

Northumbria Healthcare NHS Foundation Trust

Clinical Governance Policies and Procedures

Safeguarding Adults at Risk Policy

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This Policy has been Impact Assessed against the Equality Act 2010

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Policy Author: Paula Shandran

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Statement of changes made from version 6.1

Version	Date	Description
7	July 2019	<p>This policy has been updated to reflect:</p> <ul style="list-style-type: none"> • Supervision Arrangements of staff across acute and community settings. • All Safeguarding Professional Leads work across community and acute settings. • Changes in the law around Safeguarding – Care Act 2014. Reference to out of date guidance and language (No Secrets) deleted. • Changes in how the trusts safeguarding team work in line with the law and MASH arrangements – strengthening safeguarding arrangements. • Appendix A – Trust named contacts for advice on Safeguarding Adults has been reviewed and updated. • Appendix C- PROTECT alert document has been reviewed and is

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		<p>now electronic. Adult's outcomes are now recorded in line with the Care Act.</p> <ul style="list-style-type: none">• General updating of the document. As a result of changes and additions to this policy the contents page, numbering and appendices have been changed accordingly.• Criminal exploitation included in policy.
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1. Operational Summary

Policy Aim

This policy has been developed to assist all staff working within Northumbria Healthcare NHS Foundation Trust, to recognise abuse of adults at risk, respond appropriately and raise safeguarding adults' alerts.

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (Care Act 2014).

Policy Summary

This policy provides a guide to assist staff with the process and procedures to follow, the issues to be considered and the required documentation to complete.

It sets out the principles agreed by the joint Safeguarding Adults Board (SAB) in both North Tyneside and Northumberland. It is to be read in conjunction with RMP 62 Mental Capacity Act and Deprivation of Liberty Policy and the SAB multi-agency policy and 10 steps procedure.

This policy describes the process for managing the risks associated with safeguarding adults at risk*.

*The term vulnerable adult has been replaced with adult at risk, as Adult at Risk is the definition according to the Care Act (2014) legislation.

What it means for staff

All Trust Employees – This policy is applicable to all staff coming into contact with adults at risk, including managers, nurses, district nurses, midwives, doctors, allied health professionals, care managers and support staff in all directorates across acute and community areas.

All staff have a role in safeguarding adults by ensuring immediate patient safety and raising an alert where abuse/harm is suspected, disclosed or discovered. Concerns should be raised with a manager and senior member of the clinical team.

Managers/Supervisors – Managers have a responsibility to act on the information from an alert and confirm immediate patient safety. Section 6 of this policy outlines this process in detail.

Northumbria Healthcare NHS Foundation Trust Safeguarding Adults Flow Chart

What must I do if I have a concern or suspicion, or I receive an allegation or disclosure that a vulnerable adult is at risk?



1. Recognise

Abuse may be discovered or suspected by:

- Direct observation
- Complaint / Allegation
- Disclosure



2. Secure

Ensure patient safety:

- Deal with patient's immediate medical or care needs.
- Are there any other vulnerable adults or children that need to be made safe?
- Do not disturb evidence



3. Document

Listen / observe / document:

- Listen carefully, stay calm, clarify facts
- Do not jump to conclusions
- Do not make promises of complete confidentiality – you must share your concern

Complete a PROTECT alert form



4. Escalate

Report / Escalate:

- Alert / Share the PROTECT form and your concerns with a senior staff member for your area asap. e.g. your Manager/ Matron.
- If they are not available inform your OSM / or on call OSM.
- Trust Incident Report to be completed. (IR1)

2. Introduction

Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together in partnership to prevent and stop abuse, while ensuring that the adults wellbeing is promoted including having regard to their views, wishes, feelings and beliefs (in line with the Mental Capacity Act). It is ensuring that Safeguarding is personal and reflects the person being at the centre of the process and seeing what outcomes they want to achieve.

The implementation of the Care Act 2014 has strengthened safeguarding adults at risk of harm and put safeguarding adults on a statutory footing.

The Care Act sets out six key principles which underpin all adult safeguarding work to achieve good outcomes for patients:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

As a result of the Care Act, the Adult Safeguarding Boards and their subgroups became statutory bodies as did the requirement for the completion of safeguarding adult's reviews.

Since the implementation of the Care Act, the term Vulnerable Adult was replaced with "Adult at Risk".

Adults at risk:

- Are safeguarded from harm/abuse, or the risk of abuse, and their human rights are respected and upheld.

Providers who comply with the regulations will:

- Take action to identify and prevent abuse from happening in a service;
- Respond appropriately when it is suspected that harm/abuse has occurred or is at risk of occurring;
- Ensure that policies and procedures are accessible to all staff and put into practice;

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- Make sure that the use of restraint is always appropriate, safe, reasonable, proportionate and justifiable to that individual;
- Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services;
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns;
- Protect others from the negative effect of any behaviour by people who use services, and
- Where applicable, use Deprivation of Liberty Safeguards and in accordance with the Mental Capacity Act 2005 (RMP 62)

3. Purpose

The Policy is to assist staff working in Northumbria Healthcare NHS Foundation Trust to identify adults at risk, to recognise abuse, respond and carry out their roles and responsibilities in accordance with Trust and SAB multi-agency policies.

4. Duties and responsibilities

The Executive Director of Nursing is the Trust Executive Lead for Safeguarding and is accountable to the Trust Board and SAB to provide safeguarding assurances.

All staff within the Trust have a duty to:

- Raise any concern, suspicion or allegation of abuse of an adult at risk when suspected, disclosed or discovered, and
- To maintain patient safety and contact the emergency services if required.

Managers have a responsibility to act on the information from a concern to ensure immediate patient safety, complete Trust documentation and alert safeguarding concerns on to Social Services or other agency as appropriate. Managers have a responsibility to provide advice and support to staff engaged in Safeguarding.

Staff raising a safeguarding concern to Social Services, (Appendix B) are expected to provide appropriate information. In addition they may be required to attend any strategy meetings, planning meetings or a case conference as part of the multi-agency procedures. Staff are expected to contribute fully to this process.

If staff are unable to attend a meeting they must ensure alternative representation or information is provided as appropriate. The trust safeguarding team will support staff around the safeguarding process, at meetings and provide advice.

All Safeguarding meeting requests come directly to the trust Safeguarding Team from North Tyneside and Northumberland. The trusts safeguarding team will then liaise with staff around attendance. If staff are approached directly they must notify the safeguarding team who are the central point of contact for safeguarding adults for Northumbria Healthcare Foundation Trust 0191 293 4212 Adultsafeguarding@northumbria-healthcare.nhs.uk

The Trust Professional Leads are available to provide advice and expertise on safeguarding and are available 9-5pm Monday-Friday as part of a duty system. Details of Trust Professional Leads can be found in Appendix A.

Care Managers have a responsibility to record concerns on the social care system and engage the appropriate process of care management or multi agency safeguarding procedures. Northumbria Healthcare NHS Foundation Trust Care managers in Northumberland act on behalf of the Council and take on the lead role of coordinating work to safeguard adults at risk.

5. Definitions of Terminology

5.1 Adult at risk

An Adult at Risk is defined as a person who:

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

This definition is often referred to as the three part test and a person has to meet all three parts to be defined as an Adult at Risk under Safeguarding Adults.

An Adult at risks vulnerability is determined by a number of factors including personal characteristics, situation, environment and social factors which may increase the risks to that person.

5.2 Abuse/Harm

The Care Act expanded the list of abuse categories with 3 additional types of abuse- Domestic abuse, Self neglect and Modern Slavery.

Types of abuse

5.2.1 *Physical:*

Includes assault; hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint* or inappropriate physical sanctions.

(* see section 5 Mental Capacity Act 2005)

5.2.2 *Sexual Abuse:*

Includes rape, indecent exposure; sexual harassment; inappropriate looking or touching; sexual teasing or innuendo; sexual photography; sexual assault, sexual acts to which the adult has not consented, or could not consent, or was pressurised into consenting. It may also include subjection to pornographic material and being made to witness sexual acts.

5.2.3 *Psychological Abuse:*

Includes emotional abuse; threats of harm or abandonment; deprivation of contact; humiliation; blaming; controlling; intimidation; coercion; harassment; verbal abuse; isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Coercive and controlling behaviour was introduced into the Serious Crime Act 2015 and came into force from December 2015.

5.2.4 *Financial or Material Abuse:*

Includes theft, fraud, internet scamming; exploitation, coercion in relation to an adult's financial affairs or arrangements, including in connection to wills, property, inheritance or financial transactions. Misuse or misappropriation of property, possessions or benefits.

5.2.5 *Neglect and Acts of Omission / Self Neglect:*

Includes ignoring medical advice or emotional; physical care needs. Failure to provide access to appropriate health, care and support or educational services. Withholding of the necessities of life such as heating, medication or adequate nutrition.

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5.2.6 *Discriminatory Abuse:*

Discriminatory abuse is the ill treatment, harassment, slurs or similar treatment because of race; gender or gender identity; disability; sexual orientation; ageist abuse; and that based upon a person's disability, and other forms of harassment, slurs or similar treatment.

5.2.7 *Organisational Abuse:*

Organisational abuse is where the systems or regimes in place impact on individuals in a negative and detrimental way. It can include bad practice that is not addressed and becomes an accepted standard of care for example rigid routines, lack of rights, choices or privacy. It can also include a lack of procedures to manage finances or medication, inadequate response to medical needs or the unauthorised / over use of restraint, punishments and sanctions. An unclean, unsafe environment can also be included in this category. It includes individual acts of poor professionals practice to systemic failure across a service. Please refer to RMP 03 for further information regarding the reporting and management of incidents.

5.2.8 *Domestic Abuse:*

Includes psychological; physical; sexual; financial; emotional abuse; 'honour based' violence; forced marriage; Female Genital Mutilation (FGM). In respect of FGM there is an algorithm included at the end of this policy for further information (Appendix H), which explains where an adult with care and support needs presents with FGM there is a duty to report to adult services.

5.2.9 *Modern Slavery:*

Includes slavery; sexual exploitation; human trafficking; forced labour and domestic servitude; traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

5.2.10 *Self-Neglect*

The term 'self-neglect' covers a wide range of behaviours and presentations including neglecting to care for one's personal hygiene, health or surroundings. This also includes behaviours such as hoarding.

New guidance has been introduced in respect of self-neglect, which can be found on the intranet.

5.2.11 NOTE: *Criminal Exploitation of Adults at Risk*:

It is important to remember Criminal exploitation, like other forms of abuse and exploitation, is a safeguarding concern and constitutes abuse even if the person appears to have readily become involved. Criminal exploitation can run through all categories of abuse. Selling drugs across county lines often involves the criminal exploitation of adults at risk. Criminal exploitation is typified by some form of power imbalance in favour of those perpetrating the exploitation and usually involves some form of exchange (e.g. carrying drugs in return for something). The exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). Adults at risk, who are criminally exploited, are at a high risk of experiencing violence and intimidation and threats to family members may also be made.

These definitions can be found in more detail in the 'Care and support statutory guidance' document. Department of Health. (2016).

<https://www.gov.uk/guidance/care-and-support-statutory-guidance>

6. Process and local arrangements

6.1 Immediate danger

If the adult is considered to be in immediate danger prompt action must be taken to ensure their safety and the safety of the staff. Emergency services should be called, if safe to do so assist the patient / client to an area of safety, and preserve any evidence.

Inform your immediate line manager. Out of Hours this will be the on-call manager, or duty Social Services Team. Within the hospital setting contacting the hospital security team may also be necessary.

The proximity and contact with alleged abuser to the vulnerable individual must be considered and appropriate action taken. Adhere to the guidance outlined in RMP10 Prevention of violence and aggression.

6.2 Raising a concern

All staff within the Trust have a duty to raise with their Line Manager, any concern regarding abuse of an adult at risk whether this is suspected, disclosed or discovered. If a concern is raised Out of Hours the line manager should be contacted as soon as

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possible - if the concern requires urgent intervention then the duty OSM must be contacted for support and advice.

If the decision is made to refer to Social Services then the Out of Hours Social Worker must be contacted via the Central Point of Contact.

For the majority of Trust staff this will be by completing a PROTECT safeguarding concern and discussing with their Line / Operational Manager / Modern Matron and / or member of the clinical team. For Trust community staff with a social care function in Northumberland, there is a different pathway, as described below.

6.2.1 Northumberland social care staff

Social Care staff should raise a concern with their Team Manager who will decide whether the information should be recorded as an adult concern notification or a safeguarding referral.

An Adult Concern Notification will be recorded on Social Care systems using the contact note type available. Any repeat notifications will be monitored by the Strategic Safeguarding Team on behalf of the Local Authority. Cases showing three notifications will be flagged. Further action may include referral into Local Multi-Agency Information Sharing forums, or escalation to a Safeguarding referral.

Safeguarding Referrals will be recorded on Social Care Systems using the contact note type available and the Safeguarding Episode Form. The decision to initiate safeguarding procedures will be made by the Safeguarding Manager (Social Care) who is discharging the function of the Local Authority. The Safeguarding Manager (Social Care) will ensure that the Safeguarding Episode is completed. A copy of the completed Safeguarding Episode Form will be emailed via NHS net to the Northumbria Healthcare NHS Foundation Trust Safeguarding lead by the Safeguarding Manager in order that the Trust can meet requirements set within the CQC relating to Safe Environment and Safeguarding Adults. This will be in place of the PROTECT document used in other departments to avoid duplication.

Staff who do not have access to Social Care Systems contact One Call on 01670 536400.

Compliance with the above arrangements will be monitored by the Performance and Governance Sub Group of Northumberland Safeguarding Adults Board and reported back both to the Northumberland Safeguarding Adults Board and the Northumbria SAB Board.

Link to Northumberland policies and procedures

<http://www.northumberland.gov.uk/default.aspx?page=1065>

Multi-Agency Training will be made available as per Trust requirements to consolidate staff skills and knowledge regarding this procedural guidance.

6.2.2 *All staff (except Northumberland Social Care staff)*

All staff must complete a PROTECT safeguarding alert form. (Appendix C). Staff must share with their manager immediately or within the same shift and alert agreed safeguarding concerns to the local authority within 24 hours.

Adults at risk, for whom there are safeguarding concerns should not be discharged without a multidisciplinary team meeting, (inclusive of the consultant responsible for the individual's clinical care), and including community services.

The adult at risks consent and wishes must be considered when deciding to alert on to Social Services and engage with the multi agency process. CG03, Procedures for gaining consent, should be followed. (Within the incident reporting tool (DATIX) staff should be aware of confidentiality when recording name(s) of suspected perpetrator(s) as this must be disclosed only on a need to know basis. IG01 Information Governance policy.

Staff will discuss the concerns with the adult at risk, ensuring adequate provision is made to meet communication and advocacy needs and request permission to refer the concerns on to Social Services.

Should the adult at risk not give consent for the alert, and is deemed to have the mental capacity to do so, Trust staff should document this in the patients notes.

However, there may be some circumstances when their consent has to be overridden and it is important not to confuse consent with capacity.

Relevant agencies should be informed and allegations must be investigated, even if the person affected is unwilling to take an active part in the process, if:

- A crime is suspected
- Allegations involve a member of staff, care worker or volunteer, or
- There is a risk of serious harm to that person or any other person

An example of this is an adult at risk who has been admitted with an injury due to domestic violence. The adult at risk has not consented to a safeguarding alert. However,

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if there is concern that they are at further risk of harm upon discharge, then their consent has to be overridden.

There will also be circumstances when the police have to be contacted for the immediate welfare of the adult at risk.

Interests and welfare of the adult at risk are paramount.

Staff must ensure the adult has been provided with the relevant information and options for support. Staff should consider the possibility of undue pressure, coercion or duress that may affect the adult's decision not to accept an alert into the safeguarding multi-agency process.

Where the concern may affect other vulnerable people, there is a duty within the Public Interest Disclosure Act (1998) (Whistle Blowing), to refer on to Social Services, It is important that confidentiality must not be confused with secrecy. It is inappropriate for staff to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk and/or a crime has been committed. Information will only be recorded and shared on a "need to know" basis.

In such circumstances advice can be sought from line management or the trust safeguarding professional leads, (Appendix A), and if necessary Trust legal services. Guidance on obtaining consent can be found in CG 03 Consent Policy's, (see flow chart - Appendix F)

It is good practice to inform, where appropriate, the relatives / carers of the adult at risk of the intention to make an alert to Social Services however, before doing so, staff must be confident the relative / carer is not involved with the alleged concern, and consent, where possible, for this decision must also be obtained from the adult at risk and documented appropriately on the PROTECT safeguarding alert form.

Where the adult at risk lacks mental capacity at this particular time, to consent to alerting Social Services, the decision should be made in their best interests. The assessment of their lack of capacity must be documented in line with the requirements of the Mental Capacity Act 2005. It is important to inform and engage with relatives and carers when acting in best interests, unless in doing so it;

- Increases the risk of harm/exploitation of the patient;
- Police are taking the lead in a criminal investigation, or
- Places the staff member at risk.

The PROTECT is to be kept within the patient confidential file, (**not** in the separate end of bed file or home records).

The safety of the adult at risk is paramount and a telephone alert must also be made to Social Services where concerns of abuse of an adult at risk are identified, and the above considerations have been made. Staff raising a safeguarding concern to Social Services, are expected to provide **appropriate** information.

The PROTECT is electronic and a copy automatically is sent to the trust Safeguarding Team and Social Services upon submission. The PROTECT is a Safeguarding Alert and the trust safeguarding team will respond to the PROTECT once it is submitted.

6.3 Alerting / referring to Social Services

Alerting to social services regarding an adult safeguarding concern is a specific alert and **is not** the same as a general social care referral e.g. section 2 notifications for admission, section 5 for discharge planning, care review or referral for an assessment of care and support needs.

When raising a Safeguarding Alert the point of contact is:

Northumberland area

One Call on **(01670) 536 400**

Email address: onecall@northumbria-healthcare.nhs.uk

North Tyneside area **Single point of contact (0191) 643 2777**

Email address: childrensandadultscontactcentre@northtyneside.gov.uk

Following a Safeguarding Adults alert (PROTECT) to Social Services, a decision will be taken as to whether or not to progress to a Safeguarding Enquiry – this is known as a Section 42 Enquiry. A Strategy discussion or meeting may be held. Strategy discussions or meetings take place within 5 days. Social Services will coordinate and arrange to chair Strategy meetings. Discussions with Senior Managers and Social Services Safeguarding Leads, should consider the need to involve the Police if a crime has potentially been committed.

The Mental Capacity Act 2005 (S44) incorporates the criminal offence of ‘**ill treatment or wilful / intentional neglect**’. This should be borne in mind when deciding a course of action.

A plan of care should be implemented and documented in the confidential medical record to address any concerns and immediate risks to the adult at risk or others at risk. The

care manager or key worker should be included in discussions. The plan of care should include clarification of visiting arrangements where contact concerns are raised within the safeguarding investigation and arrangements for recording of sensitive information. Clear communication between all relevant parties both within the Trust and the community service should be maintained. The GP should be kept informed of concerns and any key actions.

Where concerns are raised and an alert through the safeguarding multi-agency process is not felt to be appropriate, consideration should be given to other Trust policies such as Safeguarding Children and Young people (CG 29) Domestic Violence (PP41), Complaints (RMP14), Disciplinary (PP04) Deprivation of Liberty Safeguards (CG91). Patient's safety may be facilitated through alternative processes, such as, care management or the care programme approach. An adult with capacity should be supported and signposted to other services or actions they may consider taking.

Safeguarding concerns may be raised via the PAS alert system in order to make staff aware of any safeguarding issues. Safeguarding Administrators will apply the Codes and monitor.

6.4 Allegations against staff

There may be occasions when abuse is alleged against an employee working in the Trust, regardless of whether they are made in connection to duties with NHCFT or if they fall outside of this such as in their private life or any other capacity.

This must be reported immediately to a Senior Manager. Consideration should be given to whether a crime has been committed and the duty to report to the Police. If your concerns relate to your immediate manager then you should discuss this with a more senior member of the team, e.g. OSM or on call General Manager

Staff raising an alert or who make an allegation regarding a member of staff will be supported via the Trust's 'Whistle Blowing policies' (PP11 Public Interest Disclosure and PP 10 Dignity at Work Policy).

When a complaint or allegation has been made against a member of staff the Trust Professional and Operational Lead for Safeguarding OR Team Lead Safeguarding Adults and the HR Manager with responsibility for Safeguarding should be notified of the concerns.

Disciplinary procedures must not be operated in isolation from Safeguarding Adults procedures. A Safeguarding Adults alert should be made with a full multi-agency assessment of risk if required.

The Trust will also adhere to the Disclosure and Barring Service (DBS) processes, for people found to be unsuitable to work with vulnerable adults and children.

6.5 Multi Agency Public Protection Arrangement (MAPPA)

Public protection arrangements exist to manage the risks from potentially dangerous individuals. If an individual is considered to be a potentially dangerous person, whether or not s/he has a relevant conviction, information sharing should be facilitated through the Trust Lead for MAPPA as soon as possible. (See Appendix A)

6.6 Safeguarding Children

Children who witness or who are caught up in acts of abuse towards an adult at risk are at risk of harm both emotional and physical and therefore have the right to protection. Professionals who are involved with dealing with any incident of abuse must consider the impact on the children in the household and where there is risk of harm; a children's referral must be made. Further information on contacts can be found in the Trust child protection policy CG 29 and on the Trust intranet.

6.7 Reviews on Serious Cases

Serious Case Reviews for adults were re-named Safeguarding Adult Reviews following the introduction of the Care Act.

Section 44 of the Care Act 2014 places a **duty** on local Safeguarding Adults Boards to arrange Safeguarding Adult Reviews.

The statutory guidance for The Care Act 2014 states that SABs must arrange a SAR:

- When an adult, with needs for care and support, (whether or not the local authority was meeting any of those needs) in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; OR
- If an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect and there is concern that partner agencies could have worked more effectively to protect the adult.

There may be circumstances where the criteria for a SAR has not been met but a learning review may be completed such as an Appreciative Inquiry or Peer Review.

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Learning disseminated through the use of Story Boards and is available on the Safeguarding Intranet. This is shared and cascaded via the business units via the Trusts Safeguarding Board.

The trust has a statutory duty to participate fully in any Safeguarding Adults Review (SAR) or Independent Management Review (IMR), Appreciative Inquiry and Domestic Homicide Reviews (DHR); ensuring information is open and honestly provided. RMP 36 Being Open Policy.

Once a SCR, IMR or DHR is underway the report writer/Investigator will be required to follow an internal investigation process including chronology, facts, contacts, staff involved and then transcribe onto the report template.

The outcomes of the SAR, IMR or DHR and executive summary are presented at the Safeguarding Adults Board meeting and any recommendations will then be discussed at the Trust Safeguarding Board for action and inclusion on Trust risk registers.

Actions from the SAR are monitored internally by the Serious Case Review Meeting and the Safeguarding Board and externally by the Safeguarding Adults Review Committee.

6.8 PREVENT

Radicalisation is the abusive process whereby an adult with care and support needs may become or support violent extremists. The Prevent Lead for the trust is based in the safeguarding service. If the trust has any concerns about someone being radicalised the trust have a duty to report a Prevent concern – (See Appendix E)

The Counter-Terrorism and Security Act 2015 confers a duty on Health Organisations to have due regard to the need to prevent people from being drawn into terrorism – radicalisation. Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.

Prevent is part of the Government's counter-terrorism strategy CONTEST, which is led by the Home Office. The health sector has a non-enforcement approach to Prevent and focuses on support for vulnerable individuals and healthcare organisations. The Department of Health and the health sector are key partners in working to prevent vulnerable individuals from being drawn into terrorist-related activities. *Prevent* is about recognising when vulnerable individuals are being exploited for terrorist-related activities, it follows that it is most appropriately managed within existing safeguarding structures,

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working closely with emergency planning. Situating *Prevent* within safeguarding enables the programme to continue regardless of future changes to the NHS organisational structure. It is also in line with wider attempts to mainstream *Prevent* in other government sectors.

When dealing with staff in informal and formal processes and dealing with patients via our normal interactions staff should be mindful of the PREVENT agenda and raise any concern they may have through the normal safeguarding channels.

7. Training and Support

The Trust is committed to ensuring that all staff receives Safeguarding Adults awareness training and to identify the staff that need different levels of training in accordance with the knowledge required to enable them to carry out their role. Initial safeguarding training will be given to all new staff at induction.

Basic awareness training (level 1) is provided to all staff via an e-learning programme and the Trust's Safeguarding Adults Professional Leads as well as the multi-agency training teams from the Safeguarding Adult's Partnership.

Level 2 Safeguarding Adults training is mandatory for all front-line community staff and for Band 6 and above staff.

In-house basic awareness training will include the potential for occurrence and identification of abuse or neglect, staff duties and responsibilities and an overview of Northumbria Healthcare NHS Foundation Trust internal procedure.

The details of staff role and training expectation is contained within the Trust Learning & Development Policy PP27 and identified in the training needs analysis that is available to view on the Trust intranet.

7.1 Process for supporting staff involved in protecting adults at risk

All managers will be aware of this policy. They have a duty to respond positively to Safeguarding Adults concerns brought to them, and their requirement to provide immediate advice and support to the person raising the concern. Managers can also contact the Trust's professional leads for advice and support in complex cases (see Appendix A).

Advice support and safeguarding supervision of staff groups involved in safeguarding cases can be sought from the Trust's Safeguarding Adults Professional Leads and nominated safeguarding matrons/manager.

Staff and carers raising alerts will also be supported by the multi-agency process and policy guidance within Northumberland and North Tyneside. Their involvement will be valued within a clinical governance and duty of care framework of openness, and a culture of learning from incidents.

It must be acknowledged that for staff dealing with safeguarding cases it can be an exceptionally stressful time and Managers should consider referral to Occupational Health if required.

7.2 Staff Supervision in Adult Safeguarding

'Safeguarding Adults, A National Framework of Standards for Good practice and outcomes in adult protection work - Standard 4', requires partnership working between agencies to provide training and supervision of staff and volunteers to promote quality standards of service delivery.

The Trust recognises that Safeguarding Adults supervision is integral to providing an effective person centred service and that it also has a responsibility to provide clinical supervision for staff. Safeguarding Adults supervision is available as an addition to clinical supervision it does not replace it.

7.3 Supervision Process

All staff across the community receives 6 monthly supervision from the Safeguarding Professional Leads and compliance is monitored via the trusts Safeguarding Board. In addition, advice and support is available via telephone to staff trust wide.

7.4 Aims of Safeguarding Adults Supervision

- To create an opportunity for the staff to reflect and discuss individual practice and organisational issues that may impact on their decision making.
- To enable and empower the staff to develop skills, competence and confidence in their Safeguarding Adults practice.
- To provide a safe forum for the staff to discuss the emotional impact on them when working within this challenging area of practice.
- To ensure professional practice remains patient focused and promotes patient choice.
- To ensure staff are aware of and comply with relevant legislation.
- To ensure that all actions taken are with consent of /or are in the best interests of an individual who lacks capacity to make their own decisions about safeguarding issues, and where Information Sharing Protocols have been considered
- To allow staff to discuss strategies in order to prevent adults at risk from suffering harm.

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- To allow staff to explore and develop ways of working openly and in partnership with other professionals and other agencies.
- To ensure the staff fully understand their role, responsibilities and scope of their professional discretion and authority.
- To identify the training and developmental needs of the staff so that they have the skills and knowledge to provide an effective service
- To identify, in partnership with staff, any difficulties in ensuring policies and procedures are followed.
- Safeguarding Adult’s Supervision compliance will be recorded on ESR.

8. Process for Monitoring and Audit

This policy will be reviewed every 3 years to ensure that it reflects legislation, policy and procedure. If process or policy changes on advice of the SAB this policy will be amended. A sample of cases will be analysed against the policy to ensure compliance.

The implementation of this policy will be audited by the Trust Safeguarding Adults Professional Lead through the review of PROTECT forms and DATIX.

Monitoring/audit arrangements	Methodology	Reporting		
		Source	Committee	Frequency
Duties				
Audit	Review of duties of individuals in line with policy	Policy Author	Policy sub-committee	Upon policy review
Local arrangements for managing the risks associated with safeguarding adults – Para 6				
Clinical Audit	Review of PROTECT forms and IR1s; health records	Safeguarding Adults Professional Lead	Safeguarding Committee	Annual
Organisation’s expectations in relation to staff training, as identified in the training needs analysis				
Safeguarding adults training as identified in TNA in PP27	Monthly report run from ESR identifying staff who attended safeguarding adult training.	Principal Training Manager	HR/OD Cttee/ H&SSG	Monthly/ Quarterly

Wherever the monitoring has identified deficiencies, the following should be in place:

- Action plan
- Progress of action plan monitored by the appropriate Committee (minutes)
- Risks will be considered for inclusion in the appropriate risk registers

Individual cases where there is concern of any missed reporting, or alerting that is delayed, will be considered under root cause analysis or as a Serious Learning Event. Issues will be fed back to the Trust's Safeguarding Board who will advise if risks need to be highlighted on the risk registers of the Business Units.

The Trust Safeguarding Board consists of representation from all Business Units and both Northumberland and North Tyneside SAB's and monitors governance arrangements regarding safeguarding vulnerable people (both adults and children). The Board through its membership is responsible for ensuring safeguarding arrangements are in place Trust Wide, identifying risks through the risk register and monitoring action plans.

The Safeguarding Board is the corporate hub through, which information is disseminated to all levels of staff across the Trust, both at ground level and through the relevant governance structures of the Safety and Quality Committee, the Assurance Committee and the Trust Board of Directors.

9. References

Mental Capacity Act (2005) [Department for Constitutional Affairs - Publications - Mental Capacity Act](#)

Department of Health. (2016) [Care](#) and Support Statutory Guidance. Available at: www.dh.gov.uk

Mental Capacity Act 2005 Code of Practice, TSO, 2007.

Mental Capacity Act Deprivation of Liberty Safeguards Code of Practice. TSO 2008

Care Act 2014 www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The Care Act 2015 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

b) The Data Protection Act 1998 <http://www.legislation.gov.uk/ukpga/1998/29>

c) The Human Rights Act 1998; <http://www.legislation.gov.uk/ukpga/1998/42>

d) The Mental Capacity Act 2005; <http://www.legislation.gov.uk/ukpga/2005/9>

e) Crime and Disorder Act 1998 <http://www.legislation.gov.uk/ukpga/1998/37>

f) Freedom of Information Act 2000; <http://www.legislation.gov.uk/ukpga/2000/36>

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- g) The Caldicott Principles
- h) The common law duty of confidentiality
- i) Information Sharing: Guidance for Practitioners & Managers – HM Government

10. Associated Documentation

- CG03 Procedures for Obtaining Consent to examination or treatment
- CC29 Child Protection
- CG 91 Deprivation of Liberty Safeguards
- PP04 Disciplinary Policy
- PP10 Dignity at Work Policy
- PP11 Public Interest Disclosure
- PP27 Induction, Training and Development Policy
- RMP03 Reporting and Management of Incidents
- RMP36 Being Open Policy
- RMP 14 Complaints Policy
- RMP 62 MCA & DoLS Policy

Safeguarding Adults Multi Agency Policies for local areas:

North Tyneside

Northumberland

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Policy Author: Paula Shandran

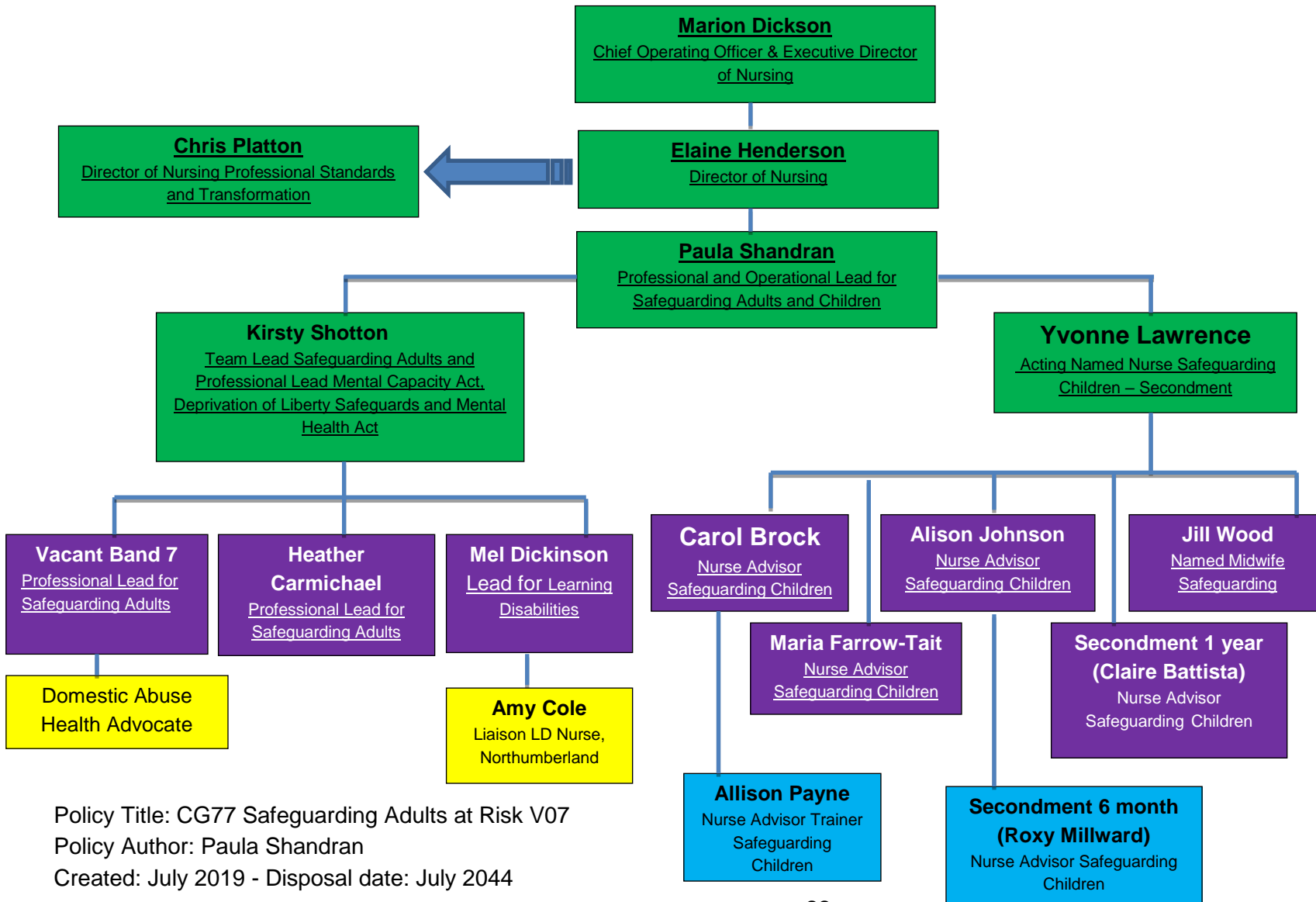
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Appendix A - Contact Details Safeguarding Adults & Children/MHA & DoLS

Management		Ext
Paula Shandran	Professional & Operational Lead for Safeguarding Adults & Children	34269
Kirsty Shotton	Team Lead Safeguarding Adults & Professional Lead MCA, DoLS and MHA	34269
Yvonne Lawrence	Acting Named Nurse Safeguarding Children	34269
Safeguarding Adults		Ext
Heather Carmichael	Lead for Safeguarding Adults	34128
Julie Wanless	Domestic Abuse Advocate	07966490839
Melanie Dickinson	Learning Disabilities Lead	34035
Amy Cole	Learning Disabilities Liaison Nurse	34035
Safeguarding Children – Duty Calls to Ext 34232		Ext
Jill Wood	Named Midwife	32433
Allison Payne	Nurse Advisor Trainer	32154
Alison Johnson	Nurse Advisor	32154
Carol Brock	Nurse Advisor	32252
Maria Farrow-Tait	Nurse Advisor	32252
Roxy Millward	Nurse Advisor	32252
Claire Battista	Nurse Advisor	32252
Safeguarding Admin		Ext
Leanne O'Donnell	Safeguarding Lead Secretary	34212
Joyce Bell	Safeguarding Lead Secretary	34212
Karen Weddell	Safeguarding Team Secretary	34212
Amy Hawthorn	Safeguarding Team Secretary	34212
Mental Health & DoLS		Ext
Claire Fletcher	MHA/DOLS/CPA Admin Lead	34372
Kirsty Brown	MHA/DOLS/CPA Administrator	34372
Alison Austin	MHA/DOLS/CPA Administrator	34372
Sofi Rahman	Clerical Officer	34372
Safeguarding Adults & Children & MHA & DoLS Email Addresses (Generic and Secure		
Adult Safeguarding	AdultSafeguarding@northumbria-healthcare.nhs.uk nhc-tr.nhcftSafeguardingChildren@nhs.net	
Children's Safeguarding	SafeguardingChildren@northumbria-healthcare.nhs.net nhc-tr.safeguardingchildrensteam@nhs.net	
Mental Health & DoLS	mentalhealthactoffice@northumbria-healthcare.nhs.uk DOLS@northumbria-healthcare.nhs.uk nhc-tr.mhaoffice@nhs.net	

Appendix B – Safeguarding Organisational Chart

Corporate Business Unit – Safeguarding Team (Ward 10, NTGH)
Organisational Chart, March 2019



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Chief Operating Officer:
Marion Dickson

Governance and Information
TBC

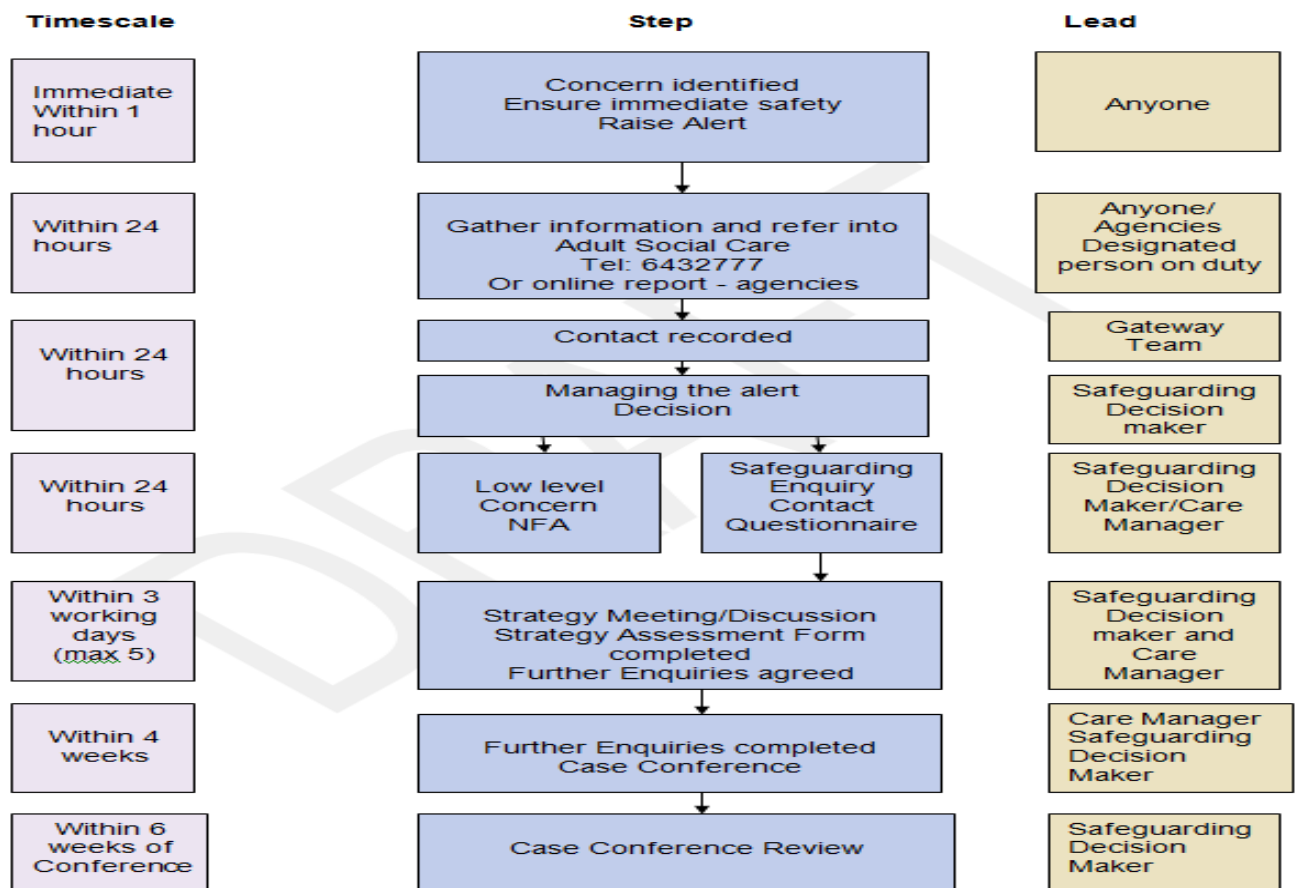
Finance
TBC – currently Lorna Hamilton & Damon Latimer

HR
TBC - currently Alex Phillips & Ceri Clark

Safeguarding Admin
Leanne O'Donnell - Safeguarding Admin Manager and Project Coordinator
Joyce Bell - Safeguarding Lead Secretary
Amy Hawthorn - Safeguarding Secretary
Karen Weddell - Safeguarding Secretary

NHCFT DoLs and Mental Health Act Admin - TBC
Claire Fletcher- MHA, DoLs & CPA Admin Lead
Kirstie Brown - MHA, DoLs & CPA Admin
Alison Austin - MHS, DoLs & CPA Admin
Sofi Rahman - Clerical Officer

Appendix C - 10 Steps Multi-Agency Process



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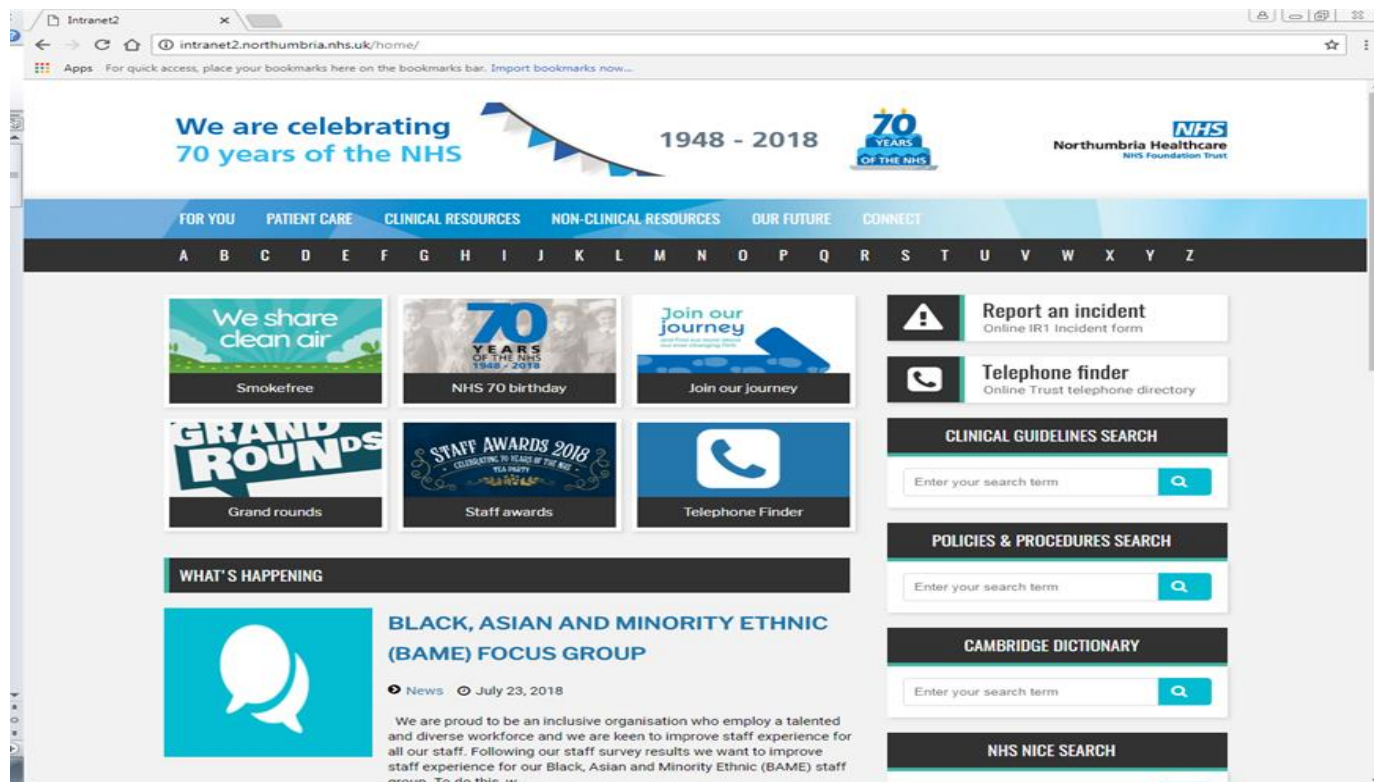
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Appendix D - Electronic PROTECT Form

Location: <http://intranet2.northumbria.nhs.uk/home/safeguarding/contacts/305-2/>

Fig: 1

Access the intranet click on S highlight Safeguarding; this will bring you to the Safeguarding website.



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Fig 2:

Upon entering the safeguarding Home Page access the PROTECT form via the referrals and contacts tab – See Below.

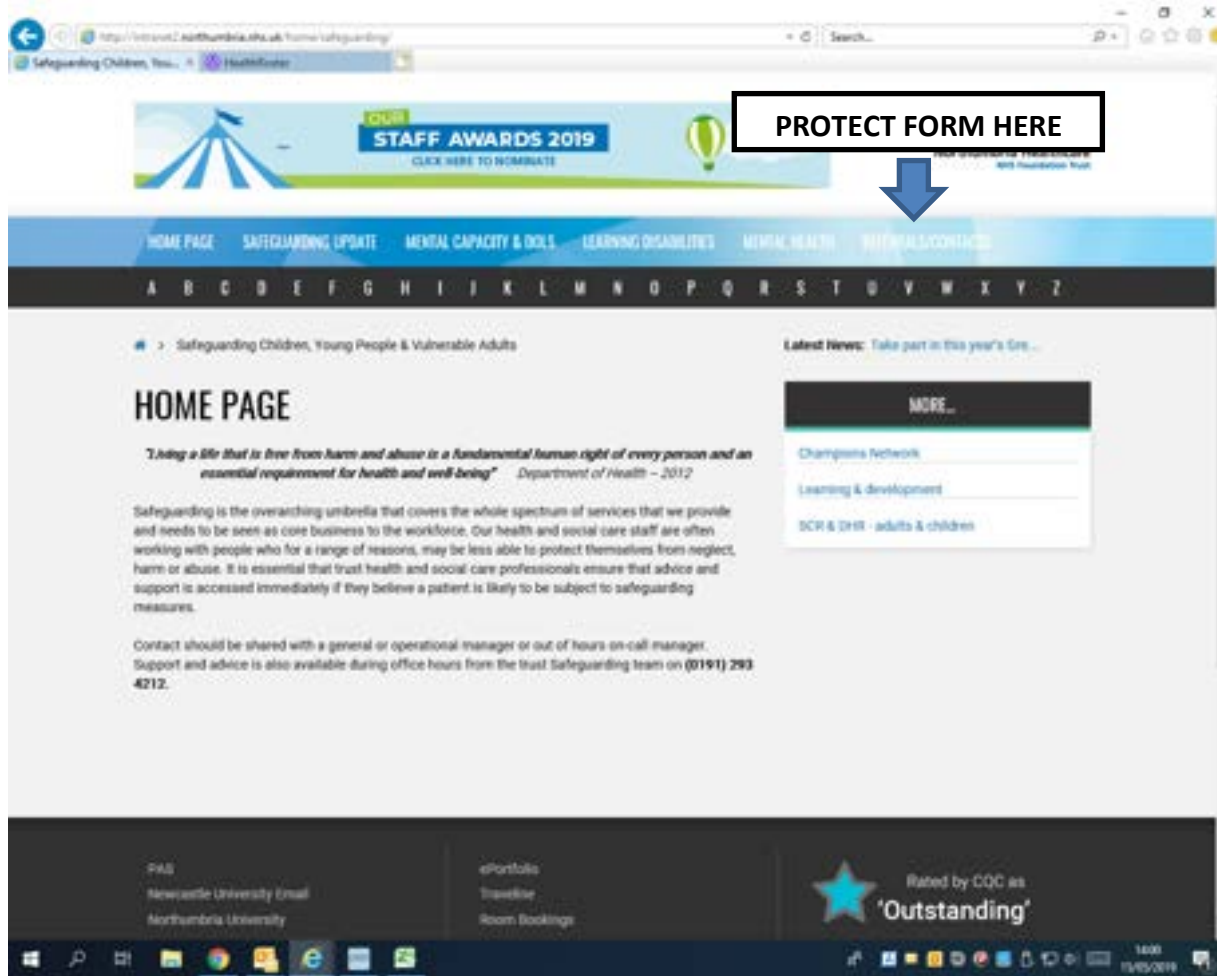


Fig:3

All aspects of the form need to be filled in before it will progress to the next page. If there is information requested that is unknown do not leave the box blank use N/K or N/A. Dates of birth that are not known insert the date you are filling the form out.

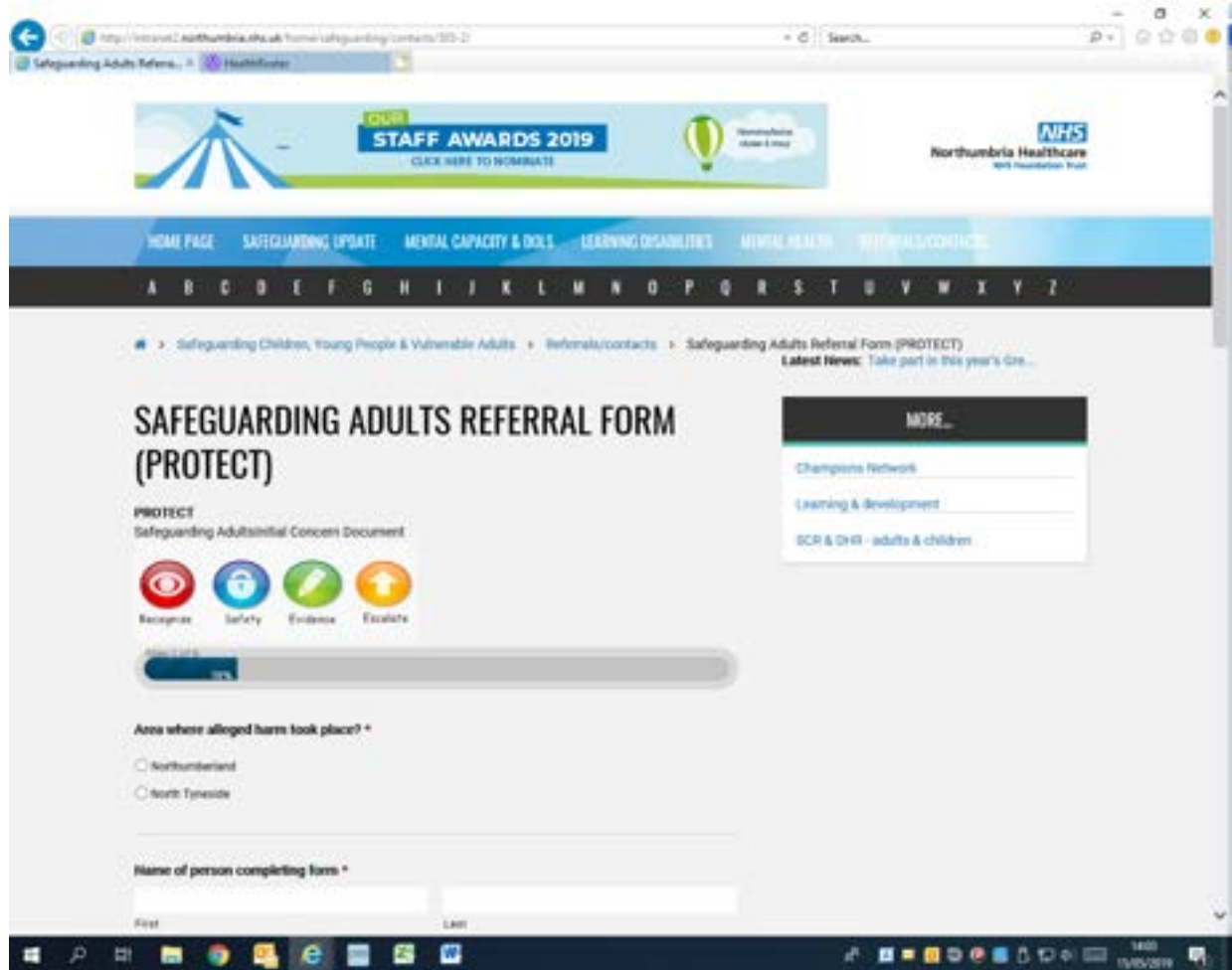


Fig: 4

ONLY in the event of a cyberattack and the electronic system is unavailable, please revert paper PROTECT see below.

Appendix C

PROTECT Referral

Area where alleged harm took place?

Name of person completing form*

Role

Named Matron for the Ward Area*

Date when staff member is raising this safeguarding alert

Time

From what area was concern raised?

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Main reason for concern: Nature of abuse, neglect or exploitation*

Second reason for concern: Nature of abuse, neglect or exploitation

Date when alleged abuse was disclosed, discovered or suspected

What site are you alerting from?

What ward are you alerting from?

What community setting are you alerting from?

Name

Date of birth

Phone

Ethnicity

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Address

Does the adult have care and support needs? If so what is the adult's primary reason of need?

Any other details about the adult at risk?

Is this adult register as Learning Disabled?

Does this case meet the criteria for a DoLS?

Name

Relationship to victim

Date of birth

Ethnicity

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Address

Any other details about the alleged perpetrators?

Please give a detailed description of the incident (including times), all people involved, witnesses and any other comments you feel are relevant.

If you wish to add further information you can upload a Body Map, witness statement or any other relevant documents using the button below.

Is the victim at risk of further abuse / neglect?

Have you notified the Police?

If the concern is related to domestic violence or coercion

Please provide details of any other agencies that are involved that will be able to help with the safeguarding adults enquiry – if applicable

Are you aware that there have been other previous concerns raised in relation to this

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adult at risk or alleged perpetrator?

Are there any risks to others (other adults, children or animals)?

Involvement of the adults at risk:

Has the adult at risk given consent for this referral?

Does the Adults at Risk have Mental Capacity to make a decision about their safety?

Please provide details of what support may be required

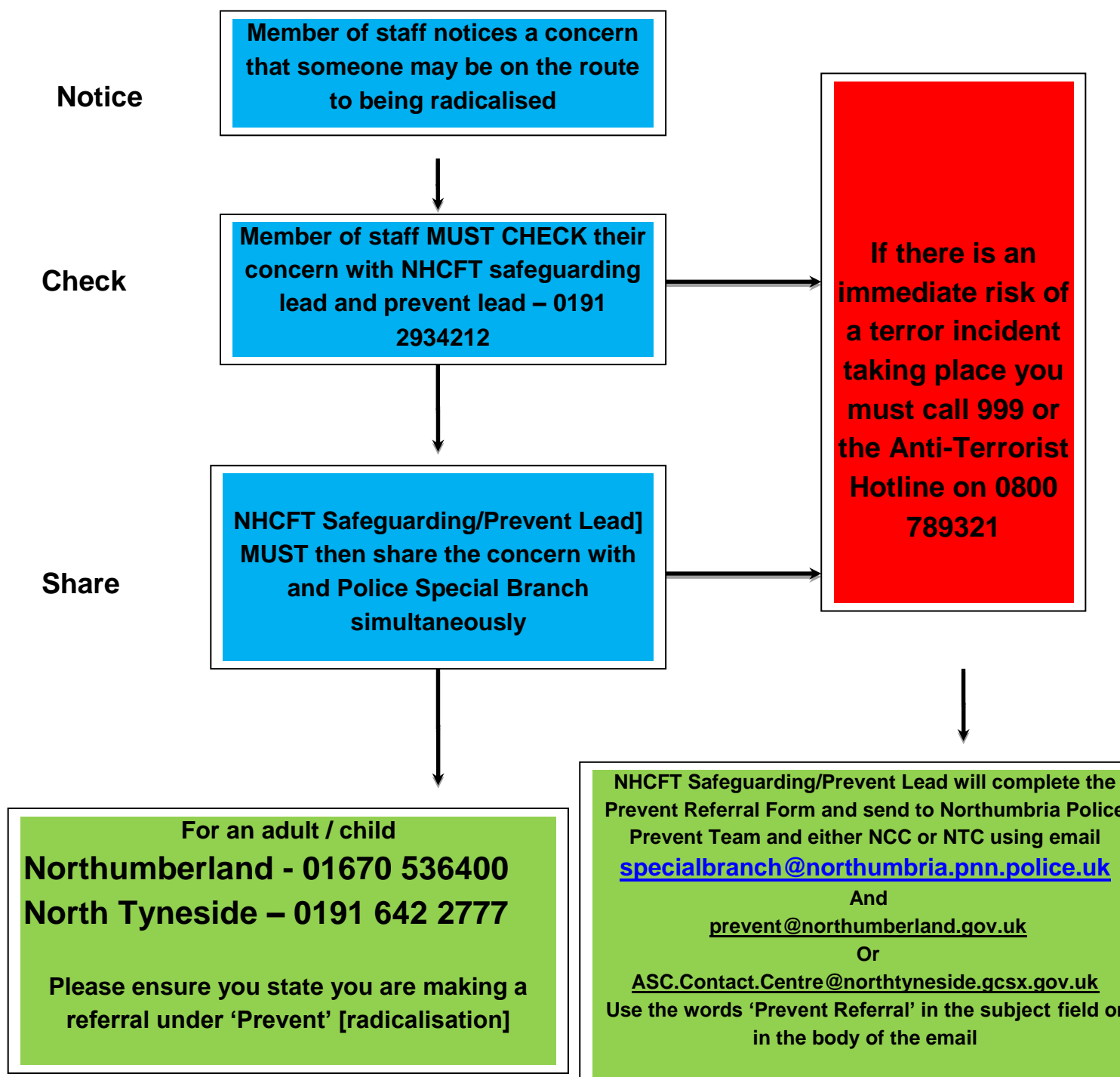
Does the adult require a person who could represent them (family member, friend, and advocate)?

If the adult at risk has consented to the safeguarding process, is the family / carers aware?

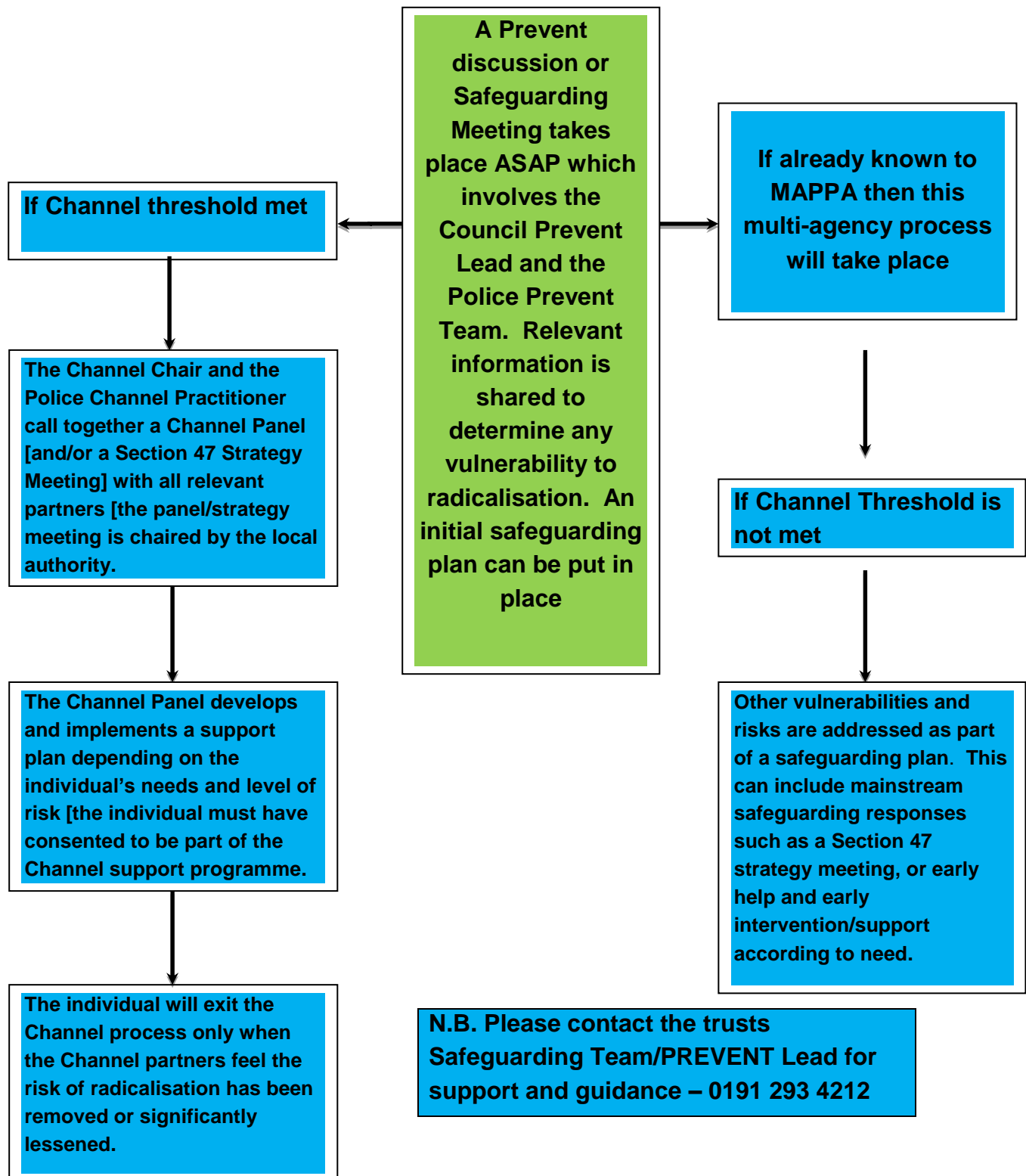
Making Safeguarding Personal – What does the adult at risk (or their representative) say that they want to happen as a result of the safeguarding adult’s enquiry (i.e. their desired outcomes)?

Email to send printable copy to

Appendix E - PREVENT Flowchart



Next Steps



Appendix F - Equality Impact Assessment

To be completed for all key policies. Cite specific data and consultation evidence wherever possible.

Duties which need to be considered:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

PART 1 – Overview

Date of equality impact assessment:

July 2019

Name(s) and role(s) of staff completing the assessment:

Kirsty Shotton – Team Lead Adult Safeguarding, Professional Lead MCA, DoLs and MHA

Overall, what are the outcomes of the policy?

This policy has been developed to assist all staff working within Northumbria Healthcare NHS Foundation Trust, to recognise abuse of adults at risk, respond appropriately and raise safeguarding adult's alerts.

PART 2 – Relevance to different Protected Characteristics

Answer these questions both in relation to people who use services and employees as appropriate

Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (E.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
Disability <i>Note: “disabled people” includes people with physical, learning and sensory disabilities, people with a long-term illness, and people with mental health problems.</i>	No	No specific impacts identified. Within the policy it is recognised that some groups are more likely to be the victims of abuse – however, the policy itself is for staff							
Sex <i>Note: all policies should be gender neutral and use pronouns such as them, their and they, not he/she; her/him</i>	No								
Age	No								

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Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (E.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
Race <i>Note: For the purposes of the Act 'race' includes colour, nationality and ethnic or national origins.</i>	No	and to guide them on how to manage signs or reports of abuse regardless of which group. This policy is aimed at adults and there is a separate policy aimed at children and young people.							
Religion or belief <i>Note: In the Equality Act, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.</i>	No								
Sexual Orientation <i>Note: The Act protects bisexual, gay, heterosexual and lesbian people.</i>	No								

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Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (E.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
Gender Reassignment <i>Note: The Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender.</i>	No								
Pregnancy and Maternity <i>Note: the law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breast feeding.</i>	No								
Marriage and Civil Partnership <i>Note: This applies to changes, decisions or proposals impacting</i>	No								

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Protected Characteristic	Does this characteristic have specific relevance to this policy?	If No –	If Yes –						
		Please state why:	What do you know about usage of the services affected by this policy by people in this protected group, about their experiences of it, and about any current barriers to access?	Could people in this protected group be disproportionately advantaged or disadvantaged by the policy?	Could the policy affect the ability of people in this protected group participate in public life? (E.g. by affecting their ability to go to meetings, take up public appointments etc.)	Could the policy affect public attitudes towards people in this protected group? (e.g. by increasing or reducing their presence in the community)	Could the policy, change make it more or less likely that people in this protected group will be at risk of harassment or victimisation?	If there are risks that people in this protected group could be disproportionately disadvantaged by the policy are there reasonable steps or adjustments that could be taken to reduce these risks?	Are there opportunities to create positive impacts for people in this protected group linked to this policy?
<i>on employees only. The Act protects employees who are married or in a civil partnership.</i>									
<i>Human Rights</i>	Could the policy impact on human rights? (e.g. the right to life, the right to respect for private and family life, the right to a fair hearing)								
	Links into the right around Article 3: the right not to be subjected to torture, inhuman or degrading treatment								

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PART 3 - Course of Action

Based on a consideration of all the potential impacts, tick one of the following as an overall summary of the outcome of this assessment:

<input checked="" type="checkbox"/>	The equality analysis has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.
<input type="checkbox"/>	The equality analysis has identified risks to equality which will not be eliminated, and/or opportunities to promote better equality which will not be taken. Acceptance of these is reasonable and proportionate, given the objectives of the policy and its overall financial and policy context.