

SAFEGUARDING ADULTS PROCEDURE

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PROCEDURAL GUIDELINES SUMMARY

These procedural guidelines provide detailed operational guidance for staff about safeguarding adult processes in Bedfordshire, Southend, Essex, Thurrock, London and Suffolk. It will enable staff to recognise and take appropriate action when there is a safeguarding adult concern or allegation of abuse or neglect. These procedures are not static documents but subject to amendments and version control as services develop.

The procedures comply with the Care Act 2014, the Local Authority Safeguarding Adults Boards guidance and reflects the principles of the Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework 2015

The Trust monitors the implementation of and compliance with this procedure in the following ways;

Safeguarding Group Action Log
Internal and External Audit
Compliance Reports to CCG and Local Safeguarding Boards

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this procedure is
The Executive Nurse**

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1.0 INTRODUCTION

- 1.1 The Trust believes that the welfare of adults is of the highest importance and at all times in all situations an adult has the right to feel safe and protected from any situation or practice that results in them being abused or at risk of abuse or neglect.
- 1.2 Safeguarding Adults is everyone's responsibility and this Safeguarding Adults Procedure provides guidance for all Trust staff who are concerned that a service user is suffering or is at risk of or suffering abuse.
- 1.3 This procedure applies to those staff working in mental health and community health settings and contains a number of appendices which staff should read in conjunction with Local Authority Safeguarding Adult Boards Policies for the area in which they work.
- 1.4 All information, Safeguarding forms and additional guidance is available via the Trust intranet Safeguarding and via Local Authority websites.

Southend Essex & Thurrock www.essexsab.org.uk/
Luton www.luton.gov.uk
Central Bedfordshire www.centralbedfordshire
Bedford Borough www.bedfordborough
Pan London www.safeguardingadultsyork.org.uk
Suffolk pandp.suffolkcc.gov.uk

Members of the Safeguarding Team are available for advice, support and assistance for any Safeguarding matter

2.0 DEFINITION

- 2.1 The Care Act 2014 defines Safeguarding Adults as relating to any adult over 18 years:
- Who has needs for care and support (whether or not the local authority is meeting any of those needs)
 - is experiencing, or at risk of, abuse or neglect; and
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Care Act 2014 also recognises that a safeguarding response may be required for a carer for example;

- a carer may witness or speak out about abuse or neglect

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- a carer may be experiencing intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with.
- a carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others

2.2 Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect' (Care and Support Statutory Guidance, ch. 14) It is not about holding anyone or organisation to account as other processes exist for that. The aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Promote an approach that focuses on improving life for the adults concerned
- Raise awareness so that communities play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and how to raise a concern and
- Address what has caused the abuse.

2.3 Staff should read these policies and procedures in conjunction with the Trust Safeguarding Children Policy CLP37. Where there are Safeguarding adult concerns then the welfare of any children must be considered. Staff should note that the child's needs are paramount regardless of who is the primary service user and the 'Think Family' approach should be considered at each contact.

3.0 GUIDING PRINCIPLES: MAKING SAFEGUARDING PERSONAL

3.1 Making Safeguarding Personal (MSP)

Making Safeguarding Personal is a person-centred approach which means that adults are encouraged to make their own decisions about how they live their lives and how they manage their safety and are provided with support and information to empower them to do so. This approach recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Staff should strive to deliver effective safeguarding consistent with all the above principles. Under MSP the adult is best placed to identify risks, provide details of its impact and whether they find the mitigation acceptable. Working with the adult to lead and manage the level of risk that they identify as acceptable creates a culture where (**see next page**):

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Adults feel more in control	Adults are empowered and have ownership of the risk	There is improved effectiveness and resilience in dealing with a situation
There are better relationships with professionals	Good information sharing to manage risk, involving all the key stakeholders	Key elements of the adult's quality of life and wellbeing can be safeguarded

- 3.2 The six key principles below should underpin all adult safeguarding work. It is vital that the person is kept at the centre of all safeguarding activity. This can also include family, friends or an advocate as appropriate.

Staff must consider integrating the following principles in all aspects of safeguarding.

Empowerment: People being supported and encouraged to make their own decisions and informed consent

Prevention: Taking action before harm occurs

Proportionality: The least intrusive response appropriate to the risks presented

Protection: Support and representation to those in greatest need

Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

Accountability: Accountability and transparency in delivering safeguarding

4.0 CATEGORIES & INDICATORS OF ABUSE

- 4.1 Abuse can take place in any setting; individual's private home, care home, hospital, day service, public transport, park, police station, college etc.

Abuse can consist of a single or repeated act; that it can be intentional or unintentional or result from a lack of knowledge. Abuse can be an act of neglect or an omission or a failure to act. Abuse can cause temporary harm or exist over a period of time and can occur in any relationship. Abuse can be perpetrated by anyone, individually or as part of a group or organisation. Importantly, abuse can often constitute a crime.

- 4.2 There are ten categories of abuse including;
- Discriminatory abuse
 - Financial abuse

- Organisational abuse
- Neglect
- Physical abuse
- Psychological abuse
- Sexual abuse
- Modern Slavery
- Domestic Abuse
- Self-Neglect.

Other types of abuse include: Sexual Exploitation, Hate Crime, Mate Crime, Cuckooing, Radicalisation, Female Genital Mutilation, Cyber Abuse, Honour Based Violence, and Forced Marriage.

[See ECC Decision Support Guidance doc](#) and [East of England Best Practice](#)

- 4.3 Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time. This makes it important to look beyond the single incident or breach of standards to the underlying dynamics and patterns of harm.

Further detailed information and advice on the categories of abuse can be accessed via the safeguarding site on the Trust Intranet.

4.4 **Physical abuse**

The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment including; Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions, accumulation of minor accidents without seeking medical assistance.

Indicators include unexplained bruising, cowering or flinching, bruising consisted with being hit, unexplained burns, unexplained fractures, scalds especially with well-defined edges e.g. from emersion in water.

4.5 **Sexual abuse**

Direct or indirect involvement in sexual activity without consent or ability to give consent this includes rape, indecent assault, indecent exposure or exposure to explicit sexual behaviour, material or images.

Adults may be exposed to sexual exploitation which involves exploitative situations, contexts and relationships where a person may receive 'something' (for example, food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and or others performing on them, sexual activities.

Sexual exploitation can occur through use of technology without the person's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases

those exploiting the person can have power over them by virtue of their age, gender, intellect, physical strength and /or economic or other resources.

Indicators that sexual abuse may be taking place include:

- Sexually transmitted diseases or pregnancy
- New tendency of withdrawn behaviour
- Tears or bruises in genital/anal areas
- Soreness when sitting
- Sexualised behaviour
- Deliberate self-harm
- Incontinence and bedwetting
- Excessive washing

4.5.1 Sexual Activity and legal implications

It is an offence under the Sex Offenders Act (2003) (s.30 – 44) for any person aged 18 or over to abuse a position of Trust with any person with a mental disorder.

It is also an offence where:

- the victim is unable to agree to the sexual activity because of a mental disorder which impedes their choice
- the victim has agreed to the sexual activity but because of a mental disorder which makes them vulnerable to inducements, threats or deceptions
- the victim is in care and their consent was not or could not be deemed to have been given freely

It is important to appreciate that where a person with a mental disorder is able to consent freely to sexual activity, they have the same rights to engage in consensual activity as anyone else. Likewise, where a person with a mental disorder did not consent to the sexual activity, there are other offences such as rape or sexual assault which could also apply.

4.5.2 Historical Allegations of Abuse

Adults who disclose they have been abused in the past, for example sexually abused in their childhoods, should be offered information, victim support organisations or counselling etc.

Police must be informed about allegations of a crime at the earliest opportunity as the alleged perpetrator may continue to have access to vulnerable people or children. Whether the police become involved in an investigation will depend on several factors including the victim's wishes and public interest. Staff can discuss this with the Police or the Trust Safeguarding Team.

4.6 Psychological abuse

Acts or behaviour which impinges on the emotional health of or which causes distress or anguish to individuals. This may also be present in other forms of abuse. Some examples include: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Indicators could include; disturbed sleep, anxiety, confusion, extreme submissiveness or dependency, sharp changes in behaviour in the presence of certain people, self-abusive behaviours, loss of confidence, loss of appetite

4.7 Financial or material abuse

Unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk from abuse.

Examples including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Indicators could include unexplained or sudden inability to pay bills, unexplained withdrawal of money from accounts, personal possessions going missing, contrast being known income and actual living conditions, unusual interest by friend/relative/neighbour in financial matters, pressure from next of kin for formal arrangements being set up.

4.8 Neglect and acts of omission

Ignoring or withholding physical or medical care needs which result in a situation or environment detrimental to individual(s). Ill-treatment and wilful neglect of a person who lacks capacity are now criminal offences under the Mental Capacity Act.

Examples including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Indicators could include poor hygiene/cleanliness of the person who has been assessed as needing assistance, repeated infections, dehydration/weight loss/ malnutrition, repeated or unexplained falls or trips, withholding of assistance aids e.g. hearing aids or walking devices. Practitioners must respect the rights of the service users whilst seeking to ensure that their behaviour does not harm themselves or others. This means that there is an inherent right for the service user to take risks and a responsibility for the practitioner to help them identify and manage potential and actual risk to themselves and others. However, ignoring the risk or making the risk worse (intentionally or unintentionally) and placing an individual at harm is a safeguarding matter

4.9 Discriminatory abuse

Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

Examples including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion. In practice this may look like acts or comments motivated to harm and damage including inciting others to commit abusive acts, lack of effective communication provision e.g. interpretation, the adult being subjected to racist, sexist, ageist, gender based abuse, or abuse specifically about their disability

4.10 Organisational abuse

Organisational abuse occurs where the culture of the organisation (such as a care home, hospital or residential home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the person, including neglect and poor care practice. This can include care provided in one's own home from domiciliary services. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Indicators include lack of care plans, contact with outside world not encouraged, no flexibility or lack of choice e.g. time when to get up in a morning or go to bed or what to eat, routines are engineered for the benefit of staff, lack of personal effects, strong smell of urine, staff not visiting for allocated time due to pressure resulting in some tasks not being carried out fully, omission of visits, poor moving and handling practices.

4.11 Modern slavery (Appendix 6)

4.11.1 The Government introduced the Modern Slavery Bill in March 2015. This recognises that modern slavery is one of the world's largest crime industries and the scale in the UK is significant.

4.11.2 Modern Slavery can take many forms and involves a whole range of types of exploitation, many of which occur together.

4.11.3 From November 1st 2015 police and Local Authorities have a '**duty to notify**' the Home Office of any one they believe is subject to slavery or human trafficking.

4.11.4 If staff have concerns or suspect slavery then a Safeguarding alert must take place. Consent will not be required and staff should consult with the Trust Safeguarding team to discuss notifying police.

Indicators include poor physical appearance, isolation, poor living conditions, few or no personal effects, restricted freedom of movement, unusual travel habits, reluctance to seek help.

4.12 Self Neglect

This covers a wide range of behaviours neglecting to care for one's personal hygiene, health or surroundings and includes hoarding. Self-neglect is characterised as the behaviour of a person that threatens his/her own health or safety. Self-neglect generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions. Self-Neglect includes hoarding which can cause a risk of fire to property including neighbour property. Hoarding includes material such as papers, boxes and can include animals. (Please refer to Appendix 5)

Self-neglect may or may not be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions.

Indicators include, dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene; hazardous or unsafe living conditions/arrangements (e.g. improper wiring, no indoor plumbing, no heat, no running water); unsanitary or unclean living quarters (e.g. animal/insect infestation, no functioning toilet, faecal/urine smell); inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g. glasses, hearing aids, dentures, walking aids); grossly inadequate housing or homelessness

4.13 Domestic Abuse

Domestic abuse is an inclusive way to describe a range of behaviours which include violence as well as other forms of abuse. In 2013, the Home Office described domestic abuse as:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality
- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.

4.13.1 Domestic abuse involves an incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.

Domestic abuse is not just about partners but all family relationships. This includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.

4.13.2 Domestic abuse Involves all the categories of abuse involving partners, other relatives or household members. Domestic abuse is frequently repeated by the perpetrator and can escalate over time.

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- 4.13.3 Both men and women can be victims of domestic abuse though a greater proportion of women experience all forms of domestic abuse and are more likely to be seriously injured or killed by their partner or ex-partner.
- 4.13.4 People suffering domestic abuse may remain with an abusive partner for many years without considering leaving or sometimes not recognising that they are living within an abusive relationship. A person cannot be forced to leave an abusive situation but staff should consider a risk assessment and appropriate support and advice where possible to ensure the safety and protection of the person being abused and any others. All allegations and actions must be recorded within service user's records
- 4.13.5 Where an interpreter is required, **never** use a family member as in cases of honour based violence there is a high likelihood that this will increase the risk of serious harm to the victim and any children in the household
- 4.13.6 **Indicators** can include people being prevented from seeing family/friends, prevented from attending college/work/appointments, being followed or continually being asked where they are, accusations regarding other relationships unjustly, feeling scared of others, being threatened personally or threats against other family/friends, prevented from leaving the home, withholding finances, being forced to do something unwanted for their partner
- 4.13.7 **Domestic Abuse Stalking & Harassment (DASH), Multi-Agency Risk Assessment Conference (MARAC)**
- 4.13.8 Where staff have concerns regarding a victim's safety, following the receipt of a domestic incident form, or where they are asked to act on a safeguarding enquiry, a DASH risk assessment tool can be used to help aid a discussion between staff and victim and assess the level of risk to victim and any others including children. The DASH tool is available via the Trust Safeguarding Intranet site or via the Safeguarding Team.
- 4.13.9 Where a DASH has been completed with the service user and reaches the threshold (14 ticks) then a referral to the Multi Agency Risk Assessment Conference (MARAC) should be made.
- 4.13.10 The purpose of a MARAC is to share information about very high risk victims in order to prevent serious harm and develop a safety plan. MARAC meetings are attended by local representatives from organisations which may be involved in supporting victims, or working with the perpetrator. MARAC's occur regularly (monthly or more frequently) across the Trust area and are chaired by police. The Trust can be represented at MARAC by the person's key worker.

5.0 OTHER TYPES OF ABUSE

5.1 Female Genital Mutilation

5.1.1 Female Genital Mutilation (FGM) is a severe form of violence against women. It comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth.

5.1.2 FGM is illegal in the UK and it is illegal to take or assist a person travelling abroad for the purposes of FGM.

5.1.3 For families where female genital mutilation is disclosed or suspected a safeguarding alert should be considered especially where there are female children in the family. In all such circumstances the Trust Safeguarding team must be contacted.

5.1.4 It is mandatory for all staff to record FGM or those at risk of FGM within the service user's records. The Trust records all reports of FGM on the enhanced data set system specific to NHS services.

5.1.5 It is mandatory for all staff to report any concerns regarding FGM to a member of the Safeguarding team and record FGM or those at risk of FGM within the service user's records. The Trust records all reports of FGM on the enhanced data set system specific to NHS services.

5.1.6 The Trust Safeguarding as well as Local Safeguarding Board intranet sites contain additional advice & support for staff and service users.

5.2 Honour Based Violence

Violence committed against someone who is perceived to have brought shame or dishonour on a family or even a community. Incidents that have preceded honour killing have included

- Attempts to separate or divorce
- Threats to kill or denial of access to children
- Pressure to go abroad and forced marriage

5.3 Forced Marriages

Warning signs include

- Anxiety, depression or emotionally withdrawn
- Absence from day centre or other regular activity
- Fear of forthcoming visits to their country of origin
- Surveillance by family members especially siblings
- Further information available via the Trust intranet

5.4 Hate Crime/Incidents

Hostility or prejudice towards an identifiable group of people (race, religion, disability or sexual orientation). Incidents often involve physical assault, bullying, hate mail.

5.5 Violent Extremism PREVENT strategy (Appendix 3)

5.5.1 Prevent is part of the Governments' counter terrorism strategy called CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism.

5.5.2 Vulnerable adults or Young people including those with mental health issues or learning disabilities may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

5.5.3 Where staff have concerns that a person may be exploited into extremism or a potential perpetrator of extremism a safeguarding alert should be raised and the safeguarding team contacted

5.5.4 All staff will receive training in PREVENT appropriate to their role. This will be via the Safeguarding training programmes and specific Workshop to Raise Awareness of Prevent 'WRAP' (see Training Framework Appendix 1)

6.0 MENTAL CAPACITY & DEPRIVATION of LIBERTY STANDARDS

6.1 Staff should read this in conjunction with the Trust Mental Capacity Act 2005 Policy and Procedure MCPG1. The Mental Capacity Act 2005 provides a statutory framework to empower and protect those who may lack mental capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

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

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.

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5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Mental Capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect to understand:

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

6.2 Mental Capacity is the ability to:

- Understand the information relevant to a specific decision
- Retain that information
- Use or weigh up that information
- Communicate the decision (by talking, sign language or any other method)

Unless a person can achieve all the above four elements, they lack capacity to make that particular decision.

6.3 Staff should recognise clients who may lack the capacity to make their own decisions or protect themselves or their assets and risk becoming vulnerable to abuse or exploitation.

6.4 All people have the right to follow a course of action that others judge to be unwise including one which may lead to them being abused. Where a person has mental capacity and chooses to live with a risk of abuse the safeguarding plan must **with their consent** include access to services that help minimise the risk.

6.5 Where a service user has capacity and requests not to engage in a safeguarding investigation, staff must consider if undue pressure is placed on the service user to make certain decisions.

6.6 Where a service user with capacity decides to live with a risk which places other vulnerable adults or children at risk of harm staff have a duty of care to intervene for the protection of the other individuals.

6.7 Safeguarding and Assessment of Capacity

6.7.1 Mental Capacity must be considered in all aspects of Safeguarding and a capacity assessment (MCA) must be undertaken where there are concerns that a person has not got capacity to make a specific decision. When raising a safeguarding adult concern and the adult has capacity to state their views, then they should be asked what they want to happen, and this should be recorded on the safeguarding adult concern form. It is important to remember that people retain the right to make unwise decisions and personalisation in safeguarding requires effective use of the Mental Capacity Act. Adults at risk

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have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons. It is important to remember that everyone has their own values, beliefs and preferences, which may not be the same as yours. You cannot treat people as lacking capacity because they hold different values, beliefs or preferences from your own. However it is important to remember in circumstances where other adults could be at risk a safeguarding adult concern should be raised regardless of the adults views.

Consent in relation to safeguarding:

Adults at risk should have accessible information available so they can make informed choices about safeguarding: what the choices mean, risks and benefits and possible consequences. Organisations will need to clearly define the various options to help support them to make a decision about their safety.

Adults at risk may not give their consent to a concern being raised, a safeguarding enquiry or the sharing of safeguarding information for several reasons. For example, they may:

- be unduly influenced, coerced or intimidated by another
- be frightened of reprisals
- fear losing control
- not think they are at risk
- not trust social services or other partners or
- fear that their relationship with the person alleged to have caused harm will be damaged.

Reassurance and appropriate support may help to change their view on whether it is best for the adult at risk to share information.

Staff should consider the following and:

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

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

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

- The adult at risk lacks the mental capacity to make that decision about sharing the information
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent
- Others that are, or may be, at risk, including children
- Sharing the information could prevent a crime
- A criminal offence is suspected to have been committed
- The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- Staff are implicated
- There is a court order or other legal authority for taking action without consent
- The person alleged to have caused harm has care and support needs and may also be at risk
- The adult at risk has the mental capacity to make that decision, but there are suspicions they may be under duress or being coerced

The circumstances above can be found in various pieces of [legislation](#). [Article 85 Data Protection Act](#) provides for a lawful ground for the processing of personal data of an adult at risk, without consent if the circumstances justify it and where it is in the public interest, and necessary for:

- (i) protecting an individual from neglect or physical, mental or emotional harm or
- (ii) protecting the physical, mental or emotional well-being of an individual.

In such circumstances, it is important that consent is sought and that a record of the decision-making process is kept. Advice should be sought from managers if unsure before overriding the adult's decision, except in emergency situations. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent and whether doing so is proportionate because there is no less intrusive way of ensuring safety. Legal advice should be sought where appropriate. If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If the decision is not to share safeguarding information, or not to intervene, staff should:

- Support the adult at risk to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer to arrange for them to have an advocate or peer supporter
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult at risk to better protect themselves

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It is important that the risk of sharing information is also considered. In some cases, such as domestic abuse or hate crime, it is possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult at risk to minimise the possibility of worsening the relationship or triggering retribution from the person alleged to have caused harm.”

(SET Safeguarding Adults Guidelines, p34-347)

Duress and Coercion:

Where the Adult at Risk has capacity, but you suspect they are under duress or coercive control please consult safeguarding team.

6.7.2 The person undertaking the capacity assessment will be the decision maker. The decision maker must act in the person’s best interest and family and friends can be consulted and involved.

6.7.3 An Independent Mental Capacity Advocate (IMCA) is a type of statutory advocacy introduced by the Mental Capacity Act 2005.

An IMCA must be appointed for those people who have been assessed as not having capacity and where there are no appropriate family or friends to represent the client’s best interest. An IMCA can challenge the decision maker on behalf of the client lacking capacity if necessary.

6.7.4 The Trust can instruct an IMCA to support and represent a person who lacks capacity where:

- It is alleged that the person has been abused or neglected by another person
- It is alleged that the person is abusing or has abused others

6.8 Deprivation of Liberty

6.8.1 The Government added further provisions to the Mental Capacity Act 2005 called the Deprivation of Liberty (DoLS) Safeguards. The DoLS process is a legal requirement where the deprivation of a person’s liberty to prevent them leaving a hospital ward, regulated care home or supported living accommodation is required in order to provide care or treatment needed.

This only applies to those who lack capacity to consent to treatment or services being offered and who are not detained under the Mental Health Act or where there is a Power of Attorney in place.

6.8.2 A safeguarding alert/referral must be made in all cases of a person in a care home or hospital (who is **not** detained under the Mental Health Act) where a DoLS application has **not** been made and the person lacks capacity to consent to the care being offered. This is to ensure a person’s liberty is not unlawfully restricted.

6.8.3 The Trust MCA DoLS Practitioner can be contacted for advice and support

7.0 PROCEDURE WHEN THERE ARE CONCERNS THAT AN ADULT HAS SUFFERED OR IS LIKELY TO SUFFER SIGNIFICANT HARM

7.1 All Trust staff have a professional duty to report a safeguarding concern.

If staff are concerned that a service user has suffered or is likely to suffer significant harm from the actions or inactions of others, or is unable to protect themselves against the actions or inactions of others, then a Datix and Safeguarding Adults alert **must** be made unless the adult has capacity and refuses consent to the breaching of their confidentiality or an alert being made.

7.2 All members of the Trust, either paid staff or volunteers, must discuss any safeguarding concerns with their line manager or a member of the safeguarding team.

7.3 Staff are not required to prove the abuse reported their role is to recognise signs or a possible disclosure and report any concerns.

7.4 Depending on the degree and seriousness of potential abuse, staff should ensure the immediate safety of the adult and assess the level of continued risk to others.

7.5 Where English is not the first language the Trust Interpreter services must be used. **Family of friends should not be used as interpreters where there are allegations of abuse**

8.0 PERPETRATORS WHO ARE SERVICE USERS

8.1 Whilst the protection of the person who may have been abused remains paramount, Trust staff also have responsibilities to those service users who are perpetrators of abuse.

8.2 Abuse of one adult by another can occur in group or communal settings such as a ward, day centre or a residential or nursing home and a safeguarding alert/alert should be considered for all such cases

8.3 In these cases it will be necessary to consider the needs of the alleged victim and the perpetrator separately. Some of the issues that may need to be explored include:

- The extent to which the alleged perpetrator is able to understand his or her actions.
- The extent to which the abuse reflected that individual's own needs and situation.
- The likelihood of the alleged perpetrator further abusing the victim or other service users.
- The effectiveness of any plans put in place to protect service users and additional plans to prevent a service user harming people

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- 8.4 Where a criminal offence appears to have been committed the perpetrator has the right to an 'Appropriate Adult' under the terms of the Police and Criminal Evidence procedures and a legal representative must be provided when the alleged perpetrator is interviewed by the Police.

9.0 SAFEGUARDING ALERT AND INVESTIGATION PROCESS

- 9.1 Trust **Mental Health Service** staff will be responsible for conducting enquires for safeguarding cases for current service users in accordance with local authority protocols.
- 9.2 In Trust **Community Health Service** (CHS) settings the Local Authority Safeguarding adult unit is responsible for conducting enquires however Trust CHS staff e.g. District Nurses will be responsible for contributing toward such enquires by supplying reports chronology of involvement, attending safeguarding meetings, offering expert advice and completing action plans. Such meetings, reports and action plans must be prioritised to meet the agreed timeframe.
- 9.3 Trust staff must adhere to the timeframe and process and ensure all actions decisions and outcomes are recorded in detail on the correct Safeguarding forms and within clinical records.
- 9.4 **Any safeguarding concerns must be recorded on DATIX and the alert form attached**
- 9.5 Information on Safeguarding forms and procedures are available via the Trust InPut under 'Forms' and via the Safeguarding section.
- 9.6 **Referral Process:** (Appendix 4 Flow chart)
- 9.6.1 **Mental Health Staff** (Essex) should complete the Southend Essex & Thurrock Safeguarding Adult Concern form within one working day and send electronically to the Trust Safeguarding Team and attach to DATIX. Staff working in Bedfordshire should use SV1.
- 9.6.2 **Community Health Service** (CHS) staff must send a copy of a referral/alert to the appropriate Local Authority and the Trust Safeguarding Team within one working day and attach to DATIX.
- 9.6.3 The Local Authority will be responsible for decisions and leading on all safeguarding enquiries relating to Community Health Service alerts.
- 9.6.4 The Local Authority will respond to the alert within one working day. Community Health staff may be asked to conduct the enquiry (where the concern is principally regarding a health issue) by completing a Root Cause Analysis (RCA) or equivalent and submit the findings to the Local Authority.
- 9.6.5 Where the Local Authority conduct an enquiry staff in the CHS must work in partnership by attending relevant safeguarding meetings and producing reports which contribute to the enquiry and safeguarding action plans.

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9.6.6 Where a response from the Local Authority is not received within one working day then staff should contact the Local Authority for further advice and updates. The Trust Safeguarding Team is able to assist in escalating concerns regarding non response to a referral.

9.7 Suspected Crime Process

9.7.1 If a potential crime has been alleged the safeguarding police team must be contacted and a copy of the alert sent. A criminal investigation by the Police takes priority over all other lines of enquiry within the Safeguarding process.

9.7.2. The following steps must be adhered to if a crime has been alleged:

- Dial 999 for emergency situations or 101 for the local police Safeguarding teams.
- Do not interview the adult who experienced the abuse or the alleged person causing the crime.
- Obtain only enough information to be able to tell police what is believed to have happened
- Do not touch or remove any items that may be used as evidence by police
- A medical examination and treatment should be arranged if indicated, and a body map completed where required.
- In the case of an observed or discovered incident - note down what happened, describe the whereabouts in the room, for example people, relevant objects, weapons etc. Describe what the whole scene looked like.
- In the case of an allegation or disclosure, record the disclosure in the persons own words.
- You may be required to make a statement at a later date, ensure that all records are signed by you and dated and retained for reference.
- **Do not** start the investigation yourself, do not contact the alleged abuser, and do not move any potential evidence.

9.7.3 For Safeguarding concerns outside normal working hours, staff should contact the Manager on call via switchboard.

9.8 Investigation Process & Staff responsibilities: (Appendix 4 flowcharts)

9.8.1 **Community Health Services (CHS)** Team Managers will appoint a member of staff to either complete an enquiry via an RCA or other such internal process and work in partnership with the Local Authority Safeguarding Team. by attending safeguarding meetings and submitting reports and findings of RCA etc.

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9.8.2 CHS must attend safeguarding meetings where there is a Trust service user involved to inform of the health needs for that person. CHS should adhere to the timescales set out in any safeguarding action plans and ensure all information is recorded on SystemOne. CHS staff consult with the service user or family member as appropriate.

9.8.3 **Mental Health Services** Team managers will appoint a member of staff to carry out the enquiry. This may be a manager, Key Worker, Care Co-ordinator, Social Worker, Nurse etc. For inpatient service users, this should be the Care Co-ordinator for the client in conjunction with ward staff.

9.8.4 **Mental Health Team Managers** (or Senior Practitioner) of the team conducting an enquiry will take ultimate responsibility for ensuring all aspects of the safeguarding procedures are followed within the timeframes and will:

- appoint a suitably qualified and experienced person (must have received Safeguarding Adult Level 3 training) to work directly with the person subject to the enquiry and ensure their safety and complete a risk assessment.
- ensure that staff have the support and resources required to undertake the enquiry
- implement any lessons learnt and cascade examples of good practice as a result of the audit process

9.8.5 **The staff member conducting the enquiry will:**

- Be responsible for the risk assessment and supporting the person through the Safeguarding process. (The service user may also require support from other people as well to meet their needs; this could be an advocate or family member.)
- Undertake the enquiry process, liaising as needed with senior managers, managers/officers from units where the alert was raised and with partner agencies.
- Complete the enquiry process and ensure the protection arrangements are integrated into the CPA documents (or other care planning system if the service user is not on CPA). The allocated care co-ordinator should update the CPA plans and assessments based on the information from the person conducting the enquiry
- Update information systems and forward copies of paperwork to the TRUST Safeguarding Team.

10.0 CAPACITY AND CONSENT TO A SAFEGUARDING ISSUE BEING RAISED

- 10.1 Service users **MUST** be involved in all stages of a safeguarding enquiry and consent should be obtained where possible.

The allocated staff member conducting the enquiry should contact the service user immediately or within one working day and ascertain their wishes and feelings regarding action that may be taken and gain consent regarding conducting an enquiry and sharing information. They must also ensure any immediate safeguarding measures are put in place. It is important to ascertain from the person what outcomes they want from the enquiry.

10.2 Lacks Capacity

If there are doubts about a persons' capacity to consent to a safeguarding investigation, an assessment of capacity must be conducted and the outcome recorded on form MCA. If an adult lacks capacity to consent to a Safeguarding Investigation, it is usually the service user's best interests to proceed with a Safeguarding enquiry.

10.3 Lacks Capacity and no Family/Friends

If the mental Capacity Assessment (MCA) determines the service user lacks capacity to consent to a Safeguarding enquiry and has no family or friends, then an Independent Mental Capacity Advocate (IMCA) must be provided. The IMCA can be accessed by sending the completed MCA form to the Safeguarding Team

10.4 Has capacity but refuses safeguarding

Staff should respect that where a client has mental capacity they may not want an enquiry into the abuse to take place. However this can be overridden in certain circumstances for example:

- The abuse involves a paid employee of an organisation providing services to the person.
- The abuse involves someone who has access to other vulnerable adults
- Where a criminal act has taken place.

- 10.5 Where the client states a wish that the alleged abuse is not investigated, this must be respected but should not prevent staff from continuing to offer support and advice. Staff must also consider if a service user is under undue pressure or coercion to make a decision that the abuse is not investigated

This decision must be provided in writing in person. A letter must not be sent to a service user's home regarding a Safeguarding Investigation as this can potentially generate further risks. The letter must include information on the service user's right to change their mind about consenting to a safeguarding investigation at any time.

11.0 CONDUCTING AN ENQUIRY (INVESTIGATION)

11.1 A risk assessment should take place immediately that the concern is raised to establish;

- If the alleged victim is in any immediate danger of harm
- Details of abuse and identifying any risk to others

11.2 Enquiry (Stage 2)

- Safeguarding management plan – immediately depending on level of risk or within 48 hours
- Safeguarding within 14 working days if required to agree actions/plan/risk management
- Target time for main enquiries to be completed within 20 working days
- Gather information & evidence from other agencies
- Confirm / approve protection plan.
- Formulate an inter-agency plan with clear roles responsibilities and timeframes for outcomes to be achieved.
- Consider any special measures that will be required such as 'Best Interest Decisions

11.2.1 Adults who have capacity and may be at risk must be invited to be involved as partners in strategy discussions where appropriate.

11.2.2 At all stages in the Safeguarding process the safeguarding risk assessment and plan must be completed and updated until the case is closed.

11.3 Safeguarding Adult Management Plan Review

11.3.1 For Mental Health Services a chairperson and note taker should be appointed and the appropriate Safeguarding Meeting (Stage 3/ Case Conference) template completed.)

11.3.2 The Safeguarding Conference/ Meeting will consider:

- The investigation findings from staff police etc.
- A review of the risk assessment
- Formulate a protection plan
- The persons views throughout the process
- Decide if process continues or should closed
- Identify lessons learnt

Safeguarding management plan and review, should be completed within 25 working days and not more than 3 months (dependent upon level of risk remaining)

11.3.3 Minutes of meetings should be distributed to all attendees and the service user where appropriate.

11.4 Safeguarding Closure

11.4.1 Case closure can take place after any stage of the process as long as it is clear that the Safeguarding risks are reduced and all agree that the Safeguarding case can be closed.

11.4.2 When a decision to close a case is made the person responsible for the enquiry will inform:

- The service user (or representative) is to be notified of the outcome including any risk management plans.
- The referrer advised of the outcome. Where this is not possible it should be documented on the safeguarding closure form
- Alleged perpetrator should be advised (as appropriate) of the closure

11.4.3 When completing the safeguarding closure form it is important that the reasons for closure are clear and the views of the service user ascertained. The safeguarding closure form must be sent to the Safeguarding team in order that the Local Authority are notified.

11.4.4 Staff should ensure that Safeguarding cases are completed within timeframe unless there is a justified reason to continue. Examples of a justified delay include an ongoing police investigation, mental health or other assessments, legal processes etc. but do not include a lack of resources or a failure to send copies of documents to the Safeguarding Team in time.

11.4.5 Compliance with time frames is reported as part of the Trust Safeguarding Performance Indicators. Copies of forms should be sent to the safeguarding team.

11.4.6 Where required, a Safeguarding review may be necessary to assess post abuse needs and ensure effective ongoing care of the service user via the generic care, case management process e.g. CPA

12.0 SAFEGUARDING TEAM NOTIFICATION AND REPORTING PROCESS

12.1 The Trust Safeguarding Team will be responsible for monitoring the safeguarding process across the Trust. Data is formulated into Key Performance Indicators and reported to the Trust Board to give assurance that effective processes are in place, are being implemented and evaluated.

12.2 Copies of **all** alerts from Mental Health and Community Health services must be sent electronically and password protected in line with Caldicott guidance to the Safeguarding team using the e-mail facility.

12.3 On receipt of an alert the Safeguarding Team will send the time frame form to the Team manager for mental health cases. This will outline the expected time frame for each stage of an investigation.

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- 12.4 The Trust Safeguarding Team will ensure that local arrangements are in place to inform the CQC and Local Authority of all relevant information on safeguarding cases in compliance with the CQC reporting framework
- 12.5 If there is a delay in receiving the strategy discussion form then the Safeguarding team will send a delay notification form to the appropriate manager and investigating officer requesting reasons for the delay e.g. justified reasons because of a police investigation. Where the required information is still not received then the safeguarding team will continue to request the required information and escalate to the appropriate Clinical Directors.
- 12.6 The system continues with the closure process and where a case is not closed within 28 working days and not more than 3 months, then the Safeguarding Team will send out a delay notification as above to ascertain reasons. Where there is a justified reason for keeping a case open, the Safeguarding Team will request regular updates.

12.7 **Audit monitoring process**

The Safeguarding Team complete an audit of cases in order to identify where lessons can be learned and good practice disseminated. Outcomes will be shared with managers and staff where relevant and outcomes reported as part of the performance indicators

13.0 ALLEGATIONS AGAINST STAFF

- 13.1 Staff working with service users have an individual responsibility to raise concerns about practices or individual members of staff who may be abusive to adults through their Line manager, Deputy Director or Director in accordance with the Human Resources Policy (HR 27A).
- 13.2 Staff can refer to the Trust Whistle Blowing Policy (CP53) or Speaking Up Champions for guidance should they wish to raise concerns confidentially, including those concerns about the management of a service. Staff members who raise genuine concerns via Whistleblowing will be protected and the preservation of their anonymity will be maintained where possible.
- 13.3 In these circumstances the safeguarding investigating officer or appropriate manager will arrange a strategy meeting to co-ordinate the process and establish the facts. A discussion between the designated HR person, safeguarding investigating officer and police if required will take place to discuss roles and prioritise actions required.

Any police investigation will take precedence and the internal disciplinary case will run separately but parallel to the Safeguarding investigation. Negotiation will be required to ensure duplication of safeguarding and disciplinary investigation is minimised

- 13.4 Where concerns relate to a member of Trust staff or an agency staff member, it may be appropriate to suspend or change the role of the individual for a period of time depending on the seriousness of the concern.

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Such action is a neutral act and Human Resources department advice should be sought in all cases and consideration given to reporting under serious incident procedures.

- 13.5 Care should be taken not to prejudice the investigation by providing information to the affected member of staff about the allegation at this stage.

The staff member will be informed that they are being suspended and/or relocated as a result of '*An allegation being made against them under safeguarding procedures*'. No further information will be provided at the initial stages as clearance from the police will initially be required to ensure that potential evidence is not prejudiced as a result of sharing information regarding the allegations.

- 13.6 Staff who are the subject of allegations must have access to appropriate support through the subsequent investigation.

- 13.7 Good safeguarding practice requires openness, transparency and Trust. There is a legal 'duty of candour' in which staff must explain, (in person and in writing) apologise and advise people, where severe or moderate harm has occurred. Staff should refer to the Being Open and Duty of Candour Policy CP36 for additional information

14.0 CROSS BOUNDARY ISSUES

- 14.1 The Local Authority where the abuse occurs will have overall responsibility for co-ordinating the adult protection arrangements (the host authority). The placing authority (i.e. the authority with funding/commissioning responsibility) will have a continuing duty of care to the vulnerable adult.
- 14.2 Where a TRUST service user discloses abuse that has occurred outside the Trust area, staff should contact the Local Authority in the area the abuse took place within the Trust timescales and support the subsequent investigation by offering relevant information and supporting the service user.
- 14.3 Where there are concerns regarding cross boundary safeguarding enquiries, the Safeguarding Team should be contacted for advice and support.

15.0 RECORD KEEPING

- 15.1 The findings from a number of Serious Case Reviews have identified poor record keeping as a significant concern. The consequence of poor record keeping can result in confusion for professionals and may directly place an adult at risk.
- 15.2 All recordings regarding safeguarding adults constitute a legal document and can be used in court proceedings.
- 15.3 Staff should follow the Trust Record Keeping Policy (CP9). All discussions, decisions, actions and rationale for why no action is deemed necessary must be recorded contemporaneously with a date, name and signature. All

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recordings should be based on fact or professional opinion and kept in the service user's records.

- 15.4 Managers should read and sign every form in a safeguarding investigation to demonstrate oversight of the process
- 15.5 All records and assessments must consistently record the racial, linguistic and religious identity and needs of the service user.

END

SAMPLE