

# **Healthy Living Partnership Safeguarding Policy Safeguarding Vulnerable Adults Policy V3.0 December 2025**



## **Healthy Living Partnership Limited**

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## Version Control

Version	Outline	Author	Date
V.01	Initial Draft based on Provide and Essex Safeguarding Board policies and resources	D Devitt	31 May 2023
V.02	Revised updated draft to reflect policy updates and national policy developments	D Devitt	21st October 2024
V.03	Revised Updated Draft reflecting updates in best practice policy and legislation	D. Devitt	14 <sup>th</sup> December 2025

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## Acknowledgements:

Provide Safeguarding Policy suite

Essex Safeguarding Policy and Procedures

Social Care Institute for Excellence

HMG Safeguarding Children Policies, procedures and guidance.

## 1.0 Introduction:

This policy sets out the roles and responsibilities of HLP in working together with other professionals and agencies in promoting adults' welfare and safeguarding them from abuse and neglect. HLP believes that the welfare of adults is paramount and that an adult has a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm. HLP is committed to maximising people's choice, control and inclusion and protecting their human rights as important ways of meeting their individual needs and reducing the potential for abuse

### **A note on Equality and Diversity**

This policy has been developed in line with HLP's principles of Equality and Diversity and is underpinned by the following standards: -

- An adult's welfare and safety is everyone's responsibility.
- Staff must work together, understand and appreciate other professionals' roles and responsibilities.
- No one must be discriminated against on the grounds of age, race, ethnicity, religion, culture, class, sexual orientation, gender or disability.

The Care Quality Commission's (CQC) "Essential Standards of Quality and Safety" states that all people who use services from a health organisation should be protected from abuse, or the risk of abuse, and their human rights be respected and upheld

The first priority should always be to ensure the safety and protection of vulnerable adults. It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person/agency (Public Interest Disclosure Act 1998).

All those making a complaint or allegation or expressing concern, whether they be staff, Service Users, carers or members of the general public, should be reassured that:

- They will be taken seriously.
- Their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk.
- Service Users will be given immediate protection from the risk of reprisals or intimidation.
- If staff, they will be given support and afforded protection if necessary, e.g.: under the Public Interest Disclosure Act 1998 they will be dealt with in a fair and equitable manner; and

- They will be kept informed of any action taken and the outcome.

The safeguarding and promotion of the welfare of vulnerable adults is an integral element of the services and care offered by all staff in both statutory and voluntary and community sector organisations working on behalf of the Healthy Living Partnership (HLP).

The service offer delivered via or on behalf of HLP is potentially very broad in nature and could therefore include care offered to children, young people, families or adults who are parents or carers, and potentially require both awareness and both adults and children's safeguarding approaches.

The aim of the policy is to ensure that there is a robust system in place to safeguard Vulnerable Adults who receive service from HLP and to support staff with safeguarding Vulnerable Adults. The policy sets out the roles and responsibilities of all staff and those working on behalf of HLP with respect to keeping Vulnerable Adults and promoting their welfare.

## 2.0 HLP – Current Activities and Commitment to Safeguarding

Healthy Living Partnership **does not currently or foreseeably** have any direct contracted or subcontracted relationship or operate on its own as either a provider of services to the community where direct care or clinical provision to Vulnerable Adults would be conducted by HLP itself.

That limitation on the scope of activities delivered by HLP notwithstanding this policy has been drafted to ensure that HLP is well placed to ensure that it is delivering a comprehensive approach to Safeguarding ( both Vulnerable Adults and CYP) and related policies and able to adapt to future changes in commissioned activities. It stands as a visible sign of HLP's awareness of and commitment to the provision of safeguarding and related assurance for services that are delivered through HLP via subcontracted entities and with a view to ensuring compliance is built into the HLP policy framework before rather than after it becomes necessary.

HLP is essentially a company that holds contracts for organisations that are not (due to their constitutional composition) able to hold these contracts themselves, and require a corporate entity to subcontract them.

These organisations do not currently perform functions where adults safeguarding (or children's) functions are entailed, but this is a situation that could potentially change over time.

To provide assurance of HLP's robust and forward-thinking approach to safeguarding this policy and others on different safeguarding themes have been drafted in preparation in case any of the functions do, one day, become an element of HLP business.

HLP will ensure that it monitors and provides assurance to its commissioners that its relationships – either to commissioning bodies or subcontracted entities - align with

its commitment and obligations and accountability to commissioners for safeguarding practice and policies in subcontractors.

This will be reviewed on a regular and ongoing basis and especially at the commencement of new contractual relationships where an assessment to ensure a full compliance with relevant safeguarding practice and policies is conducted.

In this way HLP will evolve its safeguarding response in line with future requirements whilst constantly assessing, reflecting upon and improving its safeguarding approach and policy suite.

### 3.0 Key Guidance, Principles and Obligations

The Policy is intended to support all HLP staff and subcontractors working on behalf of HLP with safeguarding children within all geographical areas in which services are delivered.

HLP's Vulnerable Adult Safeguarding policy, procedures and responsibilities are guided by the following 6 principles of Care Act 2014<sup>1</sup>:

<b>Principle</b>	<b>Outline</b>
<b>Empowerment</b>	People being supported and encouraged to make their own decisions and informed consent.
<b>Prevention</b>	It is better to take action before harm occurs.
<b>Proportionality</b>	The least intrusive response appropriate to the risk presented.
<b>Protection</b>	Support and representation for those in greatest need.
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
<b>Accountability</b>	Accountability and Transparency in safeguarding practice

Table 1 Core Principles of the Care Act 2014

This Policy also informs all staff within Provide of statutory responsibilities and expected practice regarding issues related to Honour Based Abuse (HBA), Forced Marriage and Female Genital Mutilation (FGM).

The Care Act 2014 established a new statutory framework for care and support, including adult safeguarding.

Safeguarding adults is integral to complying with local and national legislation/regulations. This is achieved close adherence and multi-agency working via local Adults Safeguarding Boards.

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<sup>1</sup> See [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk) and [Care Act factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Currently the majority of HLP works will fall within the operational context of Essex and therefore reflect the requirements of the Essex Safeguarding Adults Board, but it is intended that this policy and those covering other key safeguarding agendas will provide a robust and comprehensive policy approach to underpin operations in other areas or regions and meet the needs of other relevant Adult Safeguarding Boards.

The **Intercollegiate Document** '<https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>', sets out the levels of competencies expected of all staff working within the health service with regards to adults safeguarding.

All staff must ensure that they possess the required knowledge, skills and competencies – in line with their role as set out in their training matrix in line with the Intercollegiate Document (2019).

## 4.0 Purpose

The purpose of this policy is to ensure that HLP Staff and subcontracted entities are able to appropriately fulfil their safeguarding obligations with regards to Vulnerable Adults.

HLP accepts the principles laid down within the Local Safeguarding Adults Board Guidelines and is committed to:

- Take action to identify and prevent abuse from happening.
- Respond appropriately when abuse has or is suspected to have occurred.
- Ensure that the agreed safeguarding procedures are followed at all times.
- Offer/deliver support, advice and resources to staff in responding to safeguarding issues.
- Inform staff of any local or national issues relating to safeguarding adults.
- Ensure staff are aware of their responsibilities to attend training and to support staff in accessing these events.
- Ensure that the organisation has a dedicated staff member with an expertise in safeguarding adults.
- Ensure staff have access to appropriate consultation and supervision regarding safeguarding adults.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Ensure that information is available for people that use services & family members setting out what to do if they have a concern (e.g. ASK SAL helpline).
- Complies with a number of safety and identity checks on appropriate by Disclosure Barring Service (DBS 2014).
- Job descriptions for staff that contain a statement regarding staff responsibility for safeguarding children and adults.

All staff must be aware of and understand the risk factors for abuse and what they must do if a person is being abused, suspected of being abused, is at risk of abuse or has been abused.

HLP will work collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and has safeguarding policies that link with Local Authority policies. It participates in the LSAB where required; has clear procedures which are followed in practice, monitored and reviewed in the context of safeguarding and takes into account relevant guidance set out in the CQC's schedule of applicable publications.

HLP understands that the safety, rights and wellbeing of service users is paramount and that they have a right to feel safe and protected from any situation or practice that results in them being harmed or at risk of harm. HLP is committed to ensuring the primacy of service users human rights, choice; and their right to control and be included in care/decision making.

HLP understands these are important for meeting the individual needs of service users and reducing the potential for abuse. It is therefore central to the HLP Safeguarding response.

## 5.0 Scope

The policy applies to all staff employed or working on behalf of HLP. This includes those that are:

- Full or Part Time directly employed Staff
- Board Members and Secretariat supporting HLP
- Temporary, voluntary, contracted or self-employed staff
- Consultants and agency staff

The above will be referred to as 'all staff' in the policy.

## 6.0. Roles and Responsibilities

### **All Staff**

All staff must always be alert to the possibility of significant harm to children through abuse or neglect, or to a child who is 'in need'. All staff should be able to recognise indicators and know how to act upon concerns, their depth of knowledge being commensurate with their roles and responsibilities.

*Effective safeguarding arrangements should aim to meet the following two key principles:*

- *Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and*
- *A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.*

([Working Together 2018](#) and [SET Procedures May 2022](#))

All staff must be aware of

- the vulnerabilities of certain groups of children such as those who are disabled, 'looked after', privately fostered and socially excluded.
- the vulnerabilities of certain groups of adults who may find parenting difficult.

The latter category can include a very wide range of people and touch upon a broad range of conditions, and agendas. For example, those experiencing domestic abuse coercive control and or violence, instability arising from complexity involving mental health conditions or problems, uncontrolled substance or alcohol misuse, learning disabilities, involvement with the justice system or exposure to the effects of criminality, violence and the drugs trade, or those with unmet support needs and those exposed to economic adversity, poverty and stresses arising from the cost-of-living crisis.

## **Core Principles**

All staff must therefore be aware of relevant adult safeguarding policies and procedures which may be involved including where incidents of children and young people potentially abusing vulnerable parents or carers.

All staff working primarily with adults who are parents or carers should always consider the effects on parenting capacity and subsequent implications for children of the adult's illness or behaviour.

All staff must recognise that sharing information is vital for early intervention to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override any duty of confidentiality.

All staff regardless of grade or position must follow local SCB Procedures where there are concerns that a child is being abused or when there are child protection concerns. This cannot be delegated to others.

All staff should be aware that when they have concerns about possible child abuse or neglect, they can discuss their concerns with the HLP Safeguarding Advisor or a Local Safeguarding Children Board advisor or local NHS Named/Designated Safeguarding Professional, Manager or Supervisor, as required and must know how to access this support.

## **IN EMERGENCIES**

However, if emergency action is needed to protect a child this should never be delayed due to the need to discuss concerns.



See the box below for the process for actioning immediate concerns as referenced in the ESAB resource: [Essex Safeguarding Adults Board - Reporting Concerns \(essexsab.org.uk\)](https://essexsab.org.uk).

You can get in contact for anything from straightforward information and advice about the abuse and the safety of adults in Essex, to the disclosure of a specific concern about your own safety of somebody that you know. Should you wish to report maltreatment of an adult in Essex your concern will be taken seriously and ensure that it is investigated appropriately.

**To report a concern, please call or send a completed [SETSAF form](#) to;**

**SOUTHEND**

Telephone: 01702 215008 | email: [accessteam@southend.gov.uk](mailto:accessteam@southend.gov.uk)

**ESSEX**

Telephone: 0345 603 7630 | email: [businesssupportadultsovas@essex.gov.uk](mailto:businesssupportadultsovas@essex.gov.uk)

**THURROCK**

Telephone: 01375 511000 | email: [Thurrock.First@thurrock.gov.uk](mailto:Thurrock.First@thurrock.gov.uk)

Forward the completed SET SAF1 Safeguarding of Vulnerable Adults Referral Form direct to:

By Post to Essex Social Care Direct, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ

By email (secure email only) [essexsocialcare@essex.GCSX.gov.uk](mailto:essexsocialcare@essex.GCSX.gov.uk)

By fax to: 0845 601 6230

Making a referral/enquiry by telephone: 0845 603 7630

Out of hours Referrals: Tel: 0300 123 0778

Or Call AskSAL on 08452 66 66 63.

Concerned that a child or young person is being harmed or neglected or is at risk:

Contact: Essex Social Care on 0845 603 7634

Out of hours: (5.30pm - 9.00am Monday - Thursday, 4.30pm Friday - 9.00am

Monday and Bank holidays)

Tel: 0300 1230 779

Email: [EmergencyDutyTeam.OutofHours@essex.gov.uk](mailto:EmergencyDutyTeam.OutofHours@essex.gov.uk)

**Box 1 Key contacts and numbers to discuss a children's safeguarding issue**

All staff should uphold the rights of the child to be able to communicate, be heard and safeguarded from harm and exploitation whatever their race, religion, language, ethnicity, gender, sexuality, age, health or disability, location/placement, criminal behaviour, political or immigration status.

Those who work directly with children/young people should also have access to the Local SCB Child Protection procedures. (See [ESCB - Safeguarding Policies & Procedures](#)) LSCB Procedures available electronically so If staff print or save copies, they are responsible for ensuring these remain updated.

All staff must undertake mandatory child protection/safeguarding training at a level that is appropriate for their role and commensurate with the operational requirements of their post for which they are employed and reflects the competencies within the Intercollegiate Guidelines as set out in [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff \(RCN 2019\)](#).

All staff must ensure that they update their skills and knowledge by undertaking further refresher training as appropriate and in line with level of competency.

Assurance of this compliance will be through an annual audit process delivered by the HLP Safeguarding advisor and assured by the HLP Board. This will be refreshed in line with contractual obligations rather than strictly by calendar year to ensure that assurance is quickly developed for new areas of operation or focus, rather than waiting on a calendar bound process.

All staff that work with children should also ensure that they have the skills and knowledge as set out in 'Common Core of Skills and Knowledge for the Children's Workforce' (DfES 2005). See the [Association of Directors of Children's Services factsheet](#) for an overview.

All staff that work regularly with children are responsible for ensuring that they access on going safeguarding children supervision depending on the recommendations for the practice area.

## 7.0 HLP Roles

### HLP Chair and Board

The HLP Chair has overall responsibility for ensuring that the HLP contribution for safeguarding and promoting the welfare of vulnerable adults and children is discharged effectively for all children & young people for whom Provide delivers services. This includes ensuring:

- There are safe and robust operational arrangements in place for safeguarding children in all the services that are provided.
- That staff work in line with Local Safeguarding Adults/Protection Procedures, and any other locally agreed policies and guidance.

Operational responsibility for maintenance and updates to the policy are delegated by the Chair to the HLP Safeguarding Advisor and the Safeguarding advisor's performance is assured by the Chair supported by the HLP Board.

### **HLP Safeguarding Advisor**

The HLP Safeguarding Advisor provides professional leadership and strategic direction on HLP safeguarding children related activities or services to provide a coordinated and integrated safeguarding service that evolves in time with HLP

It is the responsibility of the HLP Safeguarding Advisor to ensure that contracted services are delivered in accordance with the Safeguarding Adults Policy and Guidelines and that there are safe systems and processes in place to support HLP contracted services.

The HLP Safeguarding Advisor is responsible for ensuring that the needs of all children and young people are at the forefront of HLP delivery planning and contractual negotiations and that high quality health services that meet identified quality standards are delivered.

The HLP Safeguarding Advisor will ensure that monitoring and reporting of safeguarding activity to fulfil the relevant and appropriate requirements under CQC Essential Standard of quality and safety (2010), Local Safeguarding Guidance and recommendations from Serious Case Reviews takes place.

The HLP Advisor is responsible for promoting good professional practice and providing specialist advice and support to HLP staff and subcontractors on any issue relating to safeguarding children.

The HLP Safeguarding Advisor will ensure provision of safeguarding children supervision and training to staff, regular audits of practice and conduct the internal Management Reviews (IMR's) as part of Serious Case Reviews or under a regular audit or to investigate an incident.

The HLP Safeguarding Advisor will ensure that HLP is represented at the health subgroup of the Essex Safeguarding Adults Board (ESCB).

All HLP Staff are required to ensure:

- Agreed safeguarding adults procedures are followed at all times and to become familiar with any issues relating to adult safeguarding through participation in safeguarding training and to maintain current knowledge and skill.
- That all safeguarding concerns are discussed with the adult safeguarding lead and that decision in relation to the handling of these concerns are recorded.
- That appropriate forms are completed to raise a safeguarding concern based on each LSABs requirements and submitted without any avoidable delay and copies of all forms are sent to The HLP Safeguarding Advisor.
- That health professionals leading on adult safeguarding enquiries do so within set timescales agreed with the LSAB and other multi agencies.
- That Staff attend relevant adult safeguarding training at a level appropriate to role and responsibility and also to ensure staff identify their training needs regarding safeguarding adults and access appropriate training and this process is formalised through management supervision and appraisal processes.

### **Additional Responsibilities of All HLP Staff**

- To know the location and the contents of the LSAB and HLP Safeguarding Vulnerable Adults Policies and Guidance.
- Participate in safeguarding adults training relevant to post and professional responsibilities and maintain current working knowledge.

- Refer to and adhere to the safeguarding policies and procedures at all times, particularly if concerns arise about the safety or welfare of an adult with care and support needs.
- Discuss any concerns about the welfare of an adult with care and support needs with the Line Manager and the HLP Safeguarding Advisor.
- Contribute to actions required including information sharing and attending meetings relating to the safeguarding adults.
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use HLP contracted services.
- Remain alert at all times to the possibility of abuse.
- Recognise the impact that diversity, beliefs and values of people who use services can have.

## 8.0 HLP Contracting functions

HLP exists (as set out in section 1.00 above) to provide a vehicle for commissioned services and contracting arrangements that cannot be easily fulfilled by the constitutional structure of organisational environment in a particular circumstance. As a result of this HLP is a vehicle involved explicitly in the contracting and commissioning process and accordingly the bulk of safeguarding responsibilities will be discharged through the delivery of negotiated contracts

HLP will, via the Chair, Board and delegated responsibility of the HLP Safeguarding Advisor, ensure that Safeguarding is considered during all contract applications & negotiations with consideration to clarity and regard to clear service standards for safeguarding and promoting the welfare of vulnerable adults or children, consistent with local Adults and Childrens Safeguarding Procedures and statutory guidance arising from the Care Act or set out within Working Together to Safeguard Children (2015).

Services and contracting will take account of:

- Safeguarding responsibilities
- Cultural diversity
- The right to family life
- Due regard to confidentiality in accordance with the sharing information guidance.
- Appropriate DBS checks for staff in line with requirements set out for community pharmacy services <sup>2</sup>

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<sup>2</sup> DBS requirements will be in line with the Community Pharmacy England guidance on regulatory frameworks and DBS requirements [DBS checks - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk) setting out the different frameworks and requirements for community pharmacy contractual relationships from national to local levels.

All services are delivered in a non-discriminatory manner, respect the individuality of the child and are child centred.

All HLP Staff are responsible for ensuring that the safeguarding needs of Vulnerable Adults are at the forefront of service delivery; and also ensuring that all the services provided meet the quality standards that relate to safeguarding and the six principles set out in section 1.00 above.

## 9.0 Operational Service Delivery Leads

Operational Service Delivery Leads - those who oversee the actual delivery of contracted activities arising from HLP works - should have sufficient knowledge to support all staff with safeguarding children issues together with the support of the HLP Safeguarding Advisor.

Operational Service Delivery Leads will ensure that all staff take a proactive approach to safeguarding vulnerable adults, are aware of their roles and responsibilities relating to safeguarding vulnerable adults, and that they possess the required level of competencies within the Intercollegiate Document for adults as described above in section 3.

Operational Service Leads will be responsible to ensure that all staff working with Vulnerable adults their families, children and adult or young carers/parents, participate in appropriate safeguarding supervision and safeguarding children training, both of which are mandatory.

At appraisal, Personal Development Plans should reflect that all HLP staff (both directly employed and subcontracted) continue to meet the safeguarding competencies required for the contractual environment they are employed in and the role they deliver within that context.

Operational Service Leads will be responsible to support HR to ensure that all staff who work with children, their families and adult carers/parents have an Enhanced Disclosure and Barring Service (DBS) check in line with local commissioning arrangements as required by local commissioners and in line with local Safeguarding Children Board (SCB) procedures and that this is reviewed every 3 years<sup>3</sup>.

They should also be working in accordance with the Essex Safer Recruitment and Employment guidance<sup>4</sup> and Disclosure and Barring Service recruitment standards.

## 10.0. Central Safeguarding Adults Definitions

**All staff must be aware of the following definitions:**

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<sup>3</sup> See [DBS checks - Community Pharmacy England \(cpe.org.uk\)](https://cpe.org.uk)

<sup>4</sup> See [ESCB - Safer Recruitment](#)

Term	Definitions and key links
<b>Adults Safeguarding</b>	<p>The Statutory Guidance issued under the Care Act, published in October 2014, states that adult safeguarding means '<i>protecting an adult's right to live in safety, free from abuse and neglect</i>' (Section 14.7).</p> <p>The purpose of adult safeguarding is to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.</p> <p><a href="https://www.gov.uk/government/publications/care-act-factsheets">Care Act factsheets - GOV.UK (www.gov.uk)</a></p>
<b>Statutory Framework</b>	<p>The statutory framework introduced under the Care Act applies to any person aged 18 or over whom: -</p> <ul style="list-style-type: none"> <li>• has needs for care and support (regardless of the level of need and whether or not the local authority is meeting any of those needs)</li> <li>• Is experiencing, or is at risk of abuse or neglect, and</li> <li>• As a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it</li> </ul>
<b>Proportionality</b>	<p>The types and forms of abuse or neglect are broad and it is important that people err on the side of raising concerns. However growing awareness of adult abuse has led to an increase in reports of concerns and subsequent safeguarding work. Many concerns are directed towards the safeguarding system when they should be dealt with through contractual, managerial, complaints or disciplinary procedures. Some concerns require complex social work case management rather than a formal safeguarding response.</p>
<b>Types of Abuse</b>	<p>Abuse and neglect can take many forms and relate to Ten categories of abuse as documented in the Care Act 2014, these are</p> <ol style="list-style-type: none"> <li>1. Physical abuse</li> <li>2. Domestic violence</li> <li>3. Sexual abuse</li> <li>4. Psychological abuse</li> <li>5. Financial or material abuse</li> <li>6. Modern slavery</li> <li>7. Discriminatory abuse</li> <li>8. Organisational abuse</li> <li>9. Neglect and acts of omission</li> <li>10. Self-neglect.</li> </ol> <p>For more details, and indicators see <a href="#">Types of abuse: Safeguarding adults   SCIE</a></p> <p><b>Where staff are aware that an adult has suffered or is at risk of suffering significant harm, a safeguarding adult referral must be considered.</b></p> <p>Staff should follow the procedural guidelines associated with this Policy.</p>
<b>Abuse</b>	Physical abuse includes hitting, slapping, pushing, kicking, and misuse of medication, restraint and inappropriate sanctions.
<b>Domestic Violence</b>	Domestic Violence includes psychological, physical, sexual, financial; Honour based violence and Forced marriage
<b>Sexual Abuse</b>	Sexual abuse includes rape, sexual assault or sexual acts that the vulnerable adult has not consented to or was pressurised into consenting to.
<b>Psychological Abuse</b>	Psychological abuse includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, discrimination or unequal treatment

<b>Financial Abuse</b>	Financial or material abuse includes theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.
<b>Discriminatory abuse</b>	Discriminatory abuse includes unequal treatment, verbal abuse, inappropriate and discriminatory use of language, harassment, exclusion, racist, sexist, or homophobic behaviour and incitement of others to discriminate based on difference.
<b>Organisational Abuse</b>	Organisational abuse occurs where the routines and regimes within care settings deny people rights, choices and opportunities. Institutional abuse can be caused by weak or oppressive management, inadequate staffing (numbers, competence), inadequate supervision or support, "closed" communication, lack of knowledge of Whistleblowing policies and lack of training. Indicators of Organisational abuse include: <ul style="list-style-type: none"> <li>• Denial of rights</li> <li>• Threats of punishment, loss of personal possessions or eviction in order to gain compliant behaviour</li> <li>• Denial of food, drink, adequate clothing and/or suitable living environment</li> <li>• Denial of access to friends, family, solicitor, doctor, care manager etc.</li> <li>• Denial of access to money; access to information about self, information about rights and responsibilities of the management of the home/service.</li> </ul>
<b>Neglect</b>	Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
<b>Self Neglect</b>	Self-neglect includes a wide range of behaviour neglecting to care for one's self with personal hygiene, health and environment including behaviours such as hoarding.

### Other Key Adults Safeguarding concepts and Agendas

A non-exhaustive list of other key safeguarding agendas and terms – which can be relevant to both adults and children's safeguarding are set out below.

<b>Term/Agenda</b>	<b>Description and Links</b>
<b>Historical Abuse Allegation</b>	Adult clients who disclose they have been abused in the past e.g. sexual abuse must be treated sensitively. Service Users should be offered information, support, counselling and any other available services. However staff must also consider whether the alleged perpetrator may pose a risk to others. Where staff feel a child is at risk of harm then they have a duty to refer to children's social care. HLPs Safeguarding Children & Young People' policy must be followed. In the event of any concern around a child, staff must contact the HLP Safeguarding Advisor without any avoidable delay who will in turn contact the relevant local safeguarding boards and systems.
<b>Serious Incident (SI) &amp; Serious Case Reviews (SCR)</b>	Some safeguarding concerns may be raised as an Incident and reported via DATIX web. Subsequently they may be subject to a SI. Incidents raised on DATIX that involve abuse or neglect of other Service Users (or potential for such) must also be managed as a safeguarding investigation.

	<p>The Essex Adult Safeguarding board <b>must</b> arrange a Safeguarding Adults Review when an adult has died (including suicide) and abuse or neglect are known or suspected to be a factor in the death. The purpose of a SCR is to establish whether there are lessons to be learned from a case about the way in which professionals have worked, what those lessons are and how they will be implemented and monitored.</p> <p>If an adult subject to a SCR or their alleged abuser, is or has been a Service User of Provide, an Internal Management Review (IMR) will be completed by the Safeguarding Team and supported and monitored by the Head of Safeguarding.</p> <p>In the event of any SI or SCR the Organisation's relevant policies must be consulted.</p>
<b>Consent</b>	<p>Learning from high profile inquiries identified recurrent themes in the failures of care and protection:</p> <ul style="list-style-type: none"> <li>• Patients are not empowered to make choices about their care and protection.</li> <li>• Patient's voice is not heard.</li> <li>• Neglect and abuse arise in the absence of effective prevention and early warning systems.</li> </ul> <p>It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in all aspects of their life. If they are able, their consent should be sought. This may be in relation to whether they give consent to:</p> <p>An activity that may be abusive and consent to abuse or neglect was given under duress (e.g. as a result of exploitation, pressure, fear or intimidation), then staff member must consult with the line manager or Safeguarding Team as in this event consent can be disregarded.</p> <p>A safeguarding adult's investigation/assessment in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected.</p> <p>The person must be given information and have the opportunity to consider all risks and fully understand the likely consequences of that decision over the short and long term.</p> <ul style="list-style-type: none"> <li>• The recommendations of an individual protection plan being put in place.</li> <li>• A medical examination.</li> <li>• An interview.</li> <li>• Certain decisions and actions taken during the safeguarding adult process with the person or with people who know about their abuse and its impact on the adult at risk - If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected unless under the MCA <ul style="list-style-type: none"> <li>○ There is an aspect of public interest (e.g. not acting will put other adults or children at risk).</li> <li>○ There is a duty of care on a particular agency to intervene for example the Police (if a crime has been or may be committed).</li> </ul> </li> </ul>



	<p>If the Service User lacks capacity to consent to a safeguarding investigation (following the MCA2 assessment see <a href="#">Essex Safeguarding Adults Board - Mental Capacity Act and Deprivation of Liberty Safeguards (essexsab.org.uk)</a>) and is un-befriended or their friend or family is their alleged abuser or alleged victim then an Independent Mental Capacity Advocate (IMCA) must be provided.</p> <p>The IMCA can be accessed by sending the completed MCA2 form to the Provide Safeguarding Team and informing them of the need for an IMCA referral. Following discussion with the safeguarding team a referral should be made to the IMCA service as advised. See <a href="#">Independent Mental Capacity Advocate (IMCA)   SCIE</a></p>
<b>Honour Based Abuse</b>	<p>“Honour” based abuse is a complex issue which is deeply embedded in the culture of some families and communities. It is important to understand that honour must never be accepted as a rationale for inappropriate and abuse behaviour. This form of violence refers to specific forms of abuse based on control of social, sexual and lifestyle choices, the concept of honour being closely linked to control of females (mainly) or males. It is now a statutory requirement that Health Organisations address issues of HBA, Forced Marriage and Female Genital Mutilation (The Right to Choose; HM 2008)</p> <p>All staff should be aware of cultural issues when HBA is disclosed or identified. If a client discloses HBA then appropriate responses should be provided by the Health Professional. It is important that client’s safety is considered at all time. Health Staff must always seek the advice of the HLP Safeguarding Advisor.</p> <p>If there is a language barrier, family members or friends of the victim must never be used as interpreters. If the Service User is under the age of 18 then the HLP ‘Safeguarding Children and Young People Policy’ must be followed.</p>
<b>Forced Marriage</b>	<p>Forced Marriage is an abuse of human rights. “Marriage shall be entered into only with the free and full consent of the intending spouses” (Universal Declaration of Human Rights, Article 16, 2; UN 1948). Forced Marriage is a form of domestic abuse and depending on age of the victim a form of child abuse. Some Forced Marriages involve a partner coming from overseas or a British Citizen being sent abroad to be married. It is now recognised that health staff are sometime ideally placed to provide early and effective interventions</p>
<b>Female Genital Mutilation</b>	<p>Female Genital Mutilation is the collective term used for procedures which include the partial or total removal of the external female genital organs for cultural or other non- therapeutic reasons.</p> <p>The Prohibition of Female Circumcision Act 1985 made this practice illegal in this country.</p> <p>The Female Genital Mutilation Act 2003 replaced the 1985 Act and it is now illegal for girls to be taken abroad for this procedure. In 2011 the Home Office published Multi Agency Practice Guidelines, which is available on: <a href="http://www.homeoffice.gov.uk/publications/crime/FGM">www.homeoffice.gov.uk/publications/crime/FGM</a></p>
<b>Duties &amp; Responsibilities for HBA, FGM</b>	<p>HLP has a responsibility for safeguarding children and protecting vulnerable adults or victims of HBA, FGM, Forced marriage and Domestic Abuse (HM Government 2009).</p>

<p><b>and Domestic Abuse</b></p>	<p>The policy is relevant to <b>both adult and child victims</b>.</p> <p>HBA and Forced Marriage can claim both male and female victims and the principles of care can be adapted across gender or sexual orientation. It is important to understand that forced Marriage and FGM are all forms of domestic abuse/child abuse depending on the age of the victim.</p> <p>Therefore all have a statutory duty to respond to these forms of abuse and follow policy and guidelines in order to comply with safeguarding requirements.</p> <p>Principles of care can also be adapted to meet the needs of victims who may have added vulnerabilities such as learning difficulty, mental illness and sensory impairment. Health Staff should always seek specialist advice from the Safeguarding Team when dealing with abuse that involves HBA, FGM or Forced Marriage.</p>
<p><b>Processes, Record Keeping and Confidentiality in HBA</b></p> <p><b>Record Keeping</b></p>	<p>Processes which support effective and safe responses and which do not increase risk of dangers faced by victims include:</p> <ul style="list-style-type: none"> <li>• Effective Inter Agency Working</li> <li>• Risk Assessment</li> <li>• Appropriate Record Keeping</li> </ul> <p>Basic Details should be recorded appropriately and should include, name dates of birth and a short description of the incident, or allegation. They should then state that it involves "Honour Based Abuse" and enquiries referred on to the Safeguarding Team.</p> <p>All staff must ensure clear concise records of discussions, decisions and actions must be recorded contemporaneously with a date, name and signature.</p> <p>All recordings should be based on fact or professional opinion and kept in the client's records.</p> <p>All assessments must consistently assess and record the racial linguistic and religious identity and needs of the Service User and their family. The records of clients are known to be subject to an Adult Protection Plan should indicate this clearly.</p> <p>Records of on-going investigation and management of on-going incidents must be recorded in a secure manner agreed with the victim and all the professionals involved.</p> <p>Consideration should be given to restricting access to the information.</p> <p>Always consider who this information shared with at any level and only provide information on a need-to-know basis.</p> <p>All staff within HLP have a responsibility to:</p> <ul style="list-style-type: none"> <li>• Be alert to the potential warning signs of Honour Based Abuse, Forced Marriage and Female Genital Mutilation and to consider this as a possibility.</li> </ul>

	<ul style="list-style-type: none"> <li>• Take a proactive role in establishing if these forms of abuse are an issue and to be aware of the appropriate actions to take if a disclosure is made.</li> <li>• Be aware of confidentiality issues and when to make a disclosure without the victim's consent, including identified child protection or vulnerable adult concerns.</li> <li>• Attend training and keep updated with regard to both forced marriage and the wider domestic abuse agenda.</li> </ul> <p>In many cases an interview with a health professional may be the victim's only chance to tell someone what is happening. <b>All working with victims of Forced Marriage and HBA need to be aware of the 'One chance rule' and only have one chance to speak to a potential victim thus only one chance to save a life.</b> This means that all working with statutory agencies need to be aware of their responsibilities and obligations when they identify HBA. If the victim is allowed to walk out of the door and away from the practitioner, without support being offer, that "one chance" might be lost.</p>
<b>Organisational Abuse</b>	<p>Organisational abuse occurs where the culture of an organisation (a hospital, health care provider, a ward, a care home, a nursing home etc.) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the vulnerable person.</p> <p>Abuse by an organisation when imposing firm and insensitive routines; poor practices embedded in systems, unskilled, intrusive or invasive interventions; or an environment allowing inadequate privacy or physical comfort.</p> <p>In the event of any HLP staff identifying any of these in the course of their duties, they must ensure Service Users safety and escalate this to line management this to their Line Manager, HLP Safeguarding Advisor and HLP Chair without any avoidable delay. If these actions are taken and the risks remain unchanged or the matter is so serious that the staff cannot discuss this with any of the above, then the HLP 'Whistle Blowing Policy must be followed.</p> <p>Where a health professional identifies a vulnerable adult living in accommodation where they may potentially be at greater risk of significant harm or exploitation because the provider is unregulated and providing a service to a number of adults who are or could be either eligible or in receipt of community care services - such as within a bed and breakfast establishment - they have a duty to notify both the HLP Safeguarding Advisor and the Local Authority's Adult Safeguarding Unit.</p> <p>The health professional who receives or raises an alert in relation to an institutional abuse investigation must immediately contact (within 24 hours maximum):</p> <ul style="list-style-type: none"> <li>• HLP Safeguarding Advisor.</li> <li>• Their Line Manager &amp; HLP Chair.</li> </ul> <p>The health professional must identify the names of any other vulnerable adults who may be at risk and ensure that this information is promptly</p>

	made available to the HLP Safeguarding Advisor so this can be escalated to the Local Commissioners and Local Authority.
<b>Confidentiality &amp; information Sharing</b>	<p>Where there is potential risk to life and limb, the welfare of the adult is paramount. In such circumstances, the duty to maintain confidentiality is over-ridden by a duty in the public interest (Public Interest ACT 1998). Staff have a duty to pass on information relating to suspected adult abuse to Police.</p> <p>Consent is not required to make a safeguarding referral where: -</p> <ul style="list-style-type: none"> <li>There is significant risk of harm for the Service User or other vulnerable adults and seeking permission is likely to increase risk to the adult.</li> <li>Permission has been refused previously but sufficient professional concern remains to justify disclosure.</li> <li>Seeking permission is likely to impede a criminal investigation.</li> <li>There is significant risk to others (including children and young people under the age of 18).</li> <li>Children who may be the subject of abuse.</li> <li>Failure to disclose information may expose the Service User or others to risk of death or serious harm.</li> </ul> <p>Information should be shared on a need to know basis. Staff should consult their line manager or Safeguarding Advisor for advice if they are unsure.</p> <p>Police must be informed about allegations of a crime at the earliest opportunity. Staff should discuss this with the Police Domestic Violence and hate Crime Units (DVHC). The local Police's contact details can be obtained by dialling 101 or from the Local Authority.</p>
<b>Visiting Vulnerable Service Users</b>	Visits to vulnerable Service Users who may lack capacity to consent to a visit from an alleged perpetrator should only take place following an MCA Assessment and a decision that such a visit would be in the best interests. Decisions to allow such visits should be regularly reviewed.

## 11.0 Understanding and Raising Safeguarding Concerns

All Staff have a key role to play in actively promoting the health and wellbeing of children. Section 11 of the Children Act 2004 places a duty on all providers of NHS services in so much that they have regard to the need to safeguard and promote the welfare of children.

All health professionals who work with children and families should be able to:

- Understand the risk factors and recognise children in need of support and/or safeguarding
- Recognise the needs of parents who may need extra help in bringing up their children and know where to refer for help
- Recognise the risks of abuse to an unborn child
- Contribute to enquiries from other professionals about children and their family or carers
- Liaise closely with other agencies, including other health professionals
- Assess the needs of children and the capacity of parents/carers to meet their children's needs, including the needs of children who display sexually harmful behaviour

- Plan and respond to the needs of children and their families, particularly those who are vulnerable
- Contribute to child protection conferences, family group conferences and strategy discussions
- Contribute to planning support for children at risk of significant harm, e.g., children living in households with domestic violence or parental substance misuse
- Help ensure that children who have been abused and parents under stress (e.g., those who have mental health problems) have access to services to support them
- Play an active part, through the child protection plan, in safeguarding children from significant harm
- As part of generally safeguarding children and young people, providing ongoing promotional and preventative support, through proactive work with children families and expectant parents
- Contribute to serious case reviews (SCRs) and their implementation

## 12.0 Raising Concerns and Making Referrals

Evidence suggests that Children and their families who receive coordinated early help are less likely to develop difficulties that require intervention through a statutory assessment under the Children Act 1989.

Children, young people and families experience a range of needs at different times in their lives. The common assessment framework (CAF), proposed by Every Child Matter and ESCB's threshold and windscreen, is a way of working out what extra support a child may need and how best to provide it. See [Resources for practitioners: Effective support resources | Essex County Council](#) for additional updated resources including Early Help and assessment procedures.

Confidentiality and Data protection must be taken seriously while sharing information and making referrals. However, this should not be a barrier to safeguard a child or a young person.

## 13.0 Immediate Referrals to Local Adults Social Care

Where there are significant concerns about the safety of a child or children, professionals should contact the **Family Operation HUB** on 0845 603 7627 (Mon to Thurs 08:45-17:30; Friday 08:45-16:30) Out of Hours 0845 606 1212.

Secure email: [FOH@essex.gcsx.gov.uk](mailto:FOH@essex.gcsx.gov.uk)

This may result in making a written referral by completing and submitting ECC999 form.

Any discussion, referral and advice from the Family Operation Hub must be recorded appropriately in clinical records.

When making a referral staffs must ensure to:

- inform the social services whether just requesting advice or making a referral.
- Confirm that speaking to an appropriate person who is in a position to take the referral, record their name and position.
- must have the appropriate facts to hand in order to make a clear referral statement.

The guidance that follows does not replace that contained within the Local Safeguarding Adults Guidance; rather it provides a succinct summary of the process. Where there is immediate risk, you must keep the adult safe and where a crime may have been committed, you must call the Police (either using 999 in an emergency, or their local number to contact the Domestic Violence and Hate Crime Unit). Beware of not to interfere with any potential evidence – this includes facilitating a Service User to wash or to have their clothes washed. Ensure your line manager and Provide Safeguarding Team is promptly informed.

If you have concerns that an adult is or may be at risk of significant harm from others then you must complete the appropriate form (see section 5.1). These forms can be obtained from LSAB's website or Provide staff intra net. Completed forms must be sent to the appropriate Local Authority without any delay and a copy of this must be sent to the Provide Safeguarding Team.

Where there is a difference of opinion between Provide senior professionals regarding a risk to a Service User, the Provide Head of Safeguarding and the assistant director of the specific service will be contacted. Outside normal working hours, staff should contact the Manager- On-Call via switchboard for advice.

In Essex there are four key stages for the adult safeguarding process:

<b>STEP/SAF Form</b>	<b>Outline</b>
<b>SET SAF 1:</b>	<p>The initial form for reporting concerns or incidents involving a vulnerable adult. It can be completed by professionals, family, friends or other concerned individuals.</p> <p>A decision regarding whether a concern should be managed as an alert or section 42 enquiry should be made within 4 hours.</p> <p>A visit to the adult or service should take place within a maximum of seven working days of receipt of the SET SAF 1.</p>
<b>SET SAF 2:</b>	Information gathering form.
<b>SET SAF 3:</b>	Safeguarding adults meeting (if required and actions should be distributed within 5 days of the meeting being held).
<b>SET SAF 4:</b>	The closure form for any case notified to the local team. It provides an audit of all the activity which has taken place around that report.

Table X SEF SAF Forms and Process

Staff who are aware that a vulnerable adult is subject to a safeguarding adults investigation or adult protection plan fails to attend an appointment with HLP services, should inform the referrer, line manager and consider a further safeguarding referral or the sharing of information with the local Police.

When a member of staff is not entirely satisfied with the clinical, social or emotional picture that is presented or where maltreatment is suspected they must contact the HLP Safeguarding Advisor for advice.

### **Where Alleged Abusers & Alleged Victims are Both Service Users**

It is important that consideration be given to a co-ordinated approach and partnership working, where it is identified that both the alleged abuser and alleged victim are Service Users. Where both parties are receiving a service from the HLP staff including doctors should discuss cases and consider a joint assessment and support plan where appropriate.

## 14.00 Professional Disagreement & Conflict Resolution

Concern or disagreement may arise over another professional's decisions, actions or lack of actions, in relation to a referral, an assessment or an enquiry. Overwhelmingly these will involve the lead agencies and universal healthcare providers from acute or community settings, and the role of HLP is likely to be that of providing supportive input rather than initiating and or convening its own multiagency processes or initiating and coordinating actions enquiries where legislative and guidance points to other elements of the multi-agency environment for the key responsibilities.

It is important to note and adhere to the following principles that inform the wider system responses and the issues that may occur in the multi-agency environment: where HLP may have a role:

- The safety of individual vulnerable person/adult is the paramount consideration in any professional disagreement and any unresolved issues should be escalated.
- Avoid professional disputes that put children at risk or obscure the focus of the child
- Resolve difficulties (within and) between agencies quickly and openly
- Identify problem areas in working together where there is a lack of clarity and to promote resolution via amendment to protocols and procedures.

Disagreement may also arise regarding response to a referral made to Social Care, e.g. whether eligibility criteria are met

- whether concerns justify a particular course of action/enquiry
- whether to convene an initial case conference - **NB invitation to participate in one should never be a source of disagreement – if an invitation is offered it must be accepted by HLP**

Dissent can also arise regarding decisions made at case conferences or subsequently regarding implementation of a adult safeguarding plan . If a local resolution cannot be agreed then this must be escalated to more senior staff with wider experience of safeguarding concerns. In the context of HLP this is unlikely to arise as the flat structure of the organisation and direct involvement in safeguarding discussions of the HLP Safeguarding Advisor will provide appropriate seniority and experience for HLP to engage with any escalation of concerns that may occur.

## 15.0 Allegations against HLP Staff

HLP will make every effort to ensure safe recruitment of all staff. However, in an unfortunate event where there is an accusation of abuse against an HLP Employee or subcontractor the Chair and the Safeguarding Advisor must be notified. The HLP employment processes – including 'Disciplinary Procedure' and any contractual requirements flowing from commissioned works must be followed.

Crucially, appropriate referrals to Local Adults Social Care will be enacted within the timeframes stipulated and Local Authority & Adults Safeguarding systems will be informed.

This can apply when a member of staff has:

- Behaved in a way that has or may have harmed a Vulnerable Adult
- Possibly committed a criminal offence against or related to a Vulnerable Adult
- Behaved towards a Vulnerable Adult in a way which indicates he/she is unsuitable to work with Vulnerable Adults.

If the Employee or subcontractor has allegedly committed a criminal offence:

- The Chair and Safeguarding Advisor must be contacted without delay and if necessary the local Police must be contacted.
- If the allegation is against the Chair and Safeguarding Advisor, then the local safeguarding system leads (Assistant Director and Safeguarding Team) must be notified.
- Where any concerns regarding an employee's suitability to work with children or vulnerable adults is identified, the employer must refer the case to the DBS and any relevant professional body.

HLP will work together with local authority social care and/or other partners to protect the Vulnerable Adult. HLP must consider the impact on the Vulnerable Adult concerned and provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed.

If HLP staff or subcontractors becomes aware of any information regarding another member of HLP staff or contractors which identifies that a child/ren may be at risk of harm or has been harmed (including the member of staff's own child/children), they must immediately report this information to their line manager and make referral to the social services/police if necessary.

The information must also be shared with the HLP Safeguarding Advisor for who will be responsible for sharing appropriately within HLP as well as notifying Social Care and LADO and or Police as appropriate. As with all investigations, a police / criminal line of enquiry will take precedence above all others.

## **Safeguarding Concern about a Service User of HLP**

In the event of any safeguarding referral made to a Local Authority about a Service User, must be escalated to the Chair and HLP Safeguarding Advisor without any delay.

The department must ensure every aspect of raised concerns and referral is taken seriously and investigated thoroughly. Immediate action must be taken to ensure Service Users safety.

The Service User/family/carer will be informed about the raised concerns appropriately to improve safety and the quality of service. The responsibility lies with the Service Delivery Operational Lead and HLP Safeguarding advisor to contact the Service User.

Where possible and appropriate, Service User/family/carer will be involved in the investigation and action plan. A key aim should be 'to let the Service User drive the organisation'. This will ensure Provides values and missions to listen and work together for a better outcome for our Service Users are achieved. Under the Care Act 2014 the individual who the SET SAF 1 was raised for must be involved in the investigation and the investigator should always contact them and discuss the raised alert and how they wish things to proceed.



The HLP Safeguarding Advisor will work closely with the Local Authority and the appropriate department where concerns were raised to complete an investigation with the HLP Chair's support throughout the investigation procedures.

Completed investigations with action plans will be sent to the Board

## 16.0 Training & Supervision

All staff that work with children should ensure that they have the skills and knowledge as set out in 'Intercollegiate Document as described in section 3 above.

Vulnerable Adults Safeguarding Awareness must be covered within the HLP induction for all new staff, and sub-contractors and new staff should also receive additional local introductory training in safeguarding children from their supervisor/ line manager. At Induction Training all HLP staff must be informed of the Vulnerable Adults Safeguarding Policy and Guidelines.

All HLP staff must receive training and regular updates at the appropriate level for their role. It is mandatory for all staff working with children, families, and parents/carers of children to attend training updates.

All staff must ensure that they are aware of their responsibility to attend safeguarding children training in accordance with local training Policy and familiarise themselves with the HLP training arrangements.

Any member of staff unsure of their training needs should contact the HLP Safeguarding Advisor to discuss their requirements.

### **A note on supervision:**

Vulnerable Adults Safeguarding supervision is mandatory for all health professionals working with children and their families. Currently HLP staff do not deliver work of the nature and the following is a suggested text should HLP ever require that supervision structures are established to support safeguarding works not currently delivered.

In general a proactive approach to supervision is required to ensure that all staff are supported and continue to develop their skills and knowledge in recognising and acting on concerns regarding the safeguarding of Vulnerable Adults (or children) and responding to their needs

- Operational Service Delivery Leads must ensure that protected time is available to enable staff to receive supervision in accordance with the guidelines.
- Vulnerable Adults safeguarding support, and supervision will be provided in addition to clinical supervision and management supervision.
- The HLP Safeguarding Advisor can provide supervision – but not clinical supervision - to encourage reflection, development and support for HLP staff.
- Supervision arrangements will be reviewed in line with the consideration of contracted and commissioned services as set out above in section 1.00 and 6.00 above.

## 17.0 References

HM Gov: Notice regarding improved safeguarding and protections for vulnerable people.  
<https://www.gov.uk/government/news/improved-safeguarding-and-protections-for-vulnerable-people>  
Care Act (2014): ACT of Parliament, UK Stationery Office.  
Care Quality Commission (2010) Standards for Safeguarding, Risk Management Standards: <http://www.cqc.org.uk>  
Care Quality Commission; Our Safeguarding Protocol; The Care Quality Commission's Commitment to safeguarding.  
Children Act (2004): [www.legislation.gov.uk](http://www.legislation.gov.uk)  
Civil protection Act (2007): Forced Marriage: HM Government  
Department of Health: No Secrets (2000) Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse-DH.  
DBS (2014): <https://www.gov.uk/disclosure-barring-service-check/overview>  
Essex Safeguarding Adult Board (2014): <http://www.essexsab.org.uk>  
FGM Act (2003): [www.legislation.gov.uk/ukpga/2003/31/contents](http://www.legislation.gov.uk/ukpga/2003/31/contents)  
Multi Agency Practice Guidelines (2009) Handling cases of forced marriage: HM Government.  
Protecting Vulnerable Adults: Waltham Forest Council (2013): [www.walthamforest.gov.uk](http://www.walthamforest.gov.uk)  
Redbridge Safeguarding Adults (2011): Working documents. London Borough of Redbridge.  
Safeguarding Adults Board: Peterborough City Council (2013): [www.peterborough.gov.uk](http://www.peterborough.gov.uk)  
SET Safeguarding Adults Guidelines April 2015  
The Right to Choose (2008): Multi Agency statutory guidance: HM Government.  
The Public Interest Disclosure Act (1998) - [www.legislation.gov.uk](http://www.legislation.gov.uk)  
UN (1948) The Universal Declaration of Human Right: [www.un.org/en/documents/](http://www.un.org/en/documents/)