



**TITLE:** The Friends of Queen Mary's Hospital  
Roehampton Lane, London SW15 5PN  
SAFEGUARDING VULNERABLE ADULTS and  
CHILD PROTECTION POLICY AND GUIDANCE

**DIRECTORATE:** The Friends of Queen Mary's Hospital

**COMPILED BY:** Omar Baptista

This policy has been updated to include: Female Genital Mutilation, Self Neglect, Radicalisation and Modern Slavery and to include possible indicators for all types of abuse.

It has also been enhanced to include Child Protection and issues related to aspects of suspected child abuse.

**DATE OF ORIGINAL ISSUE:** 17/12/2024

**NEXT REVIEW DATE:** 16/12/2025

**TOTAL NO. OF PAGES:** 30

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## Introduction - Policy Statement

The Friends of Queen Mary's Hospital is committed to keeping the people that use its services safe and protected from harm. We recognise that some people are additionally vulnerable because of the impact of previous experiences, health related issues, level of dependency, communication needs or other issues.

All staff who come into contact with service users / clients are expected to be aware of the signs of abuse and what action to take if abuse is suspected. However, this policy applies to all staff including senior managers, the board of trustees, paid staff, volunteers, apprentices and anyone else working on behalf of the organisation.

It is the responsibility of **everyone** to recognise suspected or actual abuse and to take appropriate action in line with the procedures in this document. **IGNORING ABUSE IS NOT AN OPTION**

The purpose of this policy and associated procedures is:

- To protect children, young people and adults who receive services provided by The Friends of Queen Mary's Hospital, including the children of adults using the service.
- To provide staff and volunteers with the overarching principles that guide our approach to safeguarding and protection.

The information within this procedure is written with reference to the Barnet, Enfield and Haringey Safeguarding Adult Guidelines, Westminster, Kensington and Chelsea Child Protection Guidance and to specific advice from Gov.UK, the NSPCC and on the basis of law that seeks to protect vulnerable people.

All adults, young people and children who come into contact with The Friends of Queen Mary's Hospital will have the same protection regardless of their age, gender, racial heritage, religious belief, sexual orientation or identity. The explicit needs of people from ethnic groups and those with disabilities are considered within service development and delivery. Discrimination of any person will not be tolerated by the organisation.

The Friends of Queen Mary's Hospital will also work in partnership with vulnerable people, their families/carers and other agencies to safeguard and promote the welfare of our service users.

This document is divided into two sections, Adult Safeguarding and Child Protection.

For the purpose of this document the term 'Vulnerable Person' can apply to Adults, Young People and Children.

## **Adult Safeguarding**

All individuals regardless of age, ability, race, gender, sexual orientation, faith or beliefs should have the greatest possible control over their lives.

People should be able to live as independently as possible and to make informed decisions about their own lifestyles, including the opportunity to take risks if they choose to do so, without fear of harm or abuse from others.

All understanding of adult safeguarding and actions taken can make a positive difference to vulnerable people.

The key message is that we have a responsibility to safeguard vulnerable adults from abuse. It is recommended that all Friends of Queen Mary's Hospital staff and volunteers who come into contact with vulnerable adults as part of their work should read and understand this procedure as it sets out the responsibilities you have to promote the safety of vulnerable adults.

Many people find it hard to understand why another person (or persons) would want to abuse and cause harm to a vulnerable person. However someone who is vulnerable can often be the perfect target. This may be because:

- They can't defend themselves
- They may not be able to get away
- Even if they can tell, often they are not believed
- Sometimes our staff and organisation do not believe that it can happen
- It may be forgotten that vulnerable people have a human right to be safe

Abuse of vulnerable people does not have to be deliberate, malicious or planned. It sometimes happens when people are trying to do their best but do not know the right thing to do. Sometimes the person who causes harm does so because of frustration even in caring context. However, irrespective of why the abuse might happen, the abusive action of another on a vulnerable person causes harm.

NB. The term vulnerable adult applies to anyone over the age of 18.

## Who are vulnerable adults?

A vulnerable adult is classified as any person aged 18 or over who

- *is or maybe in need of a community care services by reason of mental, physical or learning disability, age or illness*

### **And who**

- *is or maybe unable to take care of him or herself or unable to protect him or herself against significant harm or serious exploitation*

They may include:

People with a mental health problem or mental illness (including dementia)

People with a physical disability

People with a sensory impairment

People with a learning disability

People who are frail and/or experiencing a temporary illness

Abuse can take place in any setting – this policy / guideline is applicable to all settings within Queen Marys' Hospital; wards, offices, receptions and includes events that are organised by the charity.

## **Child Protection**

All services providing support for children and young people have responsibility for the safeguarding and promotion of the welfare of all young people and children who are receiving their services. There are a number of statutory functions that come under the 1989 and 2004 Children's Acts which set these out in detail but include the specific duties in relation to children in need and children suffering, or are likely to suffer, significant harm, regardless of where they are.

While local authorities play the lead role, safeguarding children/young people and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and the adults who care for them has a role to play.

Safeguarding and promoting the welfare of children and young people up to the age of 18 years is defined as:

- Protecting Children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are able to grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes.

At The Friends of Queen Mary's Hospital, we may come into contact with Children and/or Young People through the delivery of our services. Although these services may be aimed at people over the age of 18 years there may be contact with service users aged between 16-18 and there will still be contact with children who are part of service users families.

In order to ensure that our volunteers and staff are aware of potential indicators of risk to these children/young people we train staff to:

- Be alert to the risks, which abusers may pose to children/young people
- Share and help to analyse information, so that an appropriate assessment can be made
- Contribute to actions that may be needed to safeguard and protect the child's welfare
- Work collaboratively with parents and other agencies to ensure a child's/young persons safety.

## What is Abuse?

*“Abuse is a violation of an individual’s human and civil rights by any other person or persons*

*“Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter a financial or sexual transaction to which he or she has not consented or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.”*

(No Secrets, Department of Health 2000)

**Abuse is defined into eleven different categories as follows:**

### ***Physical abuse***

#### **Types of physical abuse**

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

#### **Possible indicators of physical abuse**

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person’s lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

## ***Domestic violence or abuse***

### **Types of domestic violence or abuse**

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional

Domestic violence and abuse include any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation (FGM) and forced marriage for Children and Adults.

**Note:** In October 2015 the reporting of Female Genital Mutilation became a mandatory duty for all regulated professionals. If any staff member of The Friends of Queen Mary's Hospital suspects or knows that FGM has been carried out or is proposed to be carried out this **MUST** be reported immediately to their line manager or local police.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

### **Possible indicators of domestic violence or abuse**

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money



## ***Sexual abuse***

### **Types of sexual abuse**

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to including kissing, rubbing and touching the outside of clothing
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts including on-line and with mobile phones
- Indecent exposure

**Note:** Sexual abuse of children also includes the abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal. Where a child is under the age of 13, the act is classified as rape under the Sexual Offences Act 2003.

### **Possible indicators of sexual abuse**

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

## ***Psychological or emotional abuse***

### **Types of psychological or emotional abuse**

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

### **Possible indicators of psychological or emotional abuse**

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

## ***Financial or material abuse***

### **Types of financial or material abuse**

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home

- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

### **Possible indicators of financial or material abuse**

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

## ***Modern slavery***

### **Types of modern slavery**

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to.

### **Possible indicators of modern slavery**

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others

- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
  - Lack of personal effects or identification documents
  - Always wearing the same clothes
  - Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
  - Fear of law enforcers
- Further Home Office information on how to identify and report Modern Slavery can be found in Appendix 4

## ***Discriminatory abuse***

### **Types of discriminatory abuse**

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as Protected characteristics under the Equality Act 2010)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

### **Possible indicators of discriminatory abuse**

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

## ***Organisational or institutional abuse***

### **Types of organisational or institutional abuse**

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour

- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

### **Possible indicators of organisational or institutional abuse**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

### ***Neglect and acts of omission***

#### **Types of neglect and acts of omission**

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

#### **Possible indicators of neglect and acts of omission**

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss

- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

## ***Self-neglect***

### **Types of self-neglect**

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

### **Indicators of self-neglect**

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Specific advice for dealing with concerns regarding self-neglect can be found in appendix 3.

## ***Radicalisation***

Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. The aim of radicalisation is to attract people to the reasoning and beliefs of others, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

There are a number of factors that may make the individual susceptible to exploitation by violent extremists. None of these factors should be considered in isolation but in conjunction with the particular circumstances of the individual.

Factors include:

Feelings of grievance or injustice  
Feeling under threat  
A need for identity and belonging  
A desire for status  
A desire for excitement and adventure  
A need to dominate and control others  
Susceptibility for indoctrination  
A desire for moral change  
Opportunistic involvement  
Friends of family involved in extremism  
Being at a transitional time of life  
Being influenced or controlled by a group  
Relevant mental health issues

Not all those who become engaged by a group, cause or ideology go on to develop an intention to cause harm, so this dimension is considered separately. Intent factors describe the mind-set that is associated with a readiness to use violence and address what the individual would do and to what end. They can include:

- Over-identification with a group or ideology
- 'Them and Us' thinking
- Dehumanisation of the enemy
- Attitudes that justify offending
- Harmful means to an end
- Harmful objectives

Not all those who have a wish to cause harm on behalf of a group, cause or ideology are capable of doing so, and plots to cause widespread damage take a high level of personal capability, resources and networking to be successful. What the individual is capable of is therefore a key consideration when assessing risk of harm to the public. Factors can include:

- Individual knowledge, skills and competencies
- Access to networks, funding or equipment
- Criminal Capability

Preventing radicalisation is part of the Government's counter-terrorism strategy and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed.

The Counter-Terrorism and Security Act 2015 requires specified authorities, in the exercise of their functions to have due regard to the need to prevent people being drawn into terrorism. The support available for individuals at risk of being radicalised is called Channel.

Referrals to Channel are through the local police engagement officer.

## WHAT TO DO IF YOU SUSPECT ABUSE

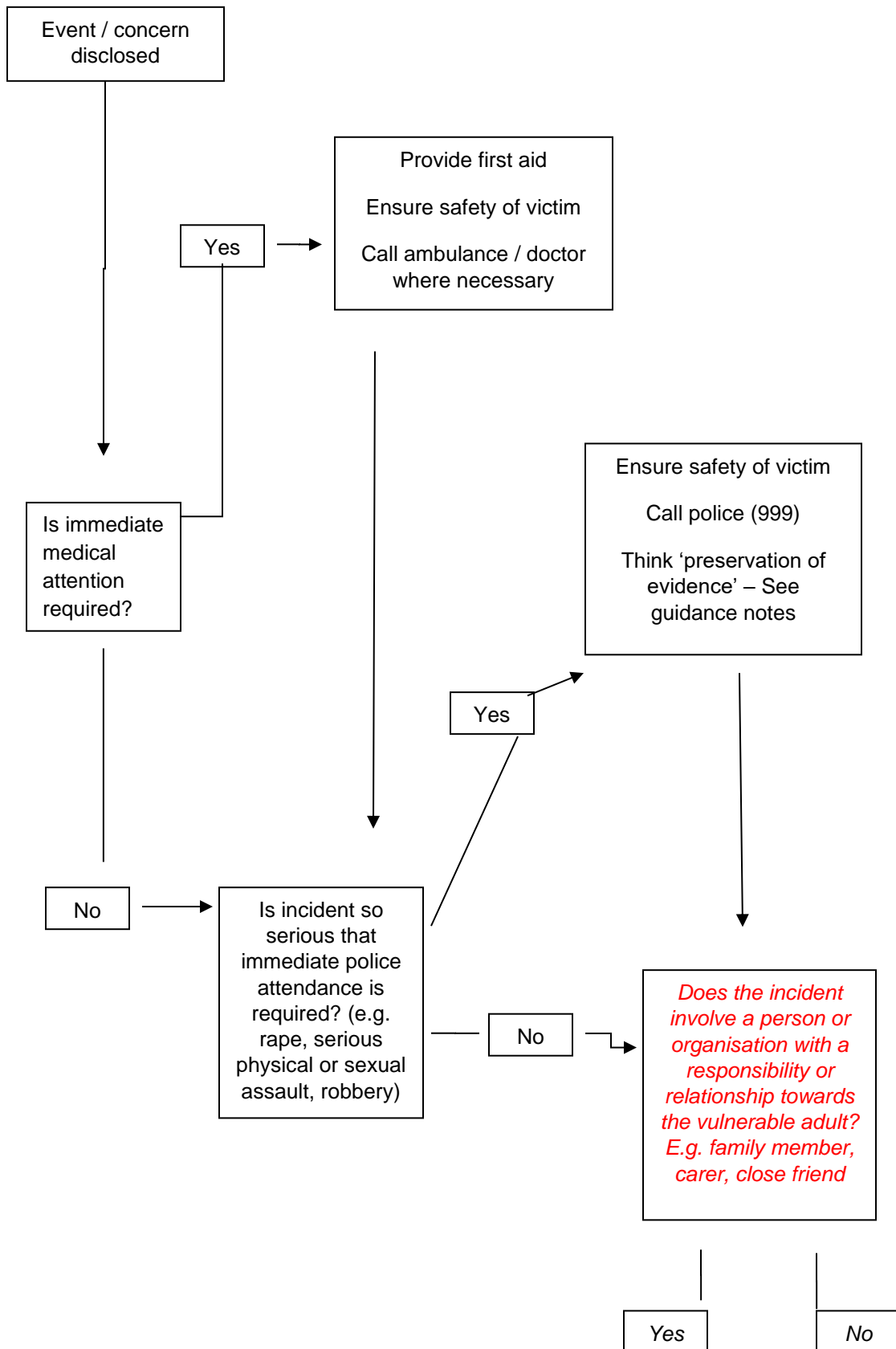
1. **Ignoring abuse is not an option** – if at anytime you think that a vulnerable person (Adult or Child) is being abused or is at risk of abuse you must report your concerns so that they can be looked into.
2. If you come across a situation where you think a vulnerable person is at risk of abuse you must not ignore the information. Do not assume that others know what you know. **You must tell** so that others can help.
3. Remember that vulnerable people of all ages have human rights. **You have a duty** of care to ensure the rights and needs of the vulnerable person is your main consideration.
4. If at any time you feel the person needs urgent medical assistance call for an ambulance or arrange for a doctor to see the person at the earliest opportunity.
5. If at the time you have reason to believe the vulnerable person is in immediate and serious risk of harm or that a crime has been committed call the police.
6. If you see something that concerns you or you are given information that causes you to be concerned about a vulnerable person then:

**Keep calm; this will help the vulnerable person**  
**Make sure that the person is safe**  
**Listen carefully to what is said**  
**Observe what you see around you, if possible**  
**Reassure and take care of the person**  
**Get help as soon as possible**

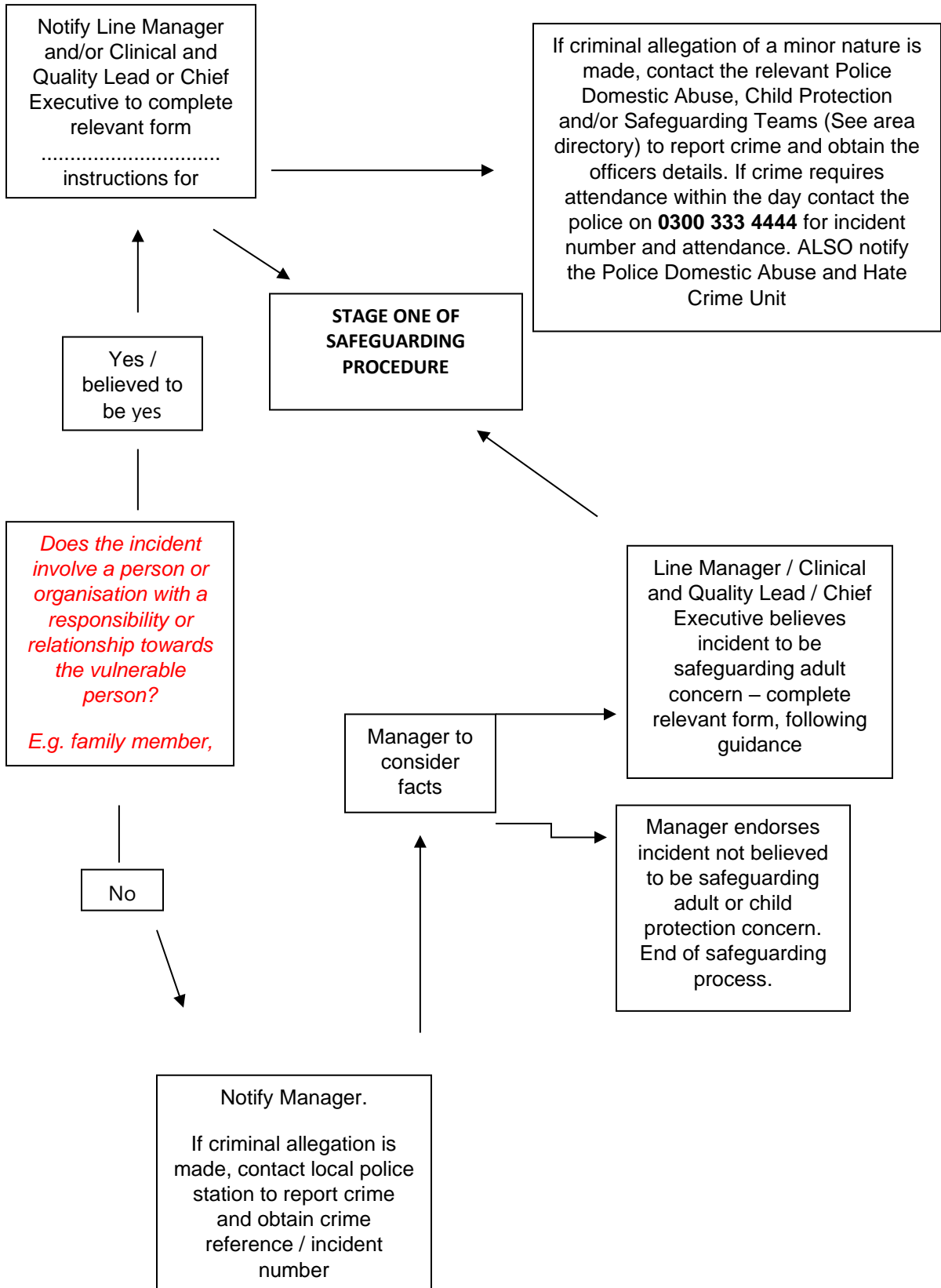
7. Remember you will need to record everything that you saw, heard and did. Record the facts of what happened.
8. Remember it is expected that you pass on any concerns immediately to your line manager, or local police.



# Reporting concerns



See next page



## Disclosure

### If someone discloses to you

People have the right to expect that information shared with a member of staff should be treated as confidential. (See The Friends of Queen Mary's Hospital Information Governance Policy)

**However, it should be made clear that where the staff member has a reason to be concerned for the welfare of a vulnerable person and/or others they have to share the information with someone who is in a position to take action or responsibility.**

In the case of an adult, the vulnerable person should be told with whom the information will be shared, and that their views and wishes will be taken into account. Any views or wishes expressed by the vulnerable adult should be recorded and reported with their concerns by the staff member. Concerns should be reported at the earliest possible opportunity. Ensuring the safety of the vulnerable adult and any other people at risk is the primary responsibility of staff when they become aware of a serious incident.

### If someone discloses to you then:

- Stay Calm
- Ensure that any immediate needs are addressed
- Remember that this is an important conversation with someone and they will probably be more anxious than you. Keep conversation flowing by use of non-verbal prompts, verbal prompts, and echoing by repeating the last one or two words spoken
- Show empathy when listening
- Let them speak – do not interrupt them
- Reassure the person e.g. tell them that they have done the right thing in speaking to you and that you believe them
- Become an active listener -concentrate, try to comprehend what it is they are saying, sustain the conversation by verbal and non-verbal prompts and summarise
- **Do not question except to clarify** and ensure that you understand what is being said
- Ascertain the wishes of the alleged victim/witness about what they want to do or what they would like to happen
- Do not make promises that you cannot keep
- Do not promise confidentiality, as you cannot keep the information to yourself
- **Explain that you will need to pass this information on to your line manager**
- If it is a matter that you must report, inform them that you are duty bound to do so.

## Preserving evidence and recording

In most circumstances when preserving evidence you may not need to do anything except record the events that have given rise for concern. However, there may be occasions when it is important to follow certain rules:

- Ensure written records (notes, letters, bank statements, medication records etc.) are kept in a safe place
- Make a written record of messages (e.g. answer-phone) to ensure they are not lost. Include the date and time and sign them
- In cases of physical or sexual assault encourage the person not to wash bathe or shower where you think they might need a medical examination
- Don't tidy up, wash clothes, bedding or other items
- Try and ensure that other around do not interfere with any items that maybe important for the police
- If there is any suspicion that there may be forensic evidence, inform the police and preserve the evidence. The person may not tell you all the facts on the initial disclosure – do all you can to anticipate what may be needed as evidence, and do all you can to preserve it.

It is important that you write down why you are concerned about a person as simply and clearly as you can, and as soon as you can after an event. In some cases this will mean writing in a person's health records or notes, in others it might be on a separate record sheet. All original notes must be retained.

- It is important that you record all relevant information including what you saw, what you heard, and why you acted as you did
- Sign and date your records and make sure they are kept in a safe place
- Record any physical signs or injuries using a body map (appendix 2a and 2b); make sure you sign and date it
- Write down what is said to you, who said it including their relationship to the vulnerable person or role and how they can be contacted, if appropriate. Include any questions you have asked, make sure you sign and date it
- Include any details about what the vulnerable person wants to be done at this stage.

## **Whistle blowing**

It is good practice and it is a duty of care to draw attention to bad/poor practice in the workplace. This includes practice that may be abusive and/or neglectful. Staff who work with vulnerable adults, young people or children have an individual responsibility to raise concerns with someone who has the responsibility to take action. Sometimes it may be necessary to go outside of The Friends of Queen Mary's Hospital, for example social services or the police.

**It is the responsibility of all departments within The Friends of Queen Mary's Hospital to promote a culture which values good practice and encourages whistle blowing.**

## **Confidentiality**

Whilst every effort will be made to ensure that confidentiality is preserved, this will be governed by what may be an overriding need to protect a person who has been or is at risk of abuse.

**All those working with vulnerable people, in any capacity, must be clear that it is not possible to keep information about suspected or actual abuse confidential.**

The needs of the vulnerable person and the potential risk to others require you to share the information with your line manager.

## APPENDIX 1

### Safeguarding Adults in Enfield

## SAFEGUARDING ADULTS ALERT FORM

If you are making a report of abuse, please ensure you complete as much detail and information as possible that you hold.

The sections in grey are to be completed only by the receiving social work team. The receiving team must ensure all sections are completed with additional information gained through any fact finding on receipt of the alert (prior to any alerts being sent to the police)

Social work team safeguarding adults case to be allocated to (if progressed):	
Named person and Team	
Tel	
E-mail	
Requires Police Action	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of adult at risk	
Title	
Name	
Persons age	
Gender	
Ethnicity	
Current address	
Telephone	

Other details	
Adult at risk has capacity, including to contribute and understand the safeguarding process and protection plan	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if no capacity assessment to be arranged)</i>
Adult at risk knows the alert has been made	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adult at risk has given consent to share information	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no consent given, please state reason why:	
Has advocacy been offered as a result of this alert	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there already an advocate / IMCA in place (paid, professional or family member)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of the alert	
Date of alert	
Brief description of incident: <i>Including any relevant background information, communication difficulties and fact finding information gathered in addition to the original alert details.</i>	
Impact on adult at risk:	
Location of abuse:	
Type of abuse:	Discriminatory <input type="checkbox"/> Psychological <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Physical <input type="checkbox"/> Institutional <input type="checkbox"/> Neglect <input type="checkbox"/>
Does this abuse also fall under hate crime, domestic violence or trading standards?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify: _____
<b>Any other vulnerable people in the household</b>	

Name	
Adult/ child	
Has another adult care team or child protection team been contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please specify: _____	
<b>Any animals in the household who have been harmed or threatened harm?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

Name and contact details of any witnesses		
Name	Contact address	Telephone number
Is the adult at risk willing to assist in a criminal investigation: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
If no, is there a public interest Yes <input type="checkbox"/> No <input type="checkbox"/>		

Actions taken to protect adult at risk	
Adult at risk in immediate danger	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has police or medical assistance been sought	Yes <input type="checkbox"/> No <input type="checkbox"/>
Action taken to protect adult at risk: <i>such as action by police, care worker suspended, adult at risk removed from place of abuse, other, etc</i>	
If other, please specify:	

Alleged perpetrator (s)	
Name	
Address	
DoB or age	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered <input type="checkbox"/> Unknown <input type="checkbox"/>
Ethnicity:	
Relationship to adult at risk:	
Does alleged perpetrator live with adult at risk	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the alleged perpetrator also an adult at risk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is alleged perpetrator aware of the alert?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the alleged perpetrator working for a provider (domiciliary care/ residential/ nursing/ supported tenancy)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name _____

Referrer details	
Name	
Organisation and address:	
Contact details:	
Relationship to adult at risk:	
Screening /Receiving Officer completing this form	
Name	
Team and Contact Number	

Other agencies/organisations involved or consulted		
Name	Agency or organisation	Contact details

<b>MANAGEMENT: Outcome and rationale</b>	
Following initial fact finding and strategy discussion, can this case to be progressed under safeguarding adults to strategy meeting or investigation?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rationale for decision arising from initial fact finding and/or strategy discussion:	
Name of manager:	
Date:	



## APPENDIX 2:

### Body Charts

The following body charts are a useful and simple way of recording injuries as an aid to later diagnosis. It is better to record what is actually observed than to speculate on the cause of the injuries at this stage.

If the body chart is to serve as a monitoring tool for minor injuries observed over a period of weeks (or even months), **a new body chart should be used on each occasion**. It is therefore very important to be consistent in the method of recording injuries so that comparisons can be made with earlier charts. **Where several different staff may be completing the monitoring forms, managers should ensure they understand what is required of them.**

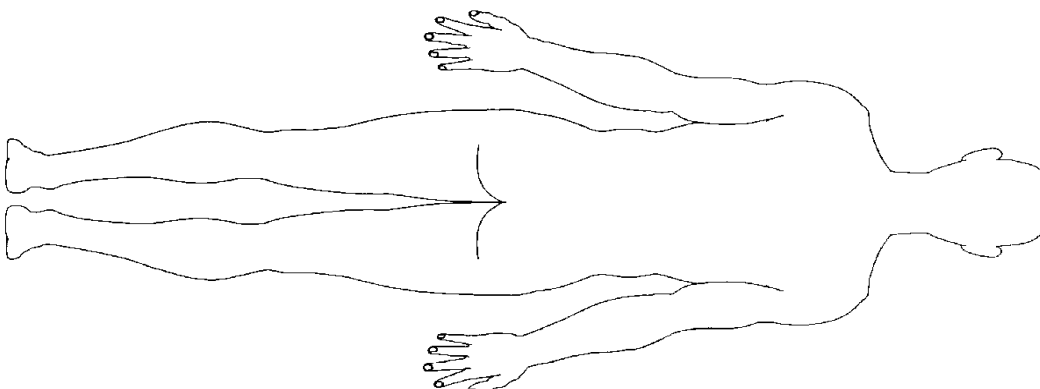
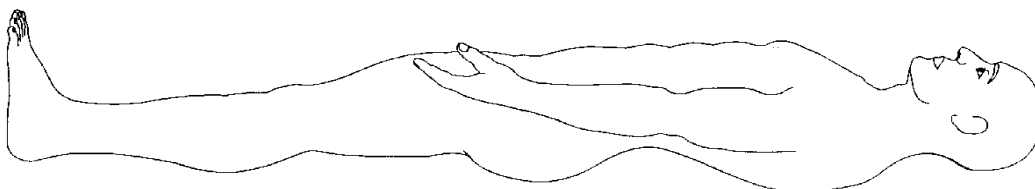
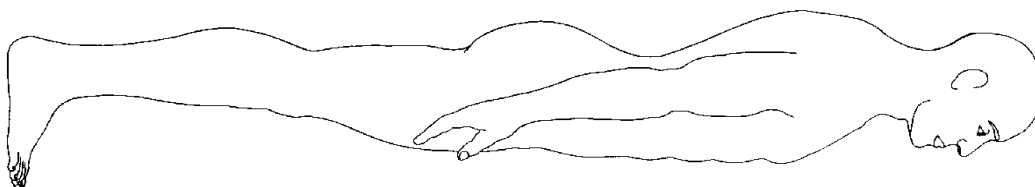
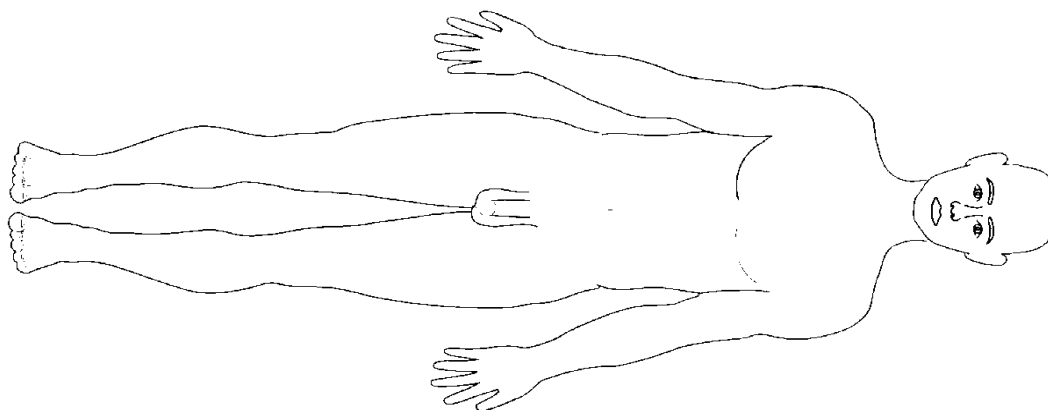
The following points should be covered:

- describe any marks, swelling, lacerations or other injuries carefully (cuts, bruises scratches)
- describe the colour (brown/yellow/blue), size and shape of any bruises and indicate their location on the body chart; also describe any pattern if there are several bruises close together
- briefly list any relevant circumstances witnessed, such as anger or aggression by the vulnerable person or by anyone in contact with the vulnerable person
- also record any explanations of injuries given immediately by the vulnerable adult and any other witnesses
- ensure that for each chart completed the date and time of examination are clearly entered along with the name of the person completing the chart.

## Appendix 2a

### Body Chart – Male

Please describe any marks you make on the chart e.g. cut, bite, bruise (and whether yellow, blue etc)

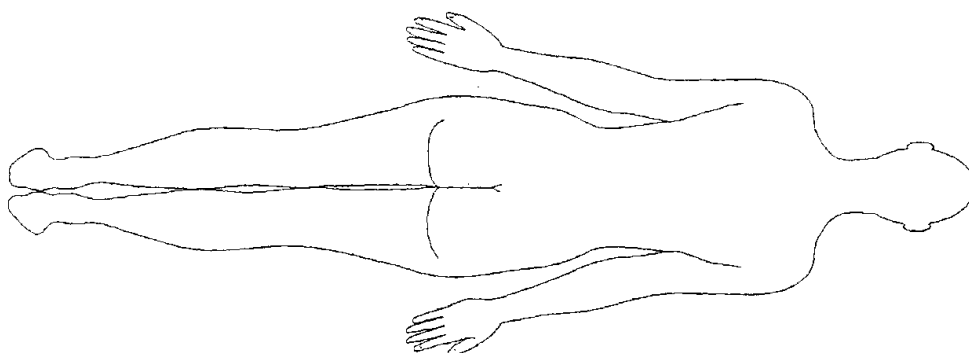
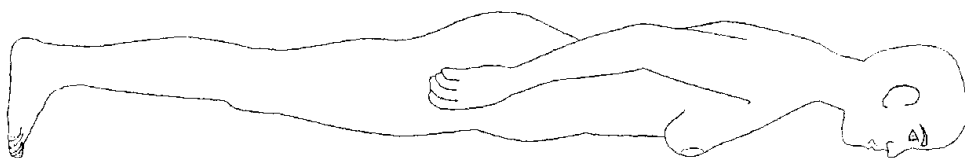
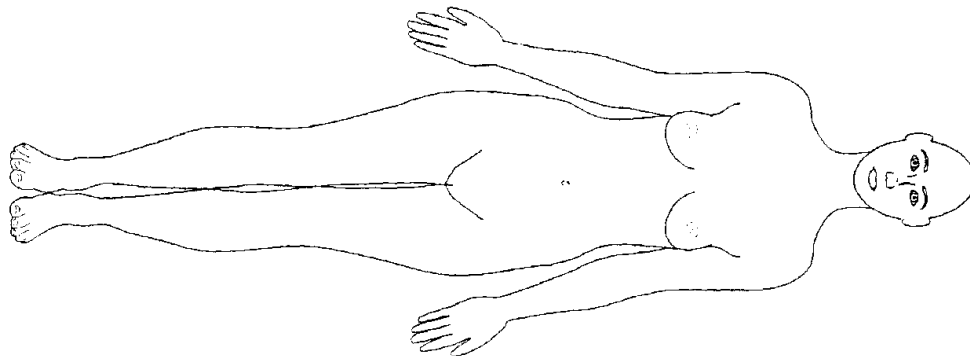


Completed by: \_\_\_\_\_ Date and time: \_\_\_\_\_

**Appendix 2b**

**Body Chart –Female**

**Please describe any marks you make on the chart e.g. cut, bite, bruise (and whether yellow, blue etc)**



**Completed by: \_\_\_\_\_ Date and time: \_\_\_\_\_**

## **APPENDIX 3**

### **Self-Neglect Guidance**

Situations, following assessment, where it is recognised that there is a high risk of self-neglect or other high-risk situations, which do not fall within the strict remit of abuse, should be raised with the head of department.

It should be established whether the person is subject to risk through their own behaviour or self-neglect and has the capacity to understand the implications of their actions.

If it is established that the person involved does not have the capacity to understand the risks and their implications then this should proceed through a safeguarding route, following the process outlined in this policy and in line with the relevant local guidelines.

Where the person is deemed to have the capacity to understand the implications of their actions then every effort should be made to encourage them to engage with support.

A multi-disciplinary meeting should be convened to discuss all of the options for solutions, considered alongside all relevant professional assessments or reports to develop the risk assessment and risk management plan. The individual should again be encouraged to engage with the most appropriate services to minimise the risks identified.

If the individual does agree to engage this can then be referred to the relevant team to support and a self-assessment and support plan completed with appropriate services provided.

Where the individual continues not to engage to minimise the risks these should be explained with them in person if possible but also in writing, together with a contract outlining their ownership of the risks identified.

This may or may not be signed by the individual, however all involved agencies should be aware of the risk assessment and its ownership. Arrangements should also be made to monitor the situation by the most appropriate agency, and overseen by the adult safeguarding team.

This will evidence that the Local Authority have taken every possible step to try to resolve the situation, but it is acknowledged that some people chose to live and continue to live in risky situations.



## Home Office Guidance on How to report Modern Slavery

### How to report modern slavery

Published 8 December 2016

#### What is modern slavery?

Modern slavery is a serious crime. It encompasses slavery, servitude, and forced or compulsory labour and human trafficking. Modern slavery victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

A person is trafficked if they are brought to (or moved around) a country by others who threaten, frighten, hurt and force them to do work or other things they don't want to do.

#### **If you are identified as a victim of slavery, then you will be entitled to help and protection from the UK government.**

This is called the National Referral Mechanism. The National Referral Mechanism has been put in place to identify victims of trafficking and to refer them to organisations that will offer help and support.

Individuals identified as potential victims of modern slavery are entitled to a minimum recovery and reflection period of 45 days. As part of this, care and support is provided by the Salvation Army.

#### **You have rights**

You may feel scared, powerless and alone. However, help is available and you have rights and choices. You have the right to independent emotional, medical and practical help. This support could include:

- finding you temporary safe accommodation
- helping you with medical treatment
- having someone to help you cope with your experience
- providing an interpreter/translator to help you communicate in English
- protection: modern slavery and human trafficking is a crime (if you chose to report it to the police they must respond)
- independent legal advice

For more information or to report a case of modern slavery please call the helpline 0800 0121 700 or report it online on the modern slavery helpline website.

## References

No Secrets	2002	Department of Health
Safeguarding Vulnerable Adults	2011	Barnet, Enfield and Haringey Mental Health NHS Trust
Mental Capacity Act	2005	Department of Health
Home Office	2015	How to report modern slavery
Mid Staffordshire NHS Foundation Trust	2013	Robert Francis QC Public Enquiry
NSPCC	2017	Child Protection in England Legislation, policy and guidance

## Relevant Legislation

Children Act 1989  
Children Act 2004  
Safeguarding Vulnerable groups Act 2006  
Protection of Freedoms Act 2012  
Education Act 2002  
Digital Economy Act 2017  
Adoption and Children Act 2002  
Children and Adoption Act 2006  
Female Genital Mutilation Act 2003  
Children and Young Persons Act 2008  
Borders, Citizenship and Immigration Act 2009  
Apprenticeships, Skills, Children and Learning Act 2009  
Education Act 2011

## Related Policies

- Recruitment and Selection
- Data Protection
- Induction Policy
- Staff Training and Development