Adult Safeguarding Policies and Procedures

Doctors of the World Adult Safeguarding Policies and Procedures

Version 7

Adult Safeguarding Policies and Procedures

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1 POLICY STATEMENT

Doctors of the World UK (DOTW) believes that it is always unacceptable for a person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all people, by a commitment to practice which protects them. People who use DOTW's service should be treated with dignity and respect, receive high quality and compassionate care and be safe from harm and abuse.

We recognise that: the welfare of the adult at risk is paramount.

All people, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse.

Working in partnership with people, their carers and other agencies is essential in promoting people's welfare.

This Policy should be read in conjunction with the London Multiagency Adult Safeguarding Policy & Procedures.

2 PURPOSE

Adult Safeguarding Policies and Procedures

To provide protection for all people who receive DOTW services, including adults at risk.

To provide staff and volunteers with guidance on procedures they should adopt in the event that they suspect someone may be experiencing, or be at risk of, harm.

This policy applies to all staff, including all employees and the board of trustees, volunteers and sessional workers, agency staff, students or anyone working for or on behalf of Doctors of the World UK.

We will seek to safeguard people by:

- Valuing them, listening to and respecting them
- Promoting well-being and preventing abuse and neglect from happening in the first place.
- Adopting adult safeguarding guidelines through procedures and a code of conduct for staff and volunteers
- Recruiting staff and volunteers safely, ensuring all necessary checks are made and repeated when appropriate
- Ensuring service users, staff and volunteers are aware of good practice around sharing information about adults at risk.
- Sharing information about concerns with agencies who need to know, and involving service users appropriately.
- Providing effective management for staff and volunteers through supervision, support, training and regular updates.
- Learning lessons and making changes
- Showing leadership and routinely monitoring activity

We are also committed to reviewing our policy and good practice at least every two years.

3 DEFINITIONS

Adult Safeguarding	Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect.' (Care and Support Statutory Guidance, chapter 14ii). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are: • Safe and able to protect themselves from abuse and

	neglect; • Treated fairly and with dignity and respect; • Protected when they need to be; • Able easily to get the support, protection and services that they need.
Adult at risk	An adult at risk is a person aged 18 or over who is in need of care and support (whether or not those needs are being met), who is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves against the abuse or neglect or the risk of it. In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and to protect themselves from abuse, neglect and exploitation.

4 TRAINING

There is a staged approach to training, with different staff being required to undertake training at different levels, dependent on the degree of contact or likelihood of contact with adults at risk.

There are 3 levels of adult safeguarding training required for the organisation. The level at which staff are required to attend depends on their role within the organisation.

Levels 1 and 2: these two levels provide an introduction to the requirements and responsibilities for Safeguarding Adults and provide a general awareness of Safeguarding. It includes possible signs and symptoms of abuse and neglect, individual responsibilities and internal procedures. All non-clinical volunteers access Level 1 training during their induction, provided by DOTW either face to face or through e-learning. All UK staff responsible for supervising DOTW's services are required to complete Levels 2 and 3 (details below).

Level 3 is for registered health and care staff who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to their role). All UK staff responsible for supervising DOTW's services and all volunteer clinicians are required to be trained to level 3, and this should be updated.

Safeguarding training requirements align with the RCN Adult Safeguarding: Roles and Competencies for Health Care Staff, with Level 3 training provided for safeguarding leads and annual updates for all relevant staff. All DOTW staff who assess, plan, intervene, or evaluate the needs of adults where safeguarding concerns exist are required to complete Level 3 adult safeguarding training. This includes a minimum of 8 hours of training within the first 12 months of taking up the role, followed by at least 8

hours over a three-year period for refresher updates. Training should include participatory learning such as case-based discussions and multi-agency workshops, alongside e-learning modules, and cover legal frameworks, risk assessment, information sharing, and multi-agency working.

5 DUTIES AND RESPONSIBILITIES

Board/Governance Lead

The Board Governance lead will report safeguarding activity, risks and/or achievements to the board. They will advise the board and make recommendations on how to meet safeguarding responsibilities in the development anddelivery of the organisation.

Executive Director

The Executive Director has overall accountability for implementation of this policy ensuring that staff receive appropriate support and resources in fulfilling their safeguarding duties creating a culture where all staff feel comfortable and confident that all expressions of concern or allegations/disclosures are taken seriously and are responded to appropriately regardless of the source of information. They will ensure that staff are supported in the event of an allegation of abuse.

Nominated/Deputy Leads for Safeguarding

The Safeguarding Leads are responsible for ensuring adult safeguarding is an integral part of the operational delivery and governance arrangements for DOTW. They provide advice to all staff and volunteers on safeguarding issues. They provide oversight and reporting safeguarding children activity, risks and/or achievements to the Safety and Quality meeting.

Managers and Supervisors

Managers are those individuals who have line management responsibility for other members of staff within the organisation. Supervisors are those who have responsibility for volunteers within DOTW's clinic settings. Managers and Supervisors have a duty to support clinic staff and/or volunteers who raise issues of concern or are involved in the investigation process. They are responsible for ensuring compliance with training, reporting concerns and that their staff are confident and competent in the area of safeguarding.

Volunteer Recruitment

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The volunteer recruitment team will ensure that DOTW staff and volunteers are DBS checked in line with national recommendations for healthcare staff. They will also ensure that volunteers and staff are up to date with appropriatelevels of safeguarding.

All DOTW staff and volunteers

DOTW emphasises that safeguarding is everyone's responsibility, and that all staff, whether permanent, temporary oragency and all volunteers have an important role and a duty, outlined in law, to ensure that they safeguard and promote the welfare of adults at risk. This policy applies to all staff groups working within DOTW and from individuals or from a third party. Safeguarding considerations are part of the assessment of all adults with care and support needs consulting DOTW, whether by telephone, or by attendance.

All staff and volunteers within their working role should be able to recognise where there may be a safeguarding concern and respond appropriately. All staff and volunteers will be able to access and follow the agreed safeguarding guidance, procedures and advice in order to protect adults at risk and fully comply with all aspects of their responsibility. All staff and volunteers should understand the principles of information sharing when adults at risk and refer to the appropriate agency within appropriate timescales. The timing of such referrals should reflect the level of perceived risk of harm.

Staff members and volunteers should be encouraged to report their concerns. It is particularly important that people should not feel intimidated about discussing concerns that do not appear to have been taken up by the Supervisor or Safeguarding Leads. No member of staff or volunteer should be victimised or suffer adversely for reporting concerns. This also applies where there are concerns that a member of staff may have perpetrated abuse.

DOTW operates an open culture of transparency and complies with the Duty of Candour, ensuring staff can raise safeguarding concerns without fear of reprisal. The Duty of Candour is a statutory requirement under Regulation 20 of the Health and Social Care Act 2008 https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-20/regulation-20-in-full, which obliges organisations to be open and transparent with service users when something goes wrong with their care, including providing an apology and clear information about actions taken.

Safeguarding is embedded within DOTW's clinical governance framework, including audit, incident reporting, and learning from safeguarding reviews to ensure continuous improvement. DOTW will review and implement learning from safeguarding adult reviews and serious case reviews to strengthen practice and prevent recurrence.

6 PROCEDURE

This procedure applies to any member of staff or volunteer who may be concerned about the safety and protection of an adult at risk.

6.1 PURPOSE AND AIMS

This procedure provides clear direction to staff and volunteers at DOTW UK if they have concerns that an adult at risk is in need of protection.

6.2 PRINCIPLES

The policy and procedures are based on The Six Principles of Safeguarding that underpin all adult safeguarding work. All safeguarding actions will follow the Making Safeguarding Personal principles, ensuring decisions reflect the adult's wishes and outcomes they value.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities.	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most

		effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all those involved in the solution to the problem

6.3 DIFFERENT TYPES OF ABUSE

For the purpose of the Safeguarding Adults policy and procedures the term abuse is defined as 'A violation of an individual's human and civil rights by any other person or persons' (DH, 2000)
Abuse may be:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts, for example, an adult at risk may be neglected and also being financially abused.

A number of abusive acts are crimes and informing the police must be a key consideration.

TYPE OF ABUSE	DESCRIPTION OR SUPPORTING GUIDANCE
Disability Hate Crime	The Criminal Justice System defines a disability hate crime as any criminal offence, which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a person's disability or perceived disability. The Police monitor five strands of hate crime, Disability; Race; Religion; Sexual orientation; Transgender.
Discriminatory abuse	This includes harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion. Examples of discriminatory abuse may include; denying access to communication aids, not allowing access to an interpreter, signer or lipreader. Harassment or deliberate exclusion on the grounds of a protected characteristic. Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic. Substandard service provision relating to a protected characteristic.

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Domestic abuse	The Home Office (March 2013) defines domestic abuse 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. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, emotional abuse and 'honour' based violence. The Home Office defines domestic abuse 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. For more information, see here. Responses to domestic abuse will reflect statutory duties under the Domestic Abuse Act 2021 https://www.legislation.gov.uk/ukpga/2021/17/contents, including recognition of controlling or coercive behaviour.
Female genital mutilation (FGM)	Involves procedures that intentionally, cut alter or injure female genital organs for non-medical reasons. FGM is also known as "female circumcision" or "cutting", and by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan, among others. The procedure has no health benefits for girls and women. The Female Genital Mutilation Act (2003) makes it illegal to practice FGM in the UK or to take girls who are British nationals or permanent residents of the UK abroad for FGM whether or not it is lawful in another country. There is a mandatory duty on healthcare professionals to report any identified cases of FGM in females under the age of 18 years. Further information on safeguarding women and girls at risk of FGM is available via this link.
Financial or material abuse	Theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with

	wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
Forced marriage	Is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. In a situation where there is concern that an adult is being forced into a marriage they do not or cannot consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be co-ordinated with the police and other relevant organisations. The police must always be contacted in such cases as urgent action may need to be taken. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. In addition, Part 4A of the Family Law Act 1996 may be used to obtain a Forced Marriage Protection Order as a civil remedy. Registrars and registry staff need to be supported through relevant training to know the signs of possible forced marriage.
Hate Crime	The Crown Prosecution Service defines Hate Crime as '"Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice, based on a person's disability or perceived disability; race or perceived race; or religion or perceived religion; or sexual orientation or perceived sexual orientation or transgender identity or perceived transgender identity." There is no legal definition of hostility so the Police` and CPS use the everyday understanding of the world includes ill-will, spite, contempt, prejudice, unfriendliness, antagonism, resentment and dislike.
Honour-based violence	Will usually be a criminal offence, and referring to the police must always be considered. It has or may have been committed when

	families feel that dishonour has been brought to them. Women are predominantly (but not exclusively) the victims and the violence is often committed with a degree of collusion from family members and/or the community. Some of these victims will contact the police or other organisations. However, many others are so isolated and controlled that they are unable to seek help. Adult safeguarding concerns that may indicate honour-based violence include domestic violence, concerns about forced marriage, enforced house arrest and missing person's reports. If an adult safeguarding concern is raised, and there is a suspicion that the adult is the victim of honour-based violence, referring to the police must always be considered as they have the necessary expertise to manage the risk.
Human trafficking	Is actively being used by Serious and Organised Crime Groups to make considerable amounts of money. This problem has a global reach covering a wide number of countries. It is run like a business with the supply of people and services to a customer, all for the purpose of making a profit. Traffickers exploit the social, cultural or financial vulnerability of the victim and place huge financial and ethical obligations on them. They control almost every aspect of the victim's life, with little regard for the victim's welfare and health. The Organised Crime Groups will continue to be involved in the trafficking of people, whilst there is still a supply of victims, a demand for the services they provide and a lack of information and intelligence on the groups and their activities.
Mate Crime	A 'mate crime' as defined by the Safety Net Project is 'when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.' Mate crime is often difficult for police to investigate, due to its sometimes ambiguous nature, but should be reported to the police who will make a decision about whether or not a criminal offence has been committed. Mate Crime is carried out by

	someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.
Modern slavery	This type of abuse encompasses slavery, human trafficking, forced labour and domestic servitude. A person commits an offence if: · The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude, or · The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour. There are many different characteristics that distinguish slavery from other human rights violations, however only one needs to be present for slavery to exist. Someone is in slavery if they are: · A person is forced to work - through mental or physical threat; owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse. · A person is dehumanised, treated as a commodity or bought and sold as 'property'. · Physically constrained or has restrictions placed on their freedom of movement. Contemporary slavery takes various forms and affects people of all ages, gender and races. Adults who are enslaved are not always subject to human trafficking. Recent court cases have found homeless adults, promised paid work opportunities enslaved and forced to work and live in dehumanised conditions, and adults with a learning difficulty restricted in their movements and threatened to hand over their finances and work for no gains. Since 1 November 2015, specified public authorities have a duty to notify the Secretary of State of any individual identified in

	England and Wales as a suspected victim of slavery or human trafficking, under Section 52 of the Modern Slavery Act 2015.
Neglect and acts of omission	Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.
Organisational abuse	Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Physical abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
Psychological abuse	Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
Restraint	Unlawful or inappropriate use of restraint or physical interventions. In extreme circumstances unlawful or inappropriate use of restraint may constitute a criminal offence. Someone is using restraint if they use force, or threaten to use

	force, to make someone do something they are resisting, or where an adult's freedom of movement is restricted, whether they are resisting or not. Restraint covers a wide range of actions. It includes the use of active or passive means to ensure that the person concerned does something, or does not do something they want to do, for example, the use of keypads to prevent people from going where they want from a closed environment.
Self-neglect	This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Assessments need to be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. However, if self-neglect results from free and informed personal choice, where the adult is able to care for themselves but chooses not to, this is not a safeguarding issue.
Sexual abuse	Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault and sexual acts to which the adult has not consented or was pressured into consenting.
Sexual exploitation	Sexual exploitation involves situations, contexts and relationships where adults at risk receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, gifts, money, affection) as a result of them performing sexual acts (and/or another/others performing such acts on them). Sexual exploitation affects men as well as women. People who are being exploited may not always perceive such behaviours as exploitation. In all cases those exploiting the adult at risk have power over them by virtue of their position, gender, age, physical

	strength, intellect, economic situation or other resources. There is a distinct inequality in the relationship

6.3.1 EXPLOITATION BY RADICALISERS WHO PROMOTE VIOLENCE

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual: identity or personal crisis, particular personal circumstances, unemployment or underemployment and criminality. All of these may contribute to alienation from UK values and a decision to cause harm to symbols of the community or the state.

The Counter-Terrorism and Security Act (2015) places a specific legal duty on specified authorities, including local authorities and health providers in the exercise of their functions, to have due regard to the need to prevent people being drawn into terrorism.

6.4 WAYS THAT ABUSE MIGHT BE BROUGHT TO OUR ATTENTION

An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs, that they may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this. The adult does not need to be already in receipt of care and support. A concern may be raised by anyone:

- An individual might make a direct disclosure about themselves.
- An individual might make a direct disclosure about another individual.
- An individual child might offer information that is worrying but not a direct disclosure.
- A member of staff or a volunteer might be concerned about an individuals' appearance or behaviour or about the behaviour of another person towards an individual.
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example clinical staff who notice unexplained injuries.
- A carer might make a disclosure about abuse that an adult at risk is suffering or at risk of suffering.
- A carer might offer information about an adult at risk that is worrying but not a direct disclosure.

- An allegation of abuse might be made by third party, for example a family/friend or neighbour who have observed abuse or neglect or have been told of it by the adult.
- A complaint or concern might be raised by an adult or a third party who doesn't perceive that it is abuse or neglect.

6.5 TALKING TO AN INDIVIDUAL WHO HAS TOLD YOU THAT HE/SHE OR ANOTHER INDIVIDUAL IS BEING ABUSED

In the event of a disclosure:

- Volunteers should always inform and involve the clinic supervisor at the earliest possible opportunity.
- Speak in a private and safe place.
- Reassure them that telling someone about it was the right thing to do.
- Tell them that you now have to do what you can to keep them (or the individual who is the subject of the allegation) safe.
- Let the individual know what you are going to do next and who else needs to know about it and why.
- Let the individual tell their whole story. Don't try to investigate or quiz the person, but make sure that you are clear as to what they are saying. Establish the basic facts avoiding asking the same questions more than once.
- Ask the individual what he/she would like to happen as a result of what he/she has said, but don't make or infer promises you can't keep, for example don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why.
- Explain that you will respect their wishes where possible, but that referrals and actions can be taken without their consent. Tell them what action you will be taking.
- If there is abuse such as domestic violence happening within a household where there are children, social services must be made aware of the situation even if there is no history of harm to the child/children. Where possible get their consent first as well as details of the child/children.
- Assess mental capacity o make decisions about whether the adult is able to protect themselves and understand the safeguarding process (see Section 7).

- Make a best interest decision about the risks and protection needed if the person is unable to provide informed consent.
- Document rationale for sharing.
- Explain how the adult will be involved and kept informed
- Provide information and advice on keeping safe and the safeguarding process.

The Nominated or Deputy Safeguarding Leads will work together with the staff member or volunteer and the adult at risk to:

- Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger;
- Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police);
- If a crime is in progress or life is at risk, dial emergency services – 999;
- Encourage and support the adult to report the matter to the police if a crime is suspected and not an emergency situation; e. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording;
- Ensure that other people are not in danger;
- Record the information received, risk evaluation and all actions.

6.6 WHAT TO DO IF YOU HAVE A CONCERN

If, on the basis of the information available, it appears that:

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

A referral must be made to the Local Authority.

The Nominated or Deputy Safeguarding Lead will usually lead on decision making. They will:

- Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken;
- Address any gaps;
- Check that issues of consent and mental capacity have been addressed;

- In the event that a person's wishes are being overridden, check that this is appropriate and that the adult understands why;
- Advise on contact with the children and families department if a child or young person is also at risk;

Where such support is unavailable, consultation with other more senior staff should take place. In the event that these are unavailable, seeking the advice of the Local Authority should be considered.

Staff should also take action without the immediate authority of a line manager:

- If discussion with the manager would involve delay in an apparently high risk situation;
- If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing).

Staff members and volunteers should be encouraged to report their concerns about possible abuse and be able to raise concerns it they feel inappropriate or insufficient action has been taken. It is particularly important that people should not feel intimidated about discussing concerns that do not appear to have been taken up by the Nominated/Deputy Safeguarding Lead. No member of staff or volunteer should be victimised or suffer adversely for reporting concerns. This also applies where there are concerns that a member of staff may have perpetrated abuse.

6.7 HELPING AN INDIVIDUAL IN IMMEDIATE DANGER OR IN NEED OF EMERGENCY MEDICAL ATTENTION

Volunteers should inform a supervisor immediately.

If the person is in immediate danger and is with you, remain with them and call the police.

If the person is elsewhere, contact the police and explain the situation to them.

If they need emergency medical attention, call an ambulance and, while you are waiting for it to arrive, get help from your first aider or from the clinician if they are present.

If the first aider is not available, use any first aid knowledge that you may have yourself to help the adult.

The Nominated/Deputy Safeguarding Lead should also be contacted to let them know what is happening.

A decision will need to be made about who should inform the individual's family and the local authority safeguarding department, and when they should be informed. If you have involved the police and/or the health services, they should be part of this decision. Consider the welfare of the person in your decision

making as the highest priority. Safeguarding practice will adopt a whole-family approach, considering the needs of children and other dependents when responding to adult safeguarding concerns.

Issues that will need to be taken into account are:

- The individual's wishes and feelings
- Any risk management plans that currently exist.

Once any immediate danger or emergency medical need has been dealt with, follow the steps set out in the flowchart at the end of this document.

6.8 INFORMATION SHARING AND CONFIDENTIALITY

Sharing information between organisations as part of day-to-day safeguarding practice is already covered by common law duty of confidentiality, the Human Rights Act 1998 and the Crime and Disorder Act 1998, and data protection legislation (UK GDPR and the Data Protection Act 2018 https://www.gov.uk/data-protection).

All safeguarding information sharing will comply with the Data Protection Act 2018 and UK GDPR, ensuring lawful, proportionate, and secure handling of personal data.

As a general principle people must assume it is their responsibility to raise a safeguarding concern if they believe an adult at risk is suffering or likely to suffer abuse or neglect, and/or are a risk to themselves or another, rather than assume someone else will do so. They should share the information with the local authority and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk.

Adults at risk provide sensitive information and have a right to expect that the information that they directly provide and information obtained from others will be treated respectfully and that their privacy will be maintained.

Helpful guidance to ensure that information sharing is justified and proportionate is set out in the Caldicott Principles.

The challenges of working within the boundaries of confidentiality should not impede taking appropriate action.

Whenever possible, informed consent to the sharing of information should be obtained. However:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.

- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

Whether information is shared with or without the adult at risk's consent, the information sharing process must abide by the principles of the General Data Protection Regulation (GDPR). The GDPR should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

6.9 CONSENT

The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and well-being of the adult.

Making Safeguarding Personal is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistently with both of the above principles.

They should ensure that the adult has accessible information so that the adult can make informed choices about safeguarding: what it means, risks and benefits and possible consequences. Staff will need to clearly define the various options to help support them to make a decision about their safety.

Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, they may not trust social services or other partners, or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information.

Staff should consider the following and:

- Explore the reasons for the adult's objections – what are they worried about?
- Explain the concern and why you think it is important to share the information.
- Tell the adult with whom you may be sharing the information with and why.
- Explain the benefits, to them or others, of sharing information – could they access better help and support?
- Discuss the consequences of not sharing the information – could someone come to harm?
- Reassure them that the information will not be shared with anyone who does not need to know

- Reassure them that they are not alone and that support is available to them.

If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected.

However, there are a number of circumstances where staff can reasonably override such a decision, including:

- The adult lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act (see Section 8)
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent
- Other people are, or may be, at risk, including children
- Sharing the information could prevent a serious crime
- A serious crime has been committed
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- Staff are implicated
- There is a court order or other legal authority for taking action without consent.

In such circumstances, it is important to keep a careful record of the decision-making process. Staff should seek advice from the Nominated/Deputy Safeguarding Lead before overriding the adult's decision, except in emergency situations.

Leads should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate.

If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If none of the above apply and the decision is not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult

- Support the adult to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking

- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult to better protect themselves.

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

6.10 CONSIDERATIONS PRE-REFERRAL

Decisions need to take into account all relevant information that is available, including the views of the adult in all circumstances where it is possible and safe to seek their views. If the adult does not want to pursue matters through safeguarding action, staff should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been explored and that not proceeding further is consistent with legal duties.

There may be some occasions when the adult at risk does not want to pursue a referral to the Local Authority. Where it is a personal matter and may cause family disharmony, if possible, the adult at risk's wishes should be respected and other ways of ensuring the adult's safety explored. Where there is a potentially high-risk situation, staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult.

Decision makers also need to take account of whether or not there is a public or vital interest to refer the concern to the Local Authority. Where there is a risk to other adults, children or young people or there is a public interest to take action because a criminal offence had occurred, and the view is that it is a safeguarding matter, the wishes of the individual may be overridden. Where the sharing of information to prevent harm is necessary, lack of consent to information sharing can also be overridden. This should include where the adult at risk is deceased or the alleged perpetrator is a professional. In the event that people lack the capacity to provide consent, action should be taken in line with the Mental Capacity Act 2005 (see Section 7).

Where the Nominated/Deputy Safeguarding Lead decides that there is cause for concern they must telephone the relevant Safeguarding Adults Team and follow up with a written referral. If the Nominated/Deputy Safeguarding Lead decides that it is not a safeguarding matter, an incident form for the episode must be filled in and kept.

Doctors of the World must keep a written record of events -n incident form (Appendix A) to record the concern and how it is dealt with and a Safeguarding Adults Referral form if applicable.

6.11 DUTIES OF LOCAL AUTHORITIES

Doctors of the World will cooperate fully with the local Safeguarding Adults Board (SAB) and follow multi-agency procedures as required under Section 42 of the Care Act.

When the Local Authority becomes aware of a situation that meets the criteria described in the above three steps, it must make or arrange an enquiry under Section 42 of the Care Act 2014:

'The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.'

Where the circumstances are not such as to trigger the Section 42 safeguarding duty, the Local Authority may choose to carry out proportionate safeguarding enquiries, in order to promote the adult's well-being and to support preventative action. An enquiry should establish whether and what action needs to be taken to prevent or stop abuse or neglect.

Local Authorities should aim to provide swift and personalised safeguarding responses, involving the adult at risk in the decision-making process as far as possible

Mechanisms to support Adult Safeguarding

Multi Agency Safeguarding Hubs (MASH): The MASH is one model where concerns may be risk assessed and decisions made about how concerns are taken forward. The MASH is a partnership of agencies that have a duty to safeguard and have agreed to share information they hold on adults at risk. Their shared vision for safeguarding is to work in an integrated way to improve the outcomes for adults at risk.

Multi-Agency Risk Assessment Conference (MARAC): The MARAC is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence. MARAC meetings take place in each local area, usually chaired by the police, where statutory and voluntary sector partners work together.

Multi-agency Public Protection Arrangements (MAPPA): Organisations: The MAPPA' s purpose is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. Making a referral to the local authority

7 REFERRING TO THE LOCAL AUTHORITY

Organisations that refer to the Local Authority should include the following information:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically carers and relevant family members and friends, and those holding powers of attorney;
- Basic facts, focussing on whether or not the person has care and support needs including communication and on-going health needs;
- Factual details of what the concern is about; what, when, who, where;
- Immediate risks and action taken to address risk;
- Preferred method of communication;
- If reported as a crime - details of which police station/officer, crime reference number etc.;
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves;
- Any information on the person alleged to have caused harm;
- Wishes and views of the adult at risk, in particular consent;
- Advocacy involvement (includes family/friends);
- Information from other relevant organisations
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

8 ASSESSING CAPACITY

The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

Mental Capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect, should there be concerns over their ability to give informed consent to:

- Planned interventions and decisions about their safety
- Their safeguarding plan and how risks are to be managed to prevent future harm

The Mental Capacity Act outlines five statutory principles that underpin the work with adults who may lack mental capacity:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.

- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

In accordance with the MCA, if the capacity of the adult service user is in doubt an assessment should take place as a matter of priority. In such case the professional must make an assessment of the service user's capacity for giving consent and decisions required during the consultation. If a professional is not confident in assessing capacity or is unable to make a clear assessment on the day they must notify the Clinic supervisor and external advice will be obtained prior to continuing with a consultation or treatment.

The majority of adults that require additional safeguards are people who are likely to lack mental capacity to make decisions about their care and support needs.

The GMC has an interactive tool and the BMA has a toolkit to aid this process. If the patient lacks capacity, the GMC advice is as follows:

•make the care of your patient your first concern
•treat patients as individuals and respect their dignity
•support and encourage patients to be involved, as far as they want to and are able, in decisions about their treatment and care
•treat patients with respect and not discriminate against them

In addition, you must consider:

•whether the patient's lack of capacity is temporary or permanent
•which options for treatment would provide overall clinical benefit for the patient
•which option, including the option not to treat, would be least restrictive of the patient's future choices
•any evidence of the patient's previously expressed preferences, such as an advance statement or decision
•the views of anyone the patient asks you to consult, or who has legal authority to make a decision on their behalf or has been appointed to represent them
•the views of people close to the patient on the patient's preferences, feelings, beliefs and values, and whether they consider the proposed treatment to be in the patient's best interests

•what you and the rest of the healthcare team know about the patient's wishes, feelings, beliefs and values.

Make sure you document clearly the capacity assessment, the decision it was regarding, and inform the clinic supervisor.

All DOTW staff will undertake Mental Capacity Act training every 3 years.

9 SAFEGUARDING CHILDREN

In all adult safeguarding work, staff working with the person at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm. Children and young people may be at greater risk of harm or be in need of additional help in families where adults have mental health problems, misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties.' For further information see Working Together to Safeguard Children.

10 ALLEGATIONS AGAINST COLLEAGUES

If a practitioner has concerns regarding the conduct of a colleague, then they should in the first instance report this to the Executive Director, or in their absence, the Nominated Safeguarding Lead within their own organisation, who are required by law to report this concern to the LADO. However, it is important to note that anyone can contact the LADO if they need to do so for advice or support, especially if concerns are regarding the conduct with adults at risk or management or holistic organisational practice.

Staff and volunteers should be aware of alerting indicators and follow the procedures relating to Safer Recruitment and Allegations against staff (please see Local Authority LADO).

11 USEFUL CONTACT DETAILS

11.1 DOCTORS OF THE WORLD

Nominated Safeguarding Lead	Amardeep Kamboz 07950 159556 AKamboz@doctorsoftheworld.org.uk

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Trustee Governance Lead slloyd@doctorsoftheworld.org.uk	Steven Lloyd
Deputy Safeguarding Leads	Rita D'Alessio rdalessio@doctorsoftheworld.org.uk

Safeguarding Champions: DOTW services supervisors act as Safeguarding champions.

Service and Volunteer Programme Lead

Senior Caseworker	Meggi
GP Clinical Lead	Katherine Taylor ktaylor@doctorsoftheworld.org.uk

11.1 NEWHAM SAFEGUARDING ADULTS TEAM

Access to Adult Social Care Team

Opening hours: Monday to Thursday 9am-5pm Friday 9am- 4.45pm. When calling select Option 2 for the Access to Adult Social Care team. 020 8430 2000

To report suspected abuse or raise a concern for an adult at risk:

Telephone: 020 3373 0440 **Email:** ASCsafeguardingconcerns@newham.gov.uk

11.2 LOCAL AUTHORITY DESIGNATED OFFICE (LADO)

If you have a concern or would like to speak about a LADO matter, please email LADO@newham.gov.uk or call Alex Mihu 0203 373 6706 / Evelyn Millyard 0203 373 0751

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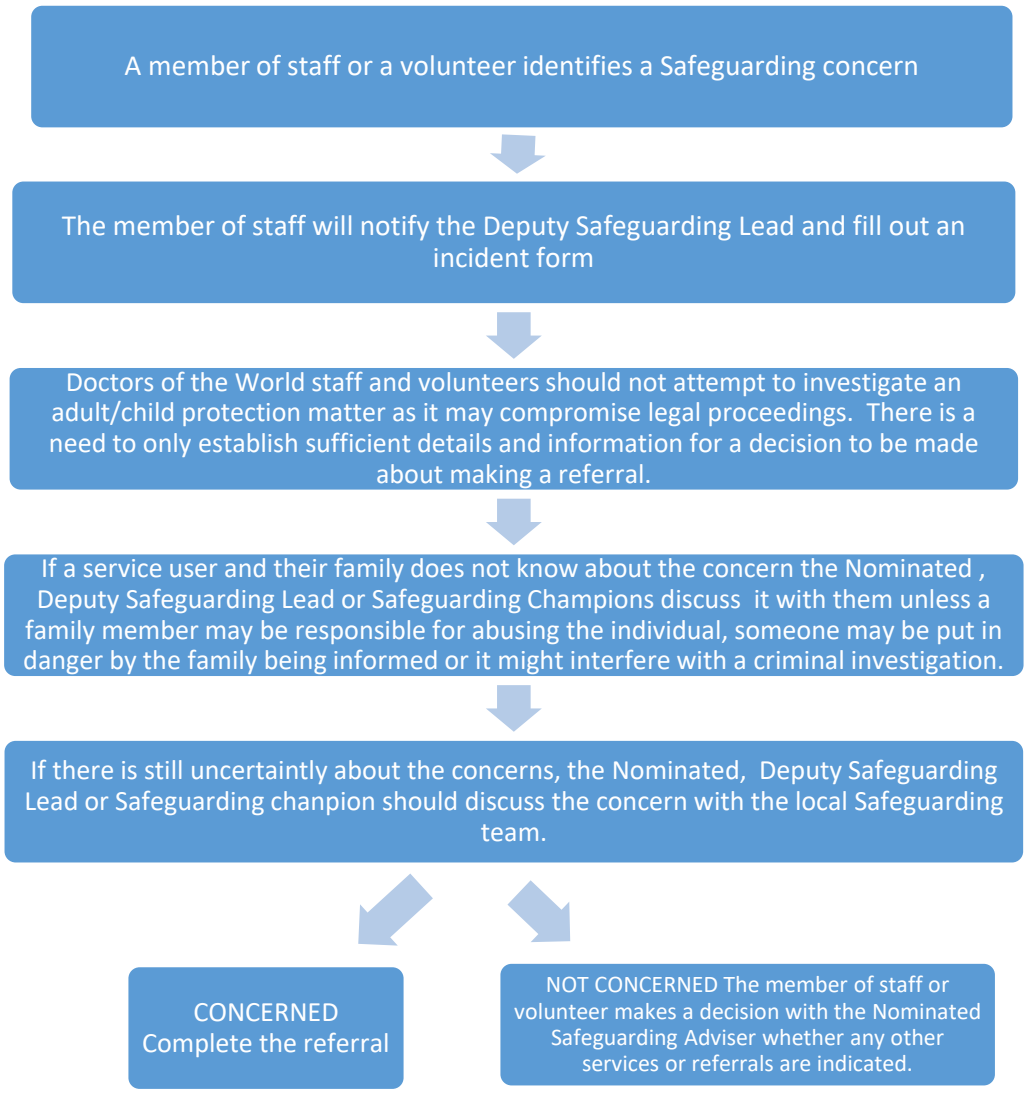
12 FLOWCHART



APPENDIX A: INCIDENT FORM FOR REPORTING SAFEGUARDING CONCERNS

Incident forms can be found online here.

Incident Forms

Once logged, incidents should be reviewed by the appropriate person (GP Clinical Lead or Head of Services) within one week.

*Required

Date of incident *

Date

Age

Your answer

Location

London Clinic

Mobile

Canary Wharf

Other:

UK Number

Adult Safeguarding Policies and Procedures

Your answer

Type of incident *

Urgent Referral (case referred directly from the clinic to NHS services e.g. A&E, UCC, as clinical need for same day review; or an urgent GP appointment if 2 week wait referral considered necessary, and Termination of pregnancy cases). Please then email the Clinical lead (Katherine ktaylor@doctorsoftheworld.org.uk) to inform them an incident has been logged.

Clinical Incident (case in which a person did or may have come to harm as a result of receiving care under DOTW) Please then email the Clinical Lead (Katherine ktaylor@doctorsoftheworld.org.uk,) and Senior Programme Lead - Clinic and Remote Services (Rita RDAlessio@doctorsoftheworld.org.uk)

Operational incidents (any incident related to operational processes, e.g. data recording errors, breaches of confidentiality, health & safety etc.)Please then email the Senior Programme Lead - Clinic and Remote Services (Rita RDAlessio@doctorsoftheworld.org.uk) to make her aware an incident has been logged.

Safeguarding (case that involves children or vulnerable adults at risk of harm or forced marriage discussed with Social Services and/or other relevant agencies). Please then email the Senior Programme Lead - Clinic and Remote Services (Rita RDAlessio@doctorsoftheworld.org.uk) to make her aware an incident has been logged.

Data request (request to receive, edit or delete records). Please then email the Senior Programme Lead - Clinic and Remote Services (Rita RDAlessio@doctorsoftheworld.org.uk) to make her aware an incident has been logged. Data requests should be fulfilled within 28 days unless in exceptional circumstances

Infection Prevention Control. Please then email the Senior Programme Lead - Clinic and Remote Services (Rita RDAlessio@doctorsoftheworld.org.uk) to make her aware an incident has been logged.
Case of concern (cases related to domestic or sexual violence or abuse, or modern slavery). Please then email the Senior Programme Lead - Clinic and Remote Services (Rita RDAlessio@doctorsoftheworld.org.uk) to make her aware an incident has been logged.

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Volunteer Name

Your answer

Coordinator Name

Your answer

What happened?

Your answer

What was the response?

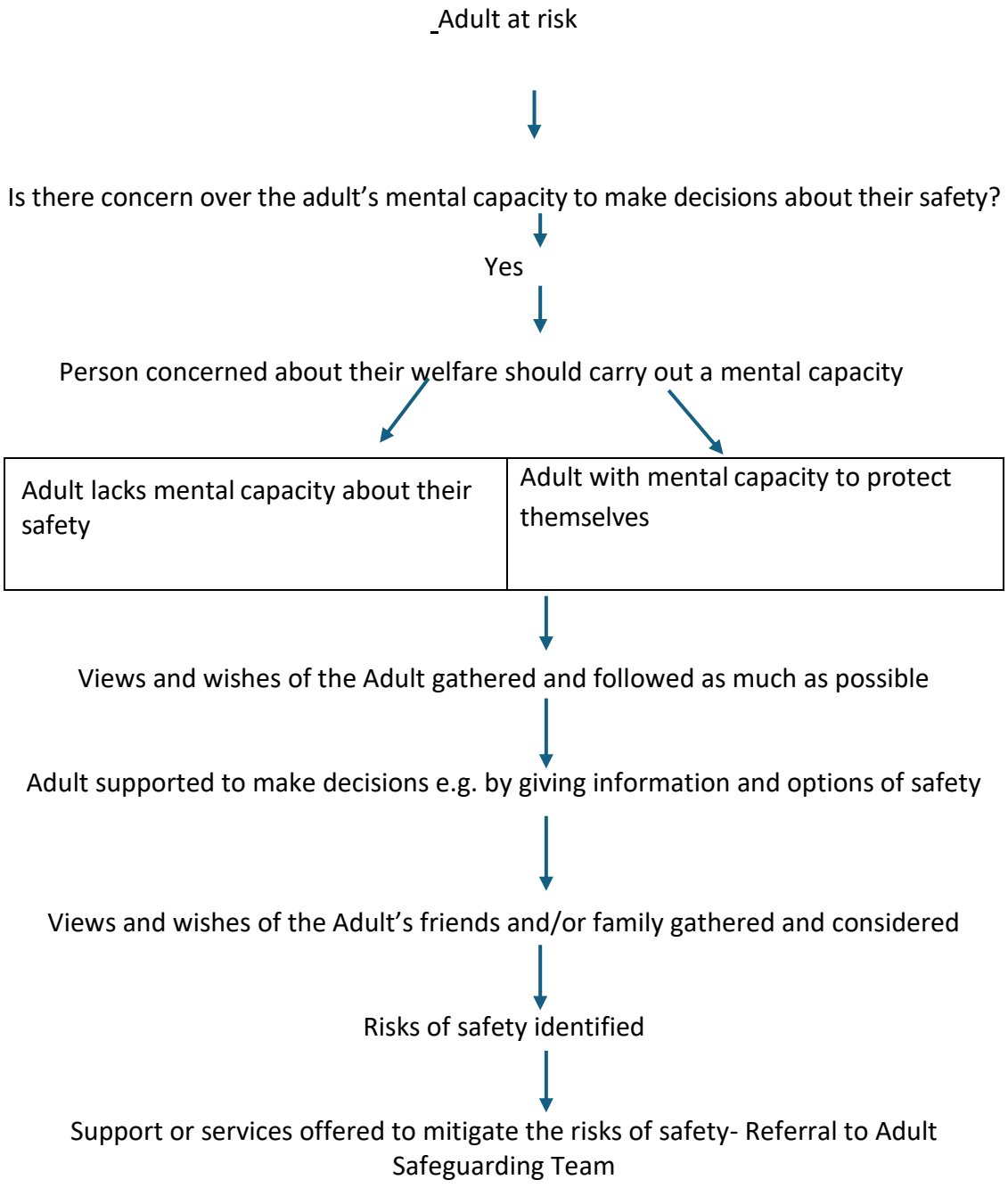
Your answer

Date follow up needed

Date

Adult Safeguarding Policies and Procedures

APPENDIX B: MENTAL CAPACITY ASSESSMENT – FLOW CHART



Adult Safeguarding Policies and Procedures