedure, including the use of InPhase, body maps, photography requirements and confidentiality standards.

Escalation and Oversight

Escalation

Hft has a duty to advocate for the safety and rights of People We Support. Where safeguarding concerns are not being adequately addressed, or where delay or disagreement increases risk, concerns must be escalated promptly.



Internal escalation should normally follow this route:

1. Regional Service Manager
2. Head of Care & Support
3. Head of Quality Transformation & Clinical Excellence

Where concerns relate to Local Authority decision-making or safeguarding enquiry processes, or where Hft believes a Local Authority decision leaves a person at ongoing risk, the matter may also be escalated to the relevant Local Authority Safeguarding Manager.

Staff may also escalate concerns through the Whistleblowing and Speaking Up Policy where appropriate.

For disputes relating to best-interest decisions for individuals who lack capacity, escalation to the Court of Protection may be required.

Oversight

Managers monitor compliance through supervision, appraisals, and InPhase reviews.

The Head of Quality Transformation & Clinical Excellence audits safeguarding practices and reports trends to the Executive Board and Trustees.

Debrief & Reflective Practice

Informal Debrief

Following any safeguarding concern, the Line Manager, Registered Manager/DSL, or senior manager may offer an informal debrief to any staff member involved where this is required.

This should take place as soon as practicable and must provide space to: • discuss the concern or incident.

- raise concerns or questions
- identify any immediate support needs

A short note should be added to supervision records where appropriate.

Mandatory Reflective Practice Sessions

A structured reflective practice session must be arranged for all safeguarding concerns rated as 'Serious' as per the Severity Matrix.

Timeframe

The session should usually take place within 10 working days of the investigation being closed, unless delayed for legitimate operational or clinical reasons.

Facilitator

Reflective practice sessions must be facilitated by:

- the Registered Manager/DSL, or
- another trained senior manager, or
- the Head of Quality Transformation & Clinical Excellence for complex or high-risk cases.

Purpose of the Reflective Practice Session

The facilitator must ensure the session covers:

- the experiences and views of the staff involved
- the emotional impact of the concern
- what worked well and what could improve
- learning from the investigation findings
- identification of any additional training, wellbeing or support needs

The tone must remain supportive, non-judgemental, and in line with Hft's learning culture.

Recording and Monitoring

The facilitator must:

- add a brief record of the session to the relevant InPhase safeguarding report
- ensure any agreed actions are documented in individuals' supervision records

- monitor follow-up actions through supervision, reflective learning cycles or quality assurance activities

Staff Wellbeing Support

The manager must ensure staff are reminded of available wellbeing support, including:

- Employee Assistance Programme (EAP)
- counselling or psychological support where required
- informal peer support
- additional supervision

Any urgent wellbeing concerns must be escalated to People Services or senior management without delay.

Impact Assessment

There are significant changes between this version of the Safeguarding Adults Policy & Procedure and the last, and while this has served to streamline or simplify the policy, it does not significantly impact day-to-day operations.

Changes summary:

- Reduction in length and repetition.
- Improvements in structure due to new Policy template.
- Inclusion of Severity Framework.
- Simplification of Procedure and removal of non-procedural information.
- Enables removal of Thresholds Guidance document.

The update clarifies Hft's requirements and obligations regarding safeguarding adults and explains the responsibilities under the Health & Social Care Act 2008 further.

This is a core policy that must be understood and applied by all staff working for Hft. The risk to People We Support is high if the policy is not adhered to, and compliance will continue to be monitored through audits, training, observation, supervision and appraisal.

Equality Assessment

There are no known or visible barriers under the Equality Act 2010 or related principles that would prevent People We Support from receiving care and support in line with this policy.

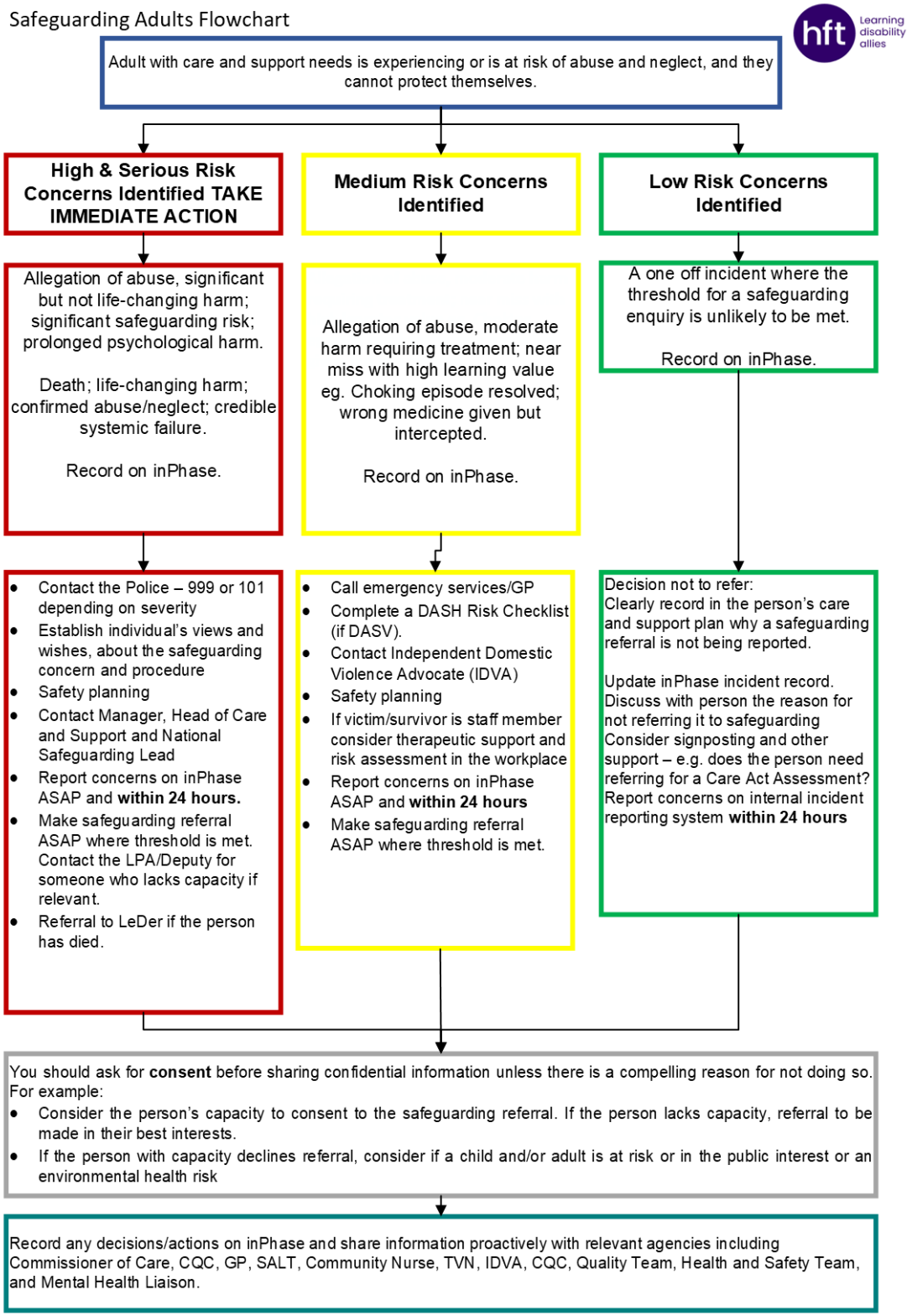
The policy is available in written and Easy Read format, which supports many People We Support to better access this document.

If a different accessible format is required for someone to access the Policy, this will be made available within 10 working days of the request.

Staff are expected to support people to understand the policy where required, using any relevant format, ensuring equitable access and application across all protected characteristics.

Hft will involve People We Support in reviewing safeguarding materials to ensure accessibility and relevance.

Appendix 1 – Safeguarding Adults Flowchart



Appendix 2 - Severity Matrix – Further information

Low

A lower-level incident or concern where the threshold for a safeguarding enquiry is unlikely to be met. These incidents should not normally be reported as safeguarding concerns. The event must still be recorded in line with Hft's Incident Reporting Policy and Procedures, and appropriate action taken to resolve the issue.

If there are multiple low-level incidents involving the same person, staff member, or team, this should be reviewed with the Designated Safeguarding Lead to see if a pattern is emerging that now meets the safeguarding threshold. Low severity concerns should be investigated and closed within 2 working days where possible.

Medium

An incident or concern that has caused some harm or presents a clear risk of harm, but where the person is safe and immediate risk has been addressed. These concerns should be recorded and discussed with the Designated Safeguarding Lead to decide whether it meets the safeguarding threshold.

Actions should be taken to reduce risk, learn from the event, and consult the Head of Quality Transformation & Clinical Excellence if there is any uncertainty. Where there is ongoing risk, or the person has a social worker or commissioner, they should be informed and involved.

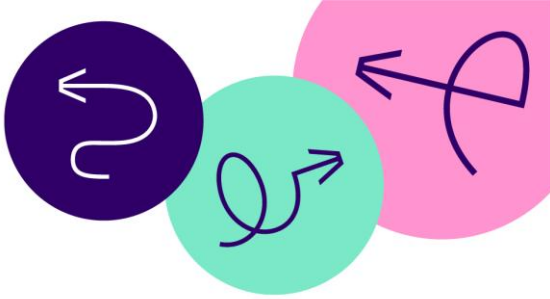
Medium severity concerns should be investigated and closed within 5 working days where possible.

High

An incident or concern that may involve significant harm or alleged abuse, even if unproven. These concerns must be recorded, and there should be immediate consultation with the Head of Quality Transformation & Clinical Excellence and, where appropriate, the Local Authority Safeguarding Adults Team.

Risk-reduction actions must be taken straight away, and discussions should consider whether a formal safeguarding referral is required under the Care Act 2014 (Section 42). If the person we support has a social worker or care commissioner, they must be notified.

High severity concerns should be investigated and closed within 10 working days where possible.



Serious

An incident or concern involving confirmed or highly likely abuse, neglect, or life-changing harm or death. This level likely meets the threshold for a safeguarding enquiry under Section 42 of the Care Act 2014 and must be reported immediately to the Local Authority Safeguarding Adults Team.

Where a crime may have occurred, the Police or emergency services must also be contacted. All necessary actions should be taken to protect the person, preserve evidence, and notify CQC in line with statutory requirements.

A Serious Incident triggers different investigation and review requirements under the Incident Management Policy & Procedure. Staff must ensure that they understand incident management processes.

Serious severity concerns should be investigated and closed within 10 working days where possible.

Severity Ratings – Investigation

Depending on the Severity Rating, there are different actions that must be taken, and different target timelines for investigating concerns. See above Severity Matrix, and Incident Management Policy.

Designated Safeguarding Leads and others involved in managing or investigating safeguarding concerns must make themselves aware of these actions and timelines, as laid out in this Policy.

Severity Ratings – Recategorisation

Severity ratings can be changed, if necessary, by the Designated Safeguarding Lead or other appropriate person eg. Head of Quality Transformation & Clinical Excellence.

There may be a need for a change for the following reasons:

- The initial report was categorised incorrectly due to a data entry or input error.
- The initial report was categorised incorrectly due to an error of judgement.
- New or updated information becomes available before or during the investigation.

- The situation of the person involved changes — for example, an injury worsens, they experience new harm, or they die as a result of the incident or concern.
- The Local Authority or Police reclassify the concern following their own assessment.
- External events eg. Legal action, complaints, or other issues relevant to the concern.

Appendix 3 - Full Definitions and Harm Test Guidance

Abuse is any action, or lack of action, that causes harm to another person or puts them at risk of being harmed. Abuse can happen once or repeatedly. It can be deliberate, careless, or happen when someone fails to act to protect a person.

Abuse is a violation of a person's human and civil rights. It may cause physical injury, emotional distress, loss of money or belongings, neglect of basic needs, or a loss of dignity and respect. Abuse can be carried out by anyone — family members, friends, staff, volunteers, professionals, or strangers — and can happen in any setting, including care services, hospitals, public places, or a person's own home.

The Care Act 2014 recognises several main types of abuse, see these below plus additional modern categories.

Abuse should always be reported and investigated, no matter how minor it may seem.

Definition of Harm and the Harm Test

Harm means any act or failure to act that results in a person being hurt, distressed, neglected, or having their basic rights, health, or wellbeing damaged. Harm can be physical, emotional, sexual, financial, or caused by neglect, poor care, or loss of dignity and respect.

A safeguarding concern arises when any staff member suspects, witnesses, or receives information suggesting that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect, and may be unable to protect themselves because of those needs. Concerns must be raised as soon as they are identified; staff do not need to be certain that harm has occurred.

When deciding whether a case meets the threshold for a Section 42 enquiry, Local Authorities apply what is often called the harm test. This means they consider whether:

- The adult has care and support needs.
- The adult is experiencing, or at risk of, abuse or neglect; and
- Because of their care and support needs, the adult is unable to protect themselves from that abuse or neglect or the risk of it.
- If these three conditions are met, the Local Authority has a duty to make enquiries or cause them to be made.

Appendix 4 - Preparing for Multi-Agency Strategy Meetings

Managers attending strategy meetings must ensure they have access to:

- a clear chronology of events (InPhase)
- rotas and staffing levels at relevant times
- training records of involved staff (safeguarding, MCA, PBS)
- care plans, risk assessments and PBS plans (ACP)
- MCA assessments and best-interest decisions relevant to the concern (ACP)
- details of immediate safety actions taken
- communication logs with family/advocates/professionals
- Duty of Candour status (if applicable)
- relevant incident reports, body maps or authorised photographs

These documents must be accurate, up to date and available for review during the meeting.

Appendix 5 – Other contacts and sources of assistance

In addition to notifying the safeguarding authority, people can contact the following agencies, which form part of the Hft safeguarding network.

Name of service	**Details**
The Care Quality Commission	Online form Telephone: 03000 616161
National resources: Hourglass (formerly Action for Elder Abuse)	https://wearehourglass.org 24-hour Helpline: 0808 808 8141
Care Rights UK	https://www.carerightsuk.org Helpline: 020 7359 8136
Healthwatch	https://www.healthwatch.co.uk/ Telephone: 03000 683 000 Email: enquiries@healthwatch.co.uk

Appendix 6 - Categories of Abuse and Related Safeguarding Concerns

These categories form part of Hft's shared language around Safeguarding and will be used as a basis for developing Training content on these subjects. It is important to define them in this Policy, to support staff members' understanding of potential types of abuse.

- **Physical abuse:** e.g. hitting, pushing, pinching, shaking, scalding, misuse of medication, misuse or illegal use of restraint or inappropriate physical sanctions.
- **Sexual abuse:** includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assaults or involvement in sexual acts to which the individual was coerced or has not consented. People who are sexually exploited do not always perceive that they are being exploited.
- **Psychological abuse:** includes denial of basic and civil rights such as self-expression, privacy and dignity, emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustifiable withdrawal of services or supportive networks.
- **Financial and material abuse:** The use of a person's property, assets, income, funds or resources without their informed consent or authorisation or due to coercion. Financial abuse is a crime.

  It includes theft, fraud, internet scamming, coercion to take extortion loans and threats to recover debt, undue pressure in connection to wills, inheritance or financial transactions, or misuse or misappropriation of property, possessions or benefits, misuse of Enduring Power of Attorney, Lasting Power of Attorney, Deputyship or appointeeship.
- **Discriminatory abuse:** including forms of harassment, slurs or similar treatment because of protected characteristics such as race, age, sex, gender reassignment, disability, sexual orientation, religion. Discriminatory abuse could also be because of any other reasons or non-protected characteristics, such as gender, gender identity, economic background, class or language.

- **Organisational / institutional abuse** includes neglect and poor care practice within an institution or specific care setting such as a hospital, care home, supported tenancy or day centre 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 organisation.
    - Note re: restrictive practice: Behavioural distress is not abuse. However, inappropriate responses to distress, such as punitive approaches, excessive control, overuse of PRN medication, or unnecessary restrictive practices; *may constitute poor practice or abuse* and must be reported as safeguarding concerns.
- **Poor practice and neglect or abuse:** Poor practice refers to lapses in standards of care that may not always require a safeguarding response, such as one-off incidents that cause no harm and can be addressed by defined actions to prevent recurrence. However, when poor practice is repeated, affects multiple adults, or results in serious harm or risk of harm, it may cross the threshold into neglect or abuse. This can arise from individual actions or from wider organisational structures, policies, and practices that allow ill treatment to occur.
- **Neglect and acts of omission:** Neglect and acts of omission involve failing to meet a person's medical, emotional, or physical needs, denying access to care or services, withholding essentials such as medication, food, shelter, or heating, or failing to act in dangerous situations, especially when the person lacks capacity to assess risk.

  While some harms, such as pressure ulcers, may occur even with good care, their development can indicate neglect, and where harm is judged to result from such neglect it should be treated as a safeguarding concern under multi-agency procedures.

- **Self-neglect:** Self-neglect involves a wide range of behaviours such as neglecting personal hygiene, health, or living conditions, and can include hoarding that poses risks of harm. It is complex, with mental, physical, social, and environmental factors often at play. The key consideration is whether the adult can protect themselves by controlling their behaviour, and whether their actions reflect unwillingness or inability to care for themselves.

  Assessing capacity to understand the consequences of such actions is central, and professionals must reflect carefully on whether apparent lifestyle choices may actually stem from underlying issues requiring intervention.

  Capacity is critical in decisions about self-neglect, and a full assessment of ability to make and act on decisions is necessary to determine if best interest interventions are required to safeguard the person or others. Failure to assess and respond appropriately could leave practitioners or services open to concerns about omission or wilful neglect.

  Complex cases, particularly hoarding, may require a multi-agency meeting under safeguarding processes or otherwise, involving Housing, Environmental Health, and the Fire Brigade. Some Local Authorities also operate Hoarding Panels to provide additional support and guidance in managing risks.
- **Domestic Abuse and Sexual Violence (DASV):** Domestic abuse and sexual violence is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality". These include psychological, physical, sexual, financial, emotional abuse so-called "honour based" violence, female genitalia mutilation (FGM) and forced marriage. Every colleague has a responsibility to respond to issues of DASV.
- **Modern slavery:** encompasses human trafficking, forced labour, debt bondage and domestic servitude, human trafficking, decent based slavery, child slavery and forced & early marriage.

  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 inhuman treatment. Often can involve criminality for adults at risk of abuse or neglect.

Hft has a Modern slavery statement which covers this topic in more detail. View this in the Policy Library and on the Hft website.

- **Female Genitalia Mutilation (FGM):** the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. All cases of FGM in girls and young women (under 18 years) MUST be reported to the Police. All staff have a duty to report any known or suspected cases of FGM in a minor.

  Female children and young relatives of adult women who have themselves been subject to FGM could be at risk. National FGM Support clinics offer a range of support services for women with female genitalia mutilation who are aged 18 or older and are not pregnant.

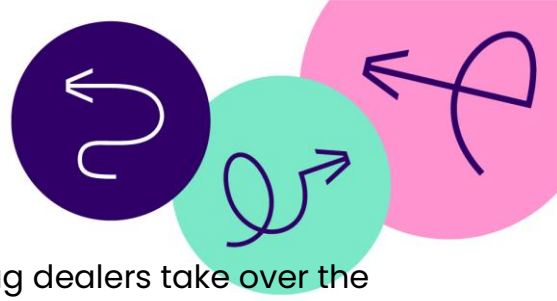
  Referrals can be via health professionals, GP or via self-referral service and walk in appointments.

- **Forced marriage:** where one or both parties are married without their express consent or against their will such a concern for someone deemed to lack capacity should involve both the Police and multi-agency safeguarding processes.

- **Hate crimes:** The Metropolitan Police Service define hate crime as any incident that is perceived by the victim, or any other person, to be racist, homophobic, transphobic or due to a person's religion, belief, gender identity or disability. This definition is based on the perception of the victim or anyone else and is not reliant on evidence. It also includes incidents that do not constitute a criminal offence.

- **Radicalisation:** where someone adopts Serious positions on political or social issues, either having been exploited or groomed by another person, or having self-radicalised – perhaps through accessing extremist material online for example.

- **County lines:** County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK. Children, young people and vulnerable adults can be exploited to move and store drugs and money. Offenders will often use coercion, intimidation, violence and weapons to ensure compliance of victims.



- **Cuckooing:** Cuckooing is a form of crime where drug dealers take over the home of a vulnerable person in order to use it as a base for criminal activity. Organised criminal groups are increasingly targeting adults with care and support needs in this way.
- **Mate Crime:** A form of disability hates crime and exploitation in which a vulnerable adult (often someone with a learning disability or autism) is targeted and abused by someone they consider to be a friend or "mate".

  The perpetrator exploits the relationship to steal money or possessions, force the person into criminal activity (e.g. county lines or cuckooing), commit physical or sexual violence, or subject them to humiliation and controlling behaviour.

  The victim may not recognise they are being abused because they value the "friendship". Mate crime can involve financial, physical, sexual, psychological or discriminatory abuse (or a combination) and must always be treated as a safeguarding concern.
- **Online abuse / cyber bullying:** this includes the use of the internet, social networking websites or mobile phones to harass, intimidate, or cause harm to another. It can happen on its own or with other forms of bullying, and can occur 24 hours a day, seven days a week.

  Types of cyber-bullying include:

    - Sending threatening or disturbing text messages.
    - Making silent, hoax or abusive calls.
    - Trolling: the sending of menacing or upsetting messages on social networks, chat rooms or online group.
    - Setting up hate sites.

  If there are concerns that someone could be committing a cybercrime, the responsible person should consider referring into the Cyber Choices Programme, which is led by the National Crime Agency.

Appendix 7 – Indicators of abuse

The People We Support who have been, or are being abused, may not always be prepared to tell others, and some people will be unable to communicate the abuse. For those people, observations regarding specific behavioural patterns may indicate abuse. Abuse should not be automatically assumed as there may be another explanation, however, any changes in a person's behaviour should always be explored.

Indicators and signs may include:

This list is not exhaustive. On their own these indicators may not always mean that abuse has occurred, however they do represent well known indicators of abuse and should be investigated if observed or reported.

- Unwillingness to be in the same room with certain people
- Bruising, bleeding, irritation or discomfort in the genital area
- Pelvic injury
- Unwillingness to go to certain places e.g., work placement, day centre
- Withdrawn, isolated behaviour
- Sudden weight loss or gain
- Complaining about missing possessions
- Being homeless or being at risk of becoming homeless
- Being easily distressed
- Damage to property
- Disruptive behaviour
- Change in attitude
- Unexplained injury
- Bruising, torn clothes

Unexplained changes in material circumstances

Appendix 8 – Safeguarding metrics

The organisation will use the below list of metrics to support the effective monitoring of safeguarding concerns. This list is not exhaustive, and other metrics may be used where relevant.

- % Concerns logged within 24 hours
- Staff training levels
- % Concerns that meet the LA safeguarding threshold
- % Section 42 Referrals completed within SLA
- % Learning actions closed
- % Concerns closed within policy timeframe
- % Concerns classed as Serious Incidents
- % Differing Severity levels

Data Reporting

The Head of Quality Transformation & Clinical Excellence will use the above metrics and any relevant others to add into the following reports:

- Annual Safeguarding Governance Report
  Full review of all safeguarding data, themes, trends, learning and serious incidents for the calendar year. Shared at Executive & Trustee level.
- Quarterly Thematic Learning Summary
  Interim review of all safeguarding data, themes, trends, learning and serious incidents for the quarter. Shared at Executive level.

Appendix 9 – Prevent Duty

The Counterterrorism and Security Act 2015 introduced a range of measures with the aim of countering the threat of radicalisation and the risk of people being drawn into terrorism.

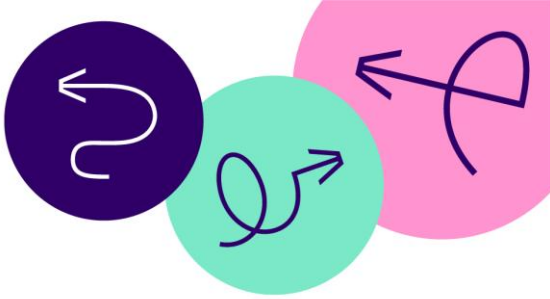
Public bodies, including charities, are subject to the statutory Prevent Duty.

This means that Hft, along with other charities and charitable organisations, are required by law to demonstrate that there are arrangements in place and pay due regard to the need to safeguard people from being drawn into radicalisation or terrorism.

Staff undergo Prevent training as part of the mandatory training programme.

Possible signs of radicalisation:
These behaviours should be considered in context. On their own they do not necessarily mean a person is being radicalised, but several of them occurring together may be cause for concern.

- A person's views become increasingly Serious regarding another section of society
  or government,
- A person becomes in tolerant of people's opinion or moderate views,
- A sudden interest in becoming more religious or political,
- Changes in appearance and dress style in a specific way,
- Losing interest in hobbies or education,
- Changes in a person's circle of friends and disinterest in old acquaintances,
- Increased social isolation,
- Approval of the use of violence to support an idea or cause,
- Adoption of highly nationalist views (about any country, including England and the UK),
- Attendance at protests or rallies that have links with extremist or terrorist groups.



Prevent Training

Staff complete Prevent training as part of their induction.

Reporting concerns under the Prevent Duty

Staff must report radicalisation, terror, and other related concerns under the Prevent Duty in line with this Policy & Procedure, in the same manner as other safeguarding concerns.

Staff must refer high-risk cases to the Channel Programme via the Local Authority. See more info linked below.
https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance