



Document Control

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SAFEGUARDING ADULTS POLICY

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SAFEGUARDING ADULTS POLICY

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1.0	June 2017	Amalgamation of Safeguarding Children and Young People in general practice and Policy and procedure around the recording, flagging and sharing of information in general practice about patients who are known to be at risk of domestic abuse
1.1	1 June 2021	Updated following review by ICB safeguarding children's and Children Looked After team
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Somerset ICB Safeguarding Team- somicb.safeguardingandcla@nhs.net

Somerset Domestic Abuse Helpline- 0800 69 49 999



1 INTRODUCTION

This policy describes the way in which Park Medical Practice will implement its duties and responsibilities in relation to adult safeguarding and includes the ICBs expectations for services from which we commission care.

- 1.1 This policy must be operated in conjunction with the following local, regional, and national policies, procedures and guidance:
 - [BaNeS, BNSSG and Somerset Safeguarding Adults Multi – Agency Policy](#)
 - [Somerset Safeguarding Adults Board \(SSAB\) local practice guidance and protocols](#)
 - [Care and Support Statutory Guidance issued under the Care Act 2014](#)
 - [Adult Safeguarding Roles and Competencies for Health Staff \(2018\)](#)
 - [NHS England and Improvement Safeguarding Policy 2019](#)
 - [Revised Prevent Duty Guidance: for England and Wales \(2021\)](#)
 - [NHSE Safeguarding Children, young people and adults at risk in the NHS: Safeguarding Accountability and Assurance Framework \(2022\)](#)
 - [Home Office Domestic Abuse Statutory Guidance \(2022\)](#)
 - [Serious Violence Duty: statutory guidance \(2022\)](#)
 - [Modern Slavery Statutory Guidance for England and Wales \(2023\)](#)
- 1.2 This policy complies with statutory duties associated with all relevant safeguarding legislation, including but not limited to the following:
 - Care Act 2014
 - Serious Crime Act 2015
 - Counter Terrorism and Security Act 2015
 - Modern Slavery Act 2015
 - [UK General Data Protection Regulation \(UK GDPR\), tailored by the Data Protection Act 2018](#)
 - [Mental Capacity Act 2005](#)
 - [Mental Capacity Amendment Act 2019](#)
 - [Domestic Abuse Act 2021](#)
 - Police, Crime, Sentencing and Courts Act 2021
- 1.3 Additional information and resources in relation to safeguarding adults in Somerset is available on the following websites:
 - NHS [Somerset Integrated Care Board \(ICB\) Safeguarding Adult and Children](#)
 - [Somerset Safeguarding Adults Board \(SSAB\)](#)
 - [Safer Somerset Partnership \(SSP\)](#)
- 1.4 This policy outlines how the Practice will deliver its statutory duty to safeguard and promote the welfare of its population, including the legislation, principles and values



that inform the safeguarding practice of all staff. In addition, this policy supports the Safeguarding Partnership and Board arrangements across Somerset.

- 1.5 This policy will be amended to reflect changes to legislation and the development of the Integrated Care System as appropriate to maintain assurance on the delivery of safeguarding adults arrangements.

2 PURPOSE AND SCOPE

- 2.1 The purpose of this policy is to assist all staff, both clinical and non-clinical, to understand their roles and responsibilities in relation to safeguarding adults. This policy relates to adults who are 18 or over; noting that legislation relating to Domestic Abuse and Mental Capacity applies to those who are 16 and over.
- 2.2 All practice staff must be aware of their responsibility to safeguard adults and should be able to recognise indicators of abuse and know how to act upon concerns, fulfilling their safeguarding adults responsibilities in line with local and national policies, procedures, and legislation.
- 2.3 This policy applies to all staff within the practice working with adults, their carers and their families. This policy also applies to agency staff and other staff not employed directly by the ICB e.g., volunteers.
- 2.4 The policy uses the terms the ‘adult safeguarding’ By this term, the policy includes but is not limited to the following recognised areas of abuse, neglect, exploitation, and violence:
 - Safeguarding Adults with Care and Support Needs
 - Domestic Violence including honor based violence
 - Prevent
 - Modern Slavery
 - Female Genital Mutilation
 - Hate Crime
 - Sexual Violence

It also includes the statutory framework that we use to support all people over the age of 16 who are unable to make or need additional support in making decisions about their life; the Mental Capacity Act 2005.

3 WHAT DOES SAFEGUARDING ADULTS MEAN?

- 3.1 The Care Act 2014 outlines the requirements for Local Authorities, the NHS and other agencies in relation to safeguarding adults with care and support needs.
- 3.2 The safeguarding duties in the Care Act 2014 apply to an adult who:
 - has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - is experiencing, or at risk of, abuse or neglect and;
 - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
- 3.3 The Care Act 2014 provides the following definition of adult safeguarding as ‘protecting an adult’s right to live in safety, free from abuse and neglect’. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is



promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances’.

3.4 The aims of adult safeguarding in the Care Act 2014 are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports the person in making choices and having control about how they want to live;
- promote an approach that concentrates on improving the life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

3.5 The Care Act 2014 sets out the following key principles that underpin all adult safeguarding work:

- **Empowerment**- people being supported and encouraged to make their own decisions and informed consent
- **Prevention**- it is better to take action before harm occurs
- **Proportionality**- the least intrusive response appropriate to the risk presented
- **Protection** – Support and representations for those in greatest need
- **Partnership** – Local Solutions through services working with their communities
- **Accountability**- Accountability and Transparency in preventing, detecting and reporting abuse and neglect

3.6 Making Safeguarding Personal (MSP)

The aim of Making Safeguarding Personal is to ensure that safeguarding is person-led and outcome-focused. It engages the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control; as well as improving their quality of life, wellbeing and safety. It is an approach that sees people as experts in their own lives. In discharging their responsibilities, signatories to this policy undertake to:

- Work with adults (and their advocates or representatives if they lack capacity) at the beginning to identify the outcomes they want to achieve;
- Review with the adult at the end of the safeguarding activity to what extent their desired outcomes have been achieved;
- Develop a range of clear, well-defined and appropriate responses that focus on supporting the adult to meet their desired outcomes and reduce the risk of recurrence of abuse;
- Record and review the outcomes in a way that can be used to inform practice and account to the Somerset Safeguarding Adults Board

3.7 Examples of outcomes people might want are to:

- Feel safer
- Maintain a key relationship
- Get new friends
- Have help to recover



- Have access to justice or an apology, or to know that disciplinary or other action has been taken
- Know that this won't happen to anyone else
- Maintain control over the situation
- Be involved in making decisions
- Have exercised choice
- Be able to protect themselves in the future
- Know where to get help

3.8 Resources:

[Making Safeguarding Personal | Local Government Association](#)
[Making Safeguarding Personal toolkit | Local Government Association](#)

3.9 Safeguarding enquiries

Local authorities have a duty to make enquiries, or cause others to do so, if they reasonably suspect an adult who meets the criteria in 3.2 and is, or is at risk of, being abused or neglected. An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014 (known as a 'Section 42 Enquiry'), in response to indications of abuse or neglect in relation to an adult with care and support needs who is at risk and is unable to protect themselves because of those needs. The particular circumstances of each individual case will determine the scope of each enquiry, as well as who leads it and the form it takes.

3.10 Non-statutory enquiries (known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about carers, or about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014. Please refer to the Somerset Safeguarding Adults Board for more information.

3.11 SAR's

Safeguarding Adults Boards (SABs) are responsible, under the Care Act 2014, for arranging safeguarding adults' reviews. Somerset SAB has an established subgroup to manage the SAR process. There is a range of models available for safeguarding adults' reviews. There are a number of other formal review processes, including serious case reviews and domestic homicide reviews, which have criteria which may be met as well as those for a safeguarding adults review.

3.12 Safeguarding adults' reviews take place within a wider culture of practitioner learning and development. The SSAB ensures practitioners from all agencies concerned with adult safeguarding have regular opportunities to reflect on their own practice and that of their colleagues, and to learn from effective safeguarding work as well from lessons provided by safeguarding adults' reviews.

3.13 Types of abuse: There are 10 different types of abuse (listed below) and various patterns of abuse and neglect / different circumstances in which they may take place for adults with care and support needs:

- Physical abuse
- Domestic abuse including Honor based violence (HBV)
- Sexual abuse including female genital mutilation (FGM)
- Psychological/Emotional abuse
- Financial or material abuse
- Modern slavery



- Discriminatory Abuse
- Neglect and Acts of Omission
- Self-Neglect
- Organisational or Institutional Abuse

Please refer to Appendix One for detailed information on abuse types, indicators and patterns of abuse. Appendix Two contains further information on Domestic abuse, Honour based Violence, Exploitation, Modern Slavery and Female Genital Mutilation (FGM). Appendix 3 contains information on Prevent and Radicalisation.

4 Mental Capacity, Consent and Safeguarding

4.1 It is essential in adult safeguarding to consider whether the adult is capable of giving consent in all aspects of their lives. If they are able, their consent should be sought.

4.2 Adults may not give their consent to the sharing of safeguarding information for a number of reasons. For example, they may be unduly influenced, coerced or intimidated by another person, they may be fearful of reprisals, they may fear losing control, they may lack trust in statutory services, or fear their relationship with the abuser will be damaged. Reassurance and appropriate support can help to change their view on whether it is best to share information, and staff should consider the following approaches:

- Explore the reasons for the adult's objections – what are they concerned about
- Explore the concern and why you think it is important the information is shared
- 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

4.3 If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general their wishes should be respected. However, there are a number of circumstances where staff can reasonably override an individual decision to not consent to a safeguarding referral, including:

- Whether the adult has the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act;
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent;
- If there is an aspect of public interest (e.g. not acting will put other adults or children at risk);
- Sharing the information could prevent a serious crime
- If there is a duty of care on a particular agency to intervene (e.g. the police if a crime has been/may be committed)
- The risk is unreasonably high
- Staff are implicated
- There is a court order or other legal authority for taking action without consent.

4.4 It is important to **keep a careful record of the decision-making process** and what, if any, information was shared in such situations. Staff should seek advice from managers



before overriding the adult's decision, except in emergencies. Managers should make decisions based on whether there is an overriding reason which makes it necessary to take action without consent, and whether 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.

- 4.5 If none of the above apply and a decision is taken not to share safeguarding information with other safeguarding partners, or not to intervene to safeguard the adult:
- Support the adult to weigh up the risks and benefits of different options
 - Ensure that they are aware of the level of risk and possible outcomes
 - Offer to arrange for them to have an advocate
 - 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
 - Seek to build trust to enable the adult to better protect themselves.
- 4.6 The Care and Support Statutory Guidance advises that the first priority in safeguarding should always be the safety and well-being of the adult. Making Safeguarding Personal is a person-centred approach which encourages adults to make their own decisions and be provided with support and information that empowers them to do so.
- 4.7 The MCA provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves, and establishes a framework for making decisions on their behalf. It applies to anyone over 16 who is unable to make some or all decisions for themselves. All decisions taken in the adult safeguarding process must comply with the Act. It is essential that in any level of safeguarding enquiry the mental capacity of those involved is clarified at the outset.
- 4.8 The presumption in the Mental Capacity Act 2005 (MCA) is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in adult safeguarding. All interventions need to take into account the ability of adults to make informed choices about how they wish to live their lives and the risks they are wanting to take. This includes their ability to understand the implications of their situation and to take action themselves to prevent abuse, and to participate fully in decision-making about interventions.
- 4.9 The MCA outlines five statutory principles that underpin the work with adult who may lack mental capacity:
1. A person must be presumed to have capacity unless it is established that they lacks capacity
 2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success
 3. A person is not to be treated as unable to make a decision merely because they make an unwise decision
 4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests



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.
- 4.10 Learning from Safeguarding Adults Reviews continues to reveal that staff working with adults who lack mental capacity are not fully complying with the principles of the act. The majority of adults requiring additional safeguards are likely to be people who lack the mental capacity to make decisions about their care and support needs.
- 4.11 Mental capacity refers to the ability to make a decision about a particular matter at the time the decision is needed. It is time and decision-specific. This means that an adult may be able to make some decisions at one point but not at other points in time. Their ability to make a decision may also fluctuate over time, as may their ability to execute it as a result of impairment to their **executive functioning**. Executive functions are the processes associated with managing oneself and one's resources in order to complete a task. Where someone has impaired executive functioning they may be able to describe a task and the process needed to carry it out in detail, but lack the ability to complete it in practice.
- 4.12 If an adult is subject to **coercion or undue influence by another person** this may impair their judgement and could impact on their ability to make decisions about their safety. Staff must satisfy themselves that the adult has the mental ability to make the decision themselves. If not, it is best to err on the side of caution, identify the risks and consider support or services that will mitigate the risk. Advocacy support can be invaluable and may be provided by an IMCA (Independent Mental Capacity Advocate) or other appropriate advocate.
- 4.13 It is always important to establish the mental capacity of an adult who is at risk of abuse or neglect should there be concerns over their ability to give informed consent to:
- Planned interventions and decisions about their safety
 - Their safeguarding plan and how risks are to be managed to prevent future harm.
- 4.14 Where there are disputes about a person's mental capacity or the best interests of an adult deemed to be at risk, and these cannot be resolved locally, legal advice should be sought about whether an application to the **Court of Protection** is required.
- 4.15 If a person has capacity but is deemed to not be able to make, informed decisions because of high levels of coercion and control and are deemed to be at high levels of harm that consideration should be given to the **inherent jurisdiction** of the Court of Protection.

5 WHAT TO DO IF YOU ARE CONCERNED ABOUT AN ADULT

- 5.1 When And Where To Make A Referral To A Service About A Person Who Is Experiencing Abuse, Violence Or Neglect In Somerset
- 5.2 When harm does happen, it needs to be dealt with effectively, promptly and proportionately. The adult in need of safeguarding and protection should be kept at the centre of decision-making and be in control as much as is possible. Their views should be heard and respected throughout the safeguarding process.
- 5.3 Your responsibilities when you have safeguarding concerns:
- Assess the situation i.e. are emergency services required?



- Ensure the safety and wellbeing of the individual
 - Establish what the individual's views and wishes are about the safeguarding issue and procedure
 - Maintain any evidence
 - Follow local procedures for reporting incidents/risks
 - Remain calm and try not to show any shock or disbelief
 - Listen carefully and demonstrate understanding by acknowledging regret and concern that this has happened
 - Inform the person that you are required to share the information, explaining what information will be shared and why
 - Make a written record of what the person has told you, using their words, what you have seen and your actions
- 5.4 Sometimes it may be difficult to decide whether a safeguarding referral is required. The [SSAB Risk Decision Making Tool](#) can assist in that decision making process, specifically in considering:
- the vulnerability of the adult at risk and the seriousness of the abuse that is occurring; and
 - the impact of the abuse and the risk of it recurring.
- 5.5 It is not designed to determine further actions, but rather to provide guidance and key considerations for practitioners who are assessing and managing risk. Staff should always seek advice from the ICB Safeguarding Team when unsure what action should be taken in relation to concerns they may have via their single point of contact (SPOC) email Somicb.safeguardingandcla@nhs.net .
- 5.6 To make a safeguarding referral you can call Somerset Direct via 0300 123 2224 (Monday to Friday 8am to 6pm, Saturday and Sunday closed) or email adults@somerset.gov.uk or complete the Safeguarding Adults [electronic referral form](#). Referrers should be notified of the outcome of the referral in a timely manner (48 hours / 2 working days). It is the responsibility of the referrer to chase up the outcome of a referral if an outcome is not received within this timeframe.
- 5.7 At all points during a referral, and if applicable a subsequent enquiry, staff must ensure that they consider the views of the individual by Making Safeguarding Personal and document how they have done this, particularly where a decision is taken to override them. More information on how to complete a referral and what happens next is available on the [SSAB website page "Adult Safeguarding procedures"](#).
- 5.8 If a person is in immediate danger then the police should be contacted via 999, if not an emergency situation then call 101 if a potential crime has been committed.
- 5.9 If the concerns relate to or could affect a child or young person under the age of 18 refer to the ICB safeguarding children policy.
- 5.10 Appendix 4 contains contact details for the local safeguarding agencies depending on the specifics of your concern.
- 5.11 There is further information available on what to do if your concern does not meet the criteria for a safeguarding referral in the SSAB Multi agency Risk Management process document. This is guidance produced for professionals on responding to people with complex needs or circumstances who do not require an adult safeguarding enquiry under Section 42 the Care Act (2014), or where it has been determined that a non-statutory enquiry is not required.



5.12 A person may be eligible for and need more than one agency to support them. You also may think that there does not appear to be a service that could support the person. If in doubt about which agency would be best, speak to the ICB Safeguarding Adults team via the SPOC email: Somicb.safeguardingandcla@nhs.net

5.13 Resolving professional differences

There will be times when there are differences of opinions about how best to support an adult with care and support needs who may be/ is experiencing abuse and / or neglect, and the intervention required by different agencies. In the first instance, this should be resolved within agencies as this will achieve the best outcome, and if agreement is not reached and cases become 'stuck' then the staff who disagreed with the outcome should notify their manager, who in turn should consult and use the SSAB Resolving Professional Differences protocol.

5.14 If staff would like advice about a difficult safeguarding adults situation, or are unhappy about the outcome of a referral, you can contact the ICB Safeguarding team for advice and support via the SPOC email Somicb.safeguardingandcla@nhs.net .

6 RESPONDING TO ORGANISATIONAL FAILURE AND ABUSE

6.1 The Care and Support Statutory Guidance clarifies that the Adult Safeguarding duties under the Care Act 2014 are not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services
- The Care Quality Commission (CQC) assuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- The core duties of the police to prevent and detect crime and protect life and property.

6.2 The Local authority has a process to share quality / poor care concerns re service providers via their electronic service feedback form. Staff should notify the Somerset Councils Quality Assurance team of any quality concerns about an adult social care service via the electronic [Somerset Council QA Service quality feedback form](#). The [SSAB has a Service Monitoring: Potential indicators of concern checklist](#) which is helpful in determining what areas of concern could / should be reported on. Somerset Council also have a shared policy with the ICB [Care Provider Quality Assurance policy](#) which sets out the process of supporting and responding to quality issues that do not meet the safeguarding criteria.

7 RESPONDING TO ALLEGATIONS AND CONCERNS AGAINST PEOPLE WORKING WITH ADULTS WITH CARE AND SUPPORT NEEDS

7.1 Information on how to respond to allegations against Persons in a Position of Trust (PiPoT) can be found on the Somerset Safeguarding Adults Board within the [South West Region Adult Position of Trust framework: A framework and process for responding to allegations and concerns against people working with adults with care and support needs \(2019\)](#). However, NHS employees are expected to follow the [NHSE Managing Safeguarding Allegations Against Staff: Policy and Procedure \(2019\)](#).

7.2 Any allegations of abuse or neglect perpetrated against a child or an adult at risk concerning about health and care staff should be reported to the ICB safeguarding service. Further information can also be found in the Safeguarding Children policy.



7.3 **Whistleblowing** is the act of reporting concerns about malpractice, wrongdoing or fraud. All staff, paid or unpaid, who work with an adult who is experiencing, or at risk of, abuse or neglect, have an individual responsibility to raise concerns about poor practice and a right to know that their employer will support them if they are acting in good faith. Wherever possible, the anonymity of the professional reported will be respected by the investigating body.

7.4 The practice promotes a culture of professional reporting and has in place policies which value good practice and encourages this. Professional reporting can be difficult for the member of staff and must be recognised as important and courageous. For further information on Professional Reporting, see Freedom to Speak Up. Support and advice is available via the Whistleblowing Advice Line for Health & Social Care staff (Tel: 08000 724 725).

8 ADVOCACY AND SUPPORT

8.1 The Care Act 2014 requires that each Local Authority must arrange, where appropriate, for an independent advocate (or appropriate person) to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adults Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

8.2 A person who is engaged to provide care or treatment for the adult in question in a professional capacity or on a paid basis cannot be an advocate. This includes a GP, nurse, key worker or care and support worker involved in the adult's care and support.

8.3 The role of the advocate is to actively support the adult's participation in the safeguarding process. In some cases it is unlikely they will be able to do this, for example:

- Where there is a conflict of interest;
- Where they live at a distance or only have occasional contact with the individual;
- Where they find it difficult to understand the Local Authority's processes themselves;
- Where they express their own opinions rather than those of the individual concerned.
- Where the adult does not want support from family or friends, their wishes should be respected and an independent advocate should be provided.

9 INFORMATION SHARING & CONFIDENTIALITY

9.1 Sharing the right information, at the right time, with the right people is fundamental to good practice in adult safeguarding but has been routinely highlighted as a difficult area of practice. Section 45 of The Care Act 2014 covers the responsibility of others to comply with requests for information from the Safeguarding Adults Board.

9.2 Sharing information between organisations as part of day-to-day safeguarding practice is covered in the common-law duty of confidentiality, the Data Protection Act 2018, Human Rights Act 1998, and Crime and Disorder Act 1998. The MCA is also relevant, as all those coming into contact with adults with care and support needs should be able to assess whether someone has the mental capacity to make a decision concerning risk, safety or sharing information.

9.3 Organisations need to share safeguarding information with the right people at the right time in order to:

- Prevent death or serious harm
- Coordinate effective and efficient responses



- Enable early interventions to prevent the escalation of risk
 - Prevent abuse and harm that may increase the need for care and support
 - Maintain and improve good practice in adult safeguarding
 - Reveal patterns of abuse that were previously undetected and could identify others at risk of abuse
 - Identify low-level concerns that may reveal people at risk of abuse
 - Help people access the right kind of support to reduce risk and promote wellbeing
 - Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
 - Reduce organisational risk and protect reputation.
- 9.4 Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding, these rights can be overridden in certain circumstances such as an emergency or life-threatening situation.
- 9.5 It is good practice to try and gain the person's consent to share information and as long as it does not increase risk, practitioners should inform the person if they need to share their information. Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instances except in emergency situations.
- 9.6 All staff must ensure that when they share information they do so in a way that is compliant with the General Data Protection Regulation (GDPR) which was incorporated in to UK law by the Data Protection Act 2018. The following points are a guide:
- The GDPR and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
 - When sharing or requesting personal information from someone, staff must be certain of the basis upon which they are doing so and should always take advice from their organisations data protection officer if unsure.
 - Staff must be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement and, even when sharing without consent, tell them when information is being shared unless it is unsafe or inappropriate to do so.
 - Staff should share with consent only where appropriate and where sharing the information does not fall under a different lawful reason. Where staff have consent, they must be mindful that an individual would have the expectation that only relevant information would be shared and must have the option to withdraw their consent.
 - Staff should consider safety and well-being and base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
 - Information sharing should always be necessary, proportionate, relevant, adequate, accurate, timely and secure: Staff must ensure that the information shared is necessary for the purpose for which they are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, is shared securely, and that is arrangements in place for it to be returned or destroyed.
 - Staff must always keep a record of their decisions and the reasons for them – whether it is to share information or not. If a decision is made to share, then record what you have shared, with whom and for what purpose.

10 SAFEGUARDING ADULTS TRAINING REQUIREMENTS



- 10.1 All staff working in healthcare settings - including those who predominantly treat adults - should receive Safeguarding adult specific training to ensure they attain the competencies appropriate to their role and responsibilities. Minimum safeguarding training requirements are set out in the following:
- [Adult Safeguarding: Roles and Competencies for Healthcare Staff \(2018\)](#)
 - [NHS Prevent Training and competencies framework, RCN, \(2022\)](#)
- 10.2 The Intercollegiate Document¹ identifies six levels of competence in Safeguarding Adults and gives examples of groups that fall within each of these. The levels are as follows:
- Level 1: Non-clinical staff working in health care settings.
 - Level 2: Minimum level required for non-clinical and clinical staff that have some degree of contact with children and young people and/or parents/carers.
 - Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns.
 - Level 4: Named safeguarding professionals (such as the ICB Named Professional for Safeguarding in Primary Care role)
 - Level 5: Designated safeguarding professionals (such as the ICB Designated Nurse)
 - Board Level: Chief Executive Officers, Trust and Health Board Executive and non-executive directors / members, commissioning body Directors.
- 10.3 Further information available in relation to training requirements for staff at all levels, in line with all of the above documents, can be found on the [Safeguarding Training section](#) of the ICB safeguarding webpages.
- 10.4 Training must include a multi-agency element, particularly for staff identified as requiring level 3 and above. For example, as provided by Somerset Safeguarding Adults Board (SSAB), the Somerset Community Safety Partnership (SSSP) and others.
- 10.5 Training delivered by all NHS organisations can encompass a blended learning approach to facilitate staff meeting their safeguarding training requirements. A blended approach to meeting safeguarding training competencies includes:
- Face to Face – including but not limited to, conferences
 - Blended learning -including but not limited to eLearning, webinars, reflective practice, and safeguarding supervision.
- 10.6 Staff will need to keep accurate records of any type of education, training and learning that contributes to their compliance with their safeguarding training requirements. This can be captured through completion of an Education, training and learning reflection record that includes each individual learning activity to be considered as part of the
-



blended approach. Education, training and learning reflection records for safeguarding adult, safeguarding children and children looked after competencies can be found on the [Safeguarding Training section](#) of the ICB safeguarding team's webpages

10.7 Resources:

- The Somerset Safeguarding Adult Board (SSAB) website houses training and highlights learning from Safeguarding Adult Reviews locally and nationally is cascaded via [Practice Guidance and Resources](#) such as [Webinars](#), which is incorporated into all aspects of [multi-agency training](#).
- [NHS England South West Safeguarding Training Framework 2022 to 2025](#)
- [E-learning for Healthcare - Safeguarding](#)
- [Prevent duty training: learn how to support people vulnerable to radicalisation](#)
- [SGPET: Somerset GP Education Trust](#)
- [SCIE Safeguarding training courses](#)

11 SAFEGUARDING SUPERVISION

11.1 To effectively safeguard and promote the welfare of adults at risk of harm / abuse, staff need to be confident and competent, and properly supported in their role. This means having strong structures in place that provide the opportunity for robust and regular supervision that enables constructive challenge and time to reflect on practice and develop skills. Local arrangements for supervision must be robust, meet the specific needs of staff in their area and demonstrate the effective discharge of statutory duties to safeguard adults, in accordance with local and national safeguarding guidance.

11.2 Safeguarding supervision is not the same as appraisal. Safeguarding supervision must be focused on the needs of the adult with care and support needs and actions to be taken to keep the adult safe. In addition, safeguarding supervision includes the need to:

- Ensure that the supervisees and supervisors are clear about their roles and responsibilities.
- Assist in the supervisee's professional development.
- Be a source of support for the supervisee.
- Facilitate safe and effective practice through constructive feedback to a professional.
- Maintain a clear focus on the needs of the adult and support the supervisee in reflecting on the impact of their practice, from a single and multi-agency perspective, on the adult and their wider carer / support network.
- Understand how effectively the supervisee is working together with other professionals to safeguard the adult with care and support needs, exploring relationships and interactions between those professionals.

11.3 The ICB Strategic safeguarding team provide formal safeguarding supervision to safeguarding leads within the ICB, Primary Care and the NHS providers we commission. This can be on a one-to-one basis or in a group with peers. Participants receiving one to one safeguarding supervision are asked to read and sign a safeguarding supervision agreement which is reviewed on an annual basis. The ICB Safeguarding team also



provide ad hoc safeguarding supervision as and when needed to all other staff within the ICB, Primary Care, NHS providers and partner agencies.

12 SAFER RECRUITMENT

- 12.1 The practice undertakes its recruitment procedures and practices in accordance with current employment legislation and guidance regarding Safer Recruitment. Safer recruitment means ensuring that the staff and volunteers who are hired to work with children, young people and vulnerable adults have been suitably checked to prevent any harm being done to the people in their care. This includes enhanced Disclosure and Barring Service checks (DBS) inclusive of agency staff, students and volunteers working with children and adults with care and support needs. The ICB also requires assurance that all services commissioned by them have safe recruitment processes in place.
- 12.2 All allegations of abuse of adults by those who work with them must be taken seriously. Allegations against any person who works with adults, whether in a paid or unpaid capacity, cover a wide range of circumstances. Please see the ICB Managing Allegations against staff policy.
- 12.3 Allegations of historical abuse should be responded to in the same way as contemporary concerns. In such cases, it is important to find out whether the person against whom the allegation is made is still working with adults and / or children and if so, to inform the person's current employer or voluntary organization or refer their family for assessment. If the allegations have implications for children then the LADO process should be followed as set out in the Safeguarding Children policy.
- 12.4 The SSAB has adopted the SW Region Adult Position of Trust Framework (2019) which is a framework and process for responding to allegations and concerns against people working with adults with care and support needs. This should also inform the ICB response when managing allegations made against staff where the victim has care and support needs as set out in the Crae act 2014.
- 12.5 Resources:
- [ICB Managing Allegations against Staff Policy](#)
 - [SW Region Adult Position of Trust Framework \(2019\)](#)



APPENDIX 1 Types and Indicators of abuse

Social Care Institute of Excellence (SCIE) provides very detailed information regarding [the 10 types and indicators of abuse](#):

Abuse can consist of a single or repeated act(s); it can be intentional or unintentional, or result from a lack of knowledge. It can affect one person, or multiple individuals. Professionals and others should be vigilant in looking beyond single incidents to identify patterns of harm. In order to see these patterns, it is important that information is recorded and appropriately shared.

Patterns of abuse and neglect vary and include:

- Serial abusing, where the perpetrator seeks out and 'grooms' individuals by obtaining their trust over time before the abuse begins – sexual abuse or exploitation commonly falls into this pattern, as do some forms of radicalisation and financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations, or persistent psychological abuse;
- Opportunistic abuse, such as theft occurring because money has been left lying around;
- Situational abuse, which arises because pressures have built up, or because a carer has difficulties themselves affecting their ability to adequately meet a person's needs. These could be debt, alcohol or mental health related, or the specific demands resulting from caring for a vulnerable person.

Who might abuse?

Anybody can abuse. Mutually abusive relationships involving two or more adults also exist. The abuser is frequently, but not always, known to the adult they abuse and can include spouses/partners, other family members, neighbours or friends, acquaintances, paid staff or professionals, volunteers and strangers, or people who deliberately exploit adults they perceive as vulnerable to abuse.

Where might abuse occur?

Abuse can happen anywhere, for example:

- The person's own home (whether living alone, with relatives, or others);
- Day or residential centres;
- Supported housing;
- Work settings;
- Educational establishments;
- Care homes;
- Clinics or hospitals;
- Prisons;
- Via the internet or social media;
- Other places in the community.

Why abuse may occur?

Abuse can occur for many reasons. The risk is known to be greater when:

- The person is socially isolated;
- A pattern of family violence exists, or has existed in the past;



- Drugs or alcohol are being misused;
- Relationships are placed under stress;
- The abuser or victim is dependent on the other (for finance, accommodation, or emotional support).

Where services are provided, abuse is more likely to occur where staff are:

- Inadequately trained;
- Poorly supervised and managed;
- Lacking support;
- Working in isolation.

Other factors which increase the likelihood of abuse and neglect occurring are where:

- the person has an illness which causes unpredictable behaviour
- the person has communication difficulties
- the person exhibits challenging behaviour or major changes in personality, disorientation, aggression or sexual disinhibition
- the person concerned needs or requests more than the carer can give
- the family undergoes an unforeseen change in circumstances, e.g. sudden illness, unemployment, bereavement or divorce
- a carer has been forced to change his or her lifestyle unexpectedly as a result of caring
- a carer is isolated and can see no end to, or relief from, caring
- a carer experiences regularly disturbed nights
- the carer has their own health-related difficulties
- the carer is dependent on the victim
- the carer is physically, emotionally or practically unable to care for the individual
- there has been a reversal of role and responsibilities
- there are persistent financial problems
- other relationships are unstable or placed under pressure by caring tasks



APPENDIX 2 - further information on Domestic Abuse, Exploitation, FGM

1. DOMESTIC ABUSE

1.1 Some people who are experiencing Domestic Abuse may not be able to protect themselves because of the coercion and control by the perpetrator. It can happen to any person; with or without care and support needs. People identified by a protected characteristic may experience additional barriers to protecting themselves.

1.2 The Domestic Abuse Act 2021 provides the following statutory definition of domestic abuse:

Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if-

- A and B are each aged 16 or over and are personally connected to each other and
- the behaviour is abusive

Behaviour is “abusive” if it consists of any of the following

- physical or sexual abuse
- violent or threatening behaviour
- economic abuse
- psychological, emotional or other abuse
- acquire, use or maintain money or other property or obtain good or services

Two people are “personally connected” to each other if any of the following applies

- they are or have been married to each other
- they have or have been civil partners of each other
- they have agreed to marry one another (whether or not the agreement has been terminated)
- they are, or have been in an intimate personal relationship with each other
- they have, or there has been a time when they each have had a parental relationship in relation to the same child
- they are relatives (as per the meaning given in the Family Law Act 1996)

1.3 The aim of the Domestic Abuse Bill is to

- Provide clear information on what Domestic Abuse is, and how to identify it
- Provide guidance and support to frontline professionals who have responsibilities to safeguard and support victims of domestic abuse
- Signpost responding agencies to other sources of guidance on domestic abuse

1.4 Almost all survivors of Domestic Abuse interact with health services at some point and for some victims it may be the only service they are able to access alone. The Domestic Abuse Act 2021 states that the NHS has a key role in providing care and support to victims through a wide range of health care services. Staff working in the NHS can help identify victims, and potential victims and perpetrators of domestic abuse and provide, signpost or refer them to appropriate support.

1.5 ICB staff should refer to the ICB Domestic Abuse Policy for guidance on how to respond to Domestic Abuse.

1.6 Under the Domestic Abuse Act 2021, children are recognised as victims of domestic abuse in their own right, if they see, hear, or experience the effects of the abuse, and



are related to the perpetrator of the abuse or the victim of the abuse². Abuse directed towards the child is defined as child abuse. Where there is domestic violence and abuse, the wellbeing of the children in the household must be promoted and all assessments must consider the need to safeguard the children, including unborn children. They are at increased risk of physical, emotional and sexual abuse in these environments.

1.7 When carrying out a risk assessment of domestic violence using the [DASH Risk Identification Checklist](#), staff may determine that a child / adult / family is at high risk as a result of the domestic violence and abuse disclosed. In this case all staff should consider completion of a referral to Somerset Multi Agency Risk Assessment Conference (MARAC).

1.8 MARAC is a victim focused meeting where information is shared between partner agencies on the highest risk cases of domestic abuse and violence. A risk focused, coordinated safety plan is then drawn up to support the victim(s) and his / her / their family. In light of the existence of high risk of domestic violence and known risks and vulnerability factors disclosed at MARAC, the expectation is that each service will review the family's needs and in accordance with the additional needs identified, provide an appropriate follow up service.

1.9 Resources:

- [Home Office Domestic Abuse Statutory Guidance \(2022\)](#)
- [Somerset Survivors 'Information for GP's and health professionals'](#)
- [SafeLives resources library for all professionals working with victims of domestic abuse and their families](#)
- [Responding to Domestic Abuse: A Resource for Health Professionals. DoH. 2017](#)

1.10 Honour Based Violence and Forced Marriage

Honour-based violence (HBV) is the term used to refer to a collection of practices used predominantly to control the behaviour of women and girls within families or other social groups in order to protect supposed cultural and religious beliefs, values and social norms in the name of 'honour'.

Honour'-based violence includes:

- Forced marriage (this is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to marriage as they are pressurised, or abuse is used, to force them to do so. It is recognised in the UK as a form of domestic or child abuse and a serious abuse of human rights.
- Domestic violence (physical, sexual, emotional or financial abuse)
- Sexual harassment and sexual violence (rape and sexual assault or threat of rape and sexual assault)
- Threats to kill
- Social ostracism or rejection and emotional pressure
- Denial of access to children
- Pressure to go or move abroad
- House arrest and excessive restrictions of freedom
- Denial of access to the telephone, internet, or passport/key documentation
- Isolation from friends and own family

² [Domestic Abuse Act 2021 \(legislation.gov.uk\)](#)



Refuge has a Freephone 24-Hour National Domestic Abuse Helpline: 0808 2000 247 or visit www.nationaldahelpline.org.uk (access live chat Mon-Fri 3-10pm)

2 EXPLOITATION (SEXUAL EXPLOITATION, CRIMINAL EXPLOITATION, MODERN SLAVERY, HUMAN TRAFFICKING, GANG ACTIVITY AND COUNTY LINES)

2.1 Sexual Exploitation

2.1.1 Sexual exploitation (SE) is a form of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive an adult at risk into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited *even if the sexual activity appears consensual*. SE does not always involve physical contact; it can also occur through the use of technology.³ It can be part of wider exploitation of the adult / or their family.

2.1.2 Like all forms of sexual abuse, sexual exploitation:

- can involve grooming, force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse;

2.1.3 SE is never the victim's fault, even if there is some form of exchange.

2.1.4 Resources

Somerset and Avon Rape and Sexual Abuse Support - Support for people affected by rape or any kind of sexual assault or abuse at any time in their lives—www.SARSAS.org.uk helpline 08088010456

2.2 Criminal Exploitation is, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive an adult at risk into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

2.3 County Lines is a form of criminal exploitation and is a term used to describe the dedicated phone lines that gangs and organised criminal networks use to move illegal drugs around the UK. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, debt bondage, intimidation, violence (including sexual violence) and weapons.

2.4 Modern slavery is a form of organised crime in which individuals including children, young people and adults are treated as commodities and exploited for criminal gain. Slavery is an umbrella term for activities involved when one person obtains or holds another person in compelled service. Modern slavery is identified as abuse which may require a safeguarding response. It is an abuse of human rights, and all adults, irrespective of their immigration status, are entitled to protection under the law⁴. For further guidance refer to the [Modern Slavery Act 2015](http://www.legislation.gov.uk) and associated guidance outlined below.

⁴ [Modern Slavery Act 2015 \(legislation.gov.uk\)](http://www.legislation.gov.uk)



2.4.1 As specified in Section 52 of the Modern Slavery Act 2015, public authorities in England and Wales have a statutory duty to notify the Home Office when they come across potential victims of modern slavery. This duty is discharged by either referring a consenting adult potential victim into the National Referral Mechanism (NRM), or by notifying the Home Office if an adult victim does not consent to enter the NRM. [The National Referral Mechanism](#)⁵ is a framework for identifying victims of human trafficking and ensuring they receive appropriate care.

2.4.2 Potential victims of modern slavery in the UK that come to the attention of authorised 'First Responder' organisations are referred to the NRM. Authorised 'First Responder' organisations include local authorities and police forces but not health organisations. Adults (aged 18 or above) must consent to being referred to the NRM, whilst children under the age of 18 are not required to give consent to be referred. Child victims must first be safeguarded and then referred into the NRM process. NRM referrals can also be made for individuals exploited as children but who are now adults.

2.5 Human trafficking is the movement of people by means such as force, fraud, coercion or deception, with the aim of exploiting them. It is a form of modern slavery and a crime. Trafficking involves the transportation of people in order to exploit them by the use of force, violence, deception, intimidation or coercion. It does not always involve international transportation and can be transportation just within the UK. This exploitation includes commercial, sexual and bonded labour. Trafficked people have little choice in what happens to them and often suffer abuse due to violence and threats made against them or their families. In effect, they become commodities owned by traffickers, used for profit.

2.51 Resources

You can make a referral for support to The Salvation Army. Helpline 0800 808 3733

Or

You can contact the [Modern Slavery helpline](#) on 08000 121 700.

You can report through Crimestoppers

[Give information | Crimestoppers \(crimestoppers-uk.org\)](#)

- [Advice and Support for Modern Slavery Victims](#)
- [HM Govt Modern Slavery Statutory Guidance for England and Wales \(2023\)](#)

3 FEMALE GENITAL MUTILATION (FGM)

3.1 FGM comprises of all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. It is often referred to as 'cutting', 'female circumcision', 'initiation', 'Sunnah' and 'infibulation'⁶. Under the Female Genital Mutilation Act 2003, **FGM is a criminal offence**. FGM causes significant harm, constitutes physical and emotional abuse, and is a violation of a child's right to life, their bodily integrity as well as their right to health.

3.2 It is a mandatory duty for a regulated healthcare professional to report any concerns they have about a female under 18 years and record when FGM is disclosed or identified as part of NHS healthcare. As FGM is illegal this should be reported to the police via the 101 non-emergency number. Staff who initially identify FGM must call 101 (police) to report. If you believe that a victim or potential victim of FGM is in immediate danger, always dial 999. If you are concerned that a child is at risk you must make a referral to Children's Social Care (CSC) immediately. Where a child appears to be in immediate

⁵ [National referral mechanism guidance: adult \(England and Wales\) - GOV.UK \(www.gov.uk\)](#)

⁶ <https://www.england.nhs.uk/wp-content/uploads/2016/12/fgm-pocket-guide-v5-final.pdf>



danger of mutilation, CSC and the police will urgently consider the need for an FGM Protection Order, an Emergency Protection Order or a Prohibited Steps Order. Staff should make it clear to the family that they will be breaking the law if they arrange for the child to have the procedure.

3.3 The ICB must ensure that through its commissioning processes, mandatory reporting and recording duty of FGM is included in the safeguarding procedures of providers.

3.4 Resources:

- [SWCPP - Female Genital Mutilation](#)
- [HM Govt FGM resource pack](#)
- NHS England has produced a helpful [pocket guide](#) about FGM for Health Care Professionals.
- [CQC GP myth buster 80: Female Genital Mutilation \(FGM\)](#)
- [DoH Safeguarding women and girls at risk of FGM](#)
- The NSPCC has a 24 hour helpline to provide advice and support to victims of FGM 0800 028 3550 or email fgmhelp@nspcc.org.uk
- [RCGP resources - Female Genital Mutilation](#)



APPENDIX 3 PREVENT – Safeguarding Adults Against Radicalisation And Extremism

The Prevent strategy, published by the Government in 2011, is part of the overall counter-terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Counter-Terrorism and Security Act 2015 this has simply been expressed as the need to “prevent people from being drawn into terrorism”.⁷

Radicalisation is defined by the UK Government within this context as “the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.” Extremism goes beyond terrorism and includes people who target the vulnerable –including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.

Extremism is defined in the [Counter Extremism Strategy 2015](#) as the vocal or active opposition to fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. Working Together 2018 also regards calls for the death of members of our armed forces as extremist⁸.

Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies (including the NHS) in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism.” The key challenge for the NHS is to ensure that, where there are signs that someone has been or is being drawn into terrorism, staff are trained to recognise those signs correctly and are aware of and can locate available support, including the Channel programme where necessary. Frontline staff who engage with the public should understand what radicalisation means and why people may be vulnerable to being drawn into terrorism as a consequence of it.

Keeping children safe from risks of radicalisation and extremism is a safeguarding matter and should be approached in the same way as other safeguarding concern. See Section 3 of this Policy for further details of what to do if you are concerned about a child.

Resources:

[HM Govt Prevent Duty Guidance](#)

Somerset County Council website – [Prevent in Somerset](#)

Avon and Somerset Police dedicated Prevent Team (specially trained male and female officers) who can give advice or direct you to other support agencies. Phone **01179 455 536** or Email: channelsw@avonandsomerset.pnn.police.uk

[Prevent duty training: learn how to support people vulnerable to radicalisation](#)



APPENDIX 4: What service to refer to?

What is the Situation	Details of the Service You Need to contact	How to Contact/Make a Referral to the Service
A Crime has or may have been committed	Police	Police on 101 or in an emergency 999 or report non-urgent matters via https://www.avonandsomerset.police.uk/report/
The adult has care and support needs as per the Care Act	Somerset County Council / Safeguarding Team	<p>Somerset County Council Adult Social Care 0300 123 2224 adults@somerset.gov.uk</p> <p>Further information regarding Safeguarding adults can be found on the Somerset Safeguarding Adults Board website– Somerset Safeguarding Adults Board (safeguardingsomerset.org.uk)</p> <p>Or complete the safeguarding adults referral form on the Somerset Safeguarding Adults Board Website Safeguarding alert - Somerset County Council</p> <p>You can feedback about care, support or equipment services for adults, for example care and support at home, residential or nursing care, day care and sitting services via this link Service Quality Feedback (office.com)</p>
The person is experiencing Domestic Abuse- from a family member or a person that they are/have been in a relationship with	Somerset Integrated Domestic Abuse Service (SIDAS)	<p>You can call the helpline- as can the person, or family/friends that may be concerned 0800 69 49 999</p> <p>Or e mail SIDAS@Somerset.gov.uk</p> <p>To make a referral fill out the form on the link below How to make a referral – Somerset Survivors</p>
Sexual Violence	Somerset and Avon Rape and Sexual Abuse Support	<p>Helpline 0808 801 0464 For more information SARSAS</p>



Modern Slavery	To report a concern- speak to the Safeguarding Adults Team	<p>You can make a referral for support to The Salvation Army. Helpline 0800 808 3733 Or You can contact the Modern Slavery helpline on 08000 121 700. You can report through Crimestoppers Give information Crimestoppers (crimestoppers-uk.org)</p> <p>The Designated Nurse for Safeguarding Adults will support with official reporting email somicb.safeguardingandcla@nhs.net</p>
The person lacks capacity and needs support to make a decision	Swan Advocacy	<p>Telephone 0333 447928</p> <p>E mail reception@swanadvocacy.org.uk</p>
I am concerned about a child	Refer to ICB safeguarding Children policy	<p>Safeguarding Children - NHS Somerset</p> <p>Information can also be found at the Somerset Safeguarding Children Partnership webpages</p> <p>SSCP – Somerset Safeguarding Children Partnership (safeguardingsomerset.org.uk)</p> <p>Report a concern about a child via this link Report a child at risk (somerset.gov.uk)</p>
FGM	Police	101 or in an emergency 999
None of the above apply	There is guidance available on MARM on the SSAB website	<p>SSAB Multi Agency Risk Management (MARM) Process</p> <p>Alternatively discuss with SOMICB Safeguarding Service via email: somicb.safeguardingandcla@nhs.net</p>



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