

**Mission:** working together to help make people and communities stronger and healthier through education, training, and support for mental health and wellbeing

Vision: to be the most trusted mental health and wellbeing charity

# Safeguarding Adults Policy and Procedure

Policy Owner and Lead	CEO	
Author	Wellbeing & Resilience Projects Manager	
Applies to	All staff, volunteers, trustees, and clients	
Formally endorsed by	Trustees	
Endorsement date	March 2022	
Next review	March 2024	

## Related Organisational Policies and Procedures

- Confidentiality Policy
- Data Protection Policy
- Information Governance Policy
- Incident Reporting Procedure

## **Policy Statement**

This policy states our commitment to ensuring that any concerns arising regarding adult abuse and harm are effectively and appropriately addressed and demonstrates how we play our part in safeguarding adults effectively.

The Policy provides a clear framework of our approach to safeguarding adults at risk by setting out the standards and principles for effective adult safeguarding.

Our staff and volunteers will enable adults to make their own informed safeguarding decisions where they can but will intervene where they are not able to protect themselves.

## **Key Principles**

We must be mindful that we are working to safeguard adults who have the right to be involved in and informed of all safeguarding decisions which affect them.

This policy will help to ensure we:

- meet our safeguarding adult's standards whilst working within the framework of the six safeguarding adult principles, <a href="https://www.anncrafttrust.org/resources/six-principles-adult-safeguarding/">https://www.anncrafttrust.org/resources/six-principles-adult-safeguarding/</a>
- recognise signs of abuse, respond effectively, respect the rights and wishes of the adult at risk and report our concerns appropriately,
- support adults and enable them to make their own informed safeguarding decisions where they can,
- act in ways that are legal, necessary and proportionate when a client is unable to protect themselves,
- act in the best interests of anyone who lacks the capacity to make the decision that needs to be made at that time and
- respect the rights of any alleged perpetrators who have their own care and support needs, raising concerns where these needs are not being met or addressed.

This policy must be read in conjunction with the safeguarding adults' policy of the relevant local authority of the adult at risk.

If there is a concern about a child or young person under 18, the Safeguarding Children Policy and Procedures must be followed.

#### Roles and Responsibilities

Any staff member, volunteer or Trustee who hears from (or about) an adult at risk of a safeguarding issue has a responsibility to take the matter seriously.

The person at risk must be responded to with dignity, sensitivity and confidence and the reporting process set out in this Policy must be followed.

The CEO has responsibility for the development, maintenance and adherence of this policy.

All Managers have responsibility for adherence to this policy across their individual teams and services and will take account of safeguarding issues when policies are developed, and decisions made which are likely to have an impact on our safeguarding adults work.

The Safeguarding Lead will ensure that staff are trained and updated with any policy changes and practices and has responsibility to oversee and ensure that staff work within the framework of this policy.

All staff must ensure that clients are able to make their own informed decisions but will take prompt action if the client isn't able to protect themselves.

# Lead Safeguarding Officers within Tyneside & Northumberland Mind (TNM) The Lead Safeguarding Officer at TNM is the Clinical Lead.

The Safeguarding Lead works closely with Trustees, SMT and wider teams to ensure TNM's statutory safeguarding responsibilities are met and that our people have the resources and skills to work confidently in safeguarding matters.

The Safeguarding Lead is responsible for ensuring that:

- the policy supports the effective safeguarding of adults
- cases or suspected cases are alerted to the relevant safeguarding board in the persons locality.
- Staff, volunteers and Trustees are trained in safeguarding and know how to spot and raise concerns.
- our recording and reporting procedures are adequate and followed.
- routine reports are produced for the Senior Management Team (SMT) and board of Trustees at TNM.
- internal investigations are carried out, the findings are reported to relevant staff and that learning from investigations is implemented.
- best safeguarding practice and confidence amongst all teams is provided through support, information and guidance.
- everyone at TNM is keep up to date with best practice by undertaking training.

## Compliance with the policy will be supported by:

- ensuring that all our people have access to this policy,
- ensuring that during induction our staff, volunteers and Trustees are informed about the importance we place on our safeguarding responsibilities,
- recording safeguarding concerns and developing systems which maximise the use of and learning from incidents,
- ensuring the SMT review safeguarding alerts at monthly meetings and share routinely with the Board of Trustees.
- using internal and external reports of concerns for continuous improvement and to inform safeguarding audits.

## Categories of abuse identified by the Care Act 2014

The following are types of harm that adults can experience;

#### Self-neglect

This covers a wide range of behaviour: neglecting to care for one's personal hygiene, health or surroundings. It also includes behaviour such as hoarding.

# Modern Slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude. Domestic servitude is the seemingly normal practice of live-in help that is used as cover for the exploitation and control of someone.

#### Domestic Abuse

This includes psychological, physical, sexual, financial and emotional abuse perpetrated by anyone. It also includes so called 'honour' based violence.

## Discriminatory abuse

Discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics as described in the Equality Act.

## Organisational

This includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a client's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice.

## Physical

This includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

#### Sexual

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the person has not consented or was pressured into consenting to.

## Financial or material

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

## Neglect/Acts of omission

This includes ignoring medical or physical care needs, failing to provide access to appropriate health social care or educational services, the withholding of necessities such as medication, adequate nutrition and heating.

## Emotional or psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks.

## Indicators that someone may be experiencing harm

Any changes to this document must be approved by the CEO

There are many signs to look out for as indicators that someone may be experiencing some sort of abuse, these are explored in further detail in our safeguarding training but summarised, these may be;

- unexplained changes in a person's usual appearance, behaviour or routines
- medical problems that go unattended
- unexplained weight gain or weight loss
- someone appearing frightened in the presence of certain people
- an unexplained lack of money or inability to maintain lifestyle
- appearing withdrawn and isolated
- unexplained marks and/or bruising to the person's body
- frequent injuries
- the person isn't allowed visitors/phone calls
- the person flinches at physical contact
- fear of outside intervention
- unusual difficulty walking or sitting
- Living in squalid or unsanitary conditions
- hoarding
- a person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.

## **Emergency Situations**

If a person is injured or in immediate physical danger, or if a crime has just been committed, staff must contact the Police and other appropriate emergency services by dialling 999.

Please Note: This policy does not override such responsibility. Dealing with an immediate emergency always takes precedence.

## Guidelines for staff on how to deal with a disclosure

When dealing with a disclosure, the following must be followed;

- Remain calm and do not show shock or disbelief
- Listen to what they are saying
- Reassure the person concerned
- Tell them that the information will be treated seriously
- Do not start to investigate or ask detailed or probing questions
- Remind the client of the exemptions from confidentiality
- Receive information that clarifies the context of the situation and make it clear that advice will be taken from our Safeguarding Lead and possibly the Children's Safeguarding Board within the relevant locality
- Do not guarantee any outcome
- Inform one of the Safeguarding Leads or line manager ASAP
- Complete a safequarding reporting template.

## Procedure for Raising an Alert

- When an allegation or suspicion of abuse has arisen staff must make a full disclosure of the facts by logging this on a TNM Safeguarding Alert Form <a href="https://tynesidemind788.sharepoint.com/:w:/r/\_layouts/15/Doc.aspx?sourcedoc=%7BF4EF2EDC-E59F-4B10-A144-F777C2D39D8C%7D&file=Safeguarding%20Concerns%20Reporting%20Form.docx&action=default&mobileredirect=true&DefaultItemOpen=1</a>
- 2. Before raising an alert to the appropriate Safeguarding Board (see below for contact details), wherever possible, the staff member should speak to the Safeguarding Lead within TNM or to their line manager if the safeguarding lead isn't available.
  - The staff member and safeguarding lead or manager will then explore if an alert is to be raised and if so, who will raise the alert.
- 3. If neither of the Safeguarding Lead or the line manager are available, the staff member **must never take a risk** by not reporting something they have concerns about.

The staff member must proceed by contacting the relevant Safeguarding Board within the persons locality to discuss the disclosure/their concerns.

4. Any alerts raised in this way must be reported to the Safeguarding Lead and line manager at the quickest possible time. If the manager isn't available, then the staff member must report to the CEO or another member of the senior management team.

## **Police Welfare Checks**

A welfare check occurs where Police officers are asked to attend an address to check on a vulnerable person. There may be times when a client does not respond to proactive and repeated attempts to contact from our staff. In such circumstances, it may give rise to significant concerns for their wellbeing. Should this situation arise, a police welfare check may be appropriate.

Before making a request to the Police for a welfare check then we must establish a serious concern about an immediate risk to their life or to prove the existence of life.

Factors to consider before requesting a welfare check are;

- history and current risk indicators (all clients risk assessments logs must be kept up to date on their case notes)
- the persons current mental state when last seen/spoken to or assessed/reviewed?
- is the client known to regularly lose contact with us from time to time?
- is the behaviour of the client out of character?
- Is there a recent history of refusing access to services?

## How to request a Police Welfare Check

Phone 101

## Potential unsuitability for requesting a Police Welfare Check

If there appears to be an absence of immediate risk or danger following consideration of the points above then it is important to understand that requesting a welfare check may not be suitable.

The following are examples of when requesting a check would not be suitable:

- checking on an individual who has simply failed to attend an appointment or to meet someone
- checking whether an individual has taken their medication.
- requests for regular monitoring over a weekend period where weekend service provision is lessened.

## Follow up with Police Welfare Checks

• The staff member will ensure that there is follow up on the Police Welfare Check and complete the clients case note and incident reporting form is completed. If the staff member is unavailable, then this will be given to the safeguarding lead or line manager

#### Next of Kin (NOK) contact

If we have concerns about a client's whereabouts or mental health state from the factors considered above, our staff will first attempt to contact the persons next of kin. This will only be where the client has given their consent to do so. NOK details are found under Next of Kin on the clients Charity Log record.

#### To make a welfare Check

Welfare checks are requested by phoning the non-emergency Police number; 101. If it is deemed that there is an emergency then phone 999.

## Recording Welfare Checks

Police Welfare Check requests and the outcome of any such requests are updated on the clients case notes in and in their risk management section.

All Police Welfare Checks are recorded as safeguarding incidents and usual reporting and reviewing procedure is followed.

Local Safeguarding Boards Contact Details for raising Safeguarding Alerts

Area	Website	Tel No
Gateshead	https://www.gatesheadsafeguarding.org.uk/article/9239/Safeguarding-in-Gateshead-	0191 4337033
Newcastle	Safeguarding Adults Initial Enquiry Form	Office Hours 0191 278 8377
		Out of Hours 0191 278 7878
North Tyneside	https://mycare.northtyneside.gov.uk/web/portal/pages/safe guardingreport#assess	Office Hours 0191 643 2777
		Out of Hours 0191 200 6800
South Tyneside	https://www.southtyneside.gov.uk/article/55986/Polices-and-procedures-	0191 424 6000
Northumberland	https://www.northumberland.gov.uk/Care/Support/Safeguar ding.aspx	01670 536 400

## Reviewing and Learning from Alerts Raised or near misses

All safeguarding alerts and near misses are recorded in a central, secure folder on our Cloud system; M365 by the Safeguarding Lead. This is only accessible to the Safeguarding Lead and SMT.

The Safeguarding Lead reports all safeguarding alerts and near misses to senior managers at monthly SMT meetings.

In the event of a serious alert, a meeting of the SMT will be convened immediately by the Safeguarding Lead. The team will meet in order to review the incident rather than wait for the next SMT meeting.

Any learning and necessary changes to procedure or practice from such reviews are then embedded across the organisation. This may be through a range of approaches;

- Training for staff and volunteers
- Email updates
- Line Management sessions
- Team meetings

## **Training and Support**

For our staff, volunteers and Trustees to work safely and effectively in meeting safeguarding standards and expectations, they are expected to undertake safeguarding training.

All new staff, volunteers and trustees must undertake the appropriate safeguarding training to their role within one month of their start date with TNM.

Safeguarding training must be refreshed by all staff and volunteers every 2 years and sourced from a range of providers. The training provider is determined by the geographical location of the team member and the availability of the training at the necessary time.

## Safeguarding Training Framework

Role	Level of Training in both Adults and Children's and Young People's Safeguarding	Training Framework
All Trustees	Level 2	Provided iHASCO/NSPCC
CEO/Chair	Level 2	Provided iHASCO/NSPCC
Safeguarding Lead	Level 3 minimum plus experience	RQF
SMT	Level 2/3 – need to think about i.e. do they have frontline contact?	Provided iHASCO/RQF
Leadership team	Level 3	RQF
All Front line staff	Level 2	Provided iHASCO
Other staff and volunteers	Level 2	Provided iHASCO

# Ongoing Support for Staff and Volunteers

In addition to formal safeguarding training, staff, volunteers and Trustees will (wherever possible) be offered ongoing opportunities to learn about safeguarding adult matters.

Line managers are available to discuss safeguarding concerns in staff 1:1 sessions but also outside their Line Management meetings, during the working day and outside of these times in urgent situations.

Safeguarding is also discussed as a set agenda item at team meetings.



# Safeguarding Reporting Form

Name of person completing the form:

Job Title or Role at Tyneside & Northumberland Mind:

Date Alleged Abuse became a concern:

# Date form passed to safeguarding lead/service manager:

Please note that wherever possible, this form should be completed and passed over on the same day that the concern of abuse was raised.

Date, Time and Place of Alleged Incident Date of alleged incident:

Area/place where incident took place:

Time of alleged incident:

Details of who was involved Detail of Alleged Victim

Name:

Date of Birth:

Address and Phone Number:

Detail of Alleged Perpetrator (if known) Name:

Address:

Relationship to victim:

# Type of Abuse (Please tick all that apply)

Sexual	Physical
Psychological/Emotional	Domestic Abuse
Financial/Material	Discriminatory
Organisational	Modern Slavery
Neglect – self or by others	Other, please state

Description of alleged incident, detailing all people involved including witnesses Please provide as much detail as you can about the alleged incident. As far as possible record what the alleged victim has told you.

Record only the facts/what you were told/what you witnessed directly etc.

You are not investigating the situation; you need only gather facts to pass onto the Safeguarding Team at the Local Safeguarding Board.

Try to steer away from adding your own opinions or views. If necessary, attach further pages.

What action	did you	take immediate	ly after	the incident?
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(E.g. administered 1<sup>st</sup> aid, asked alleged perpetrator to leave, took victim to secure area, contacted Police)

Have you made the alleged victim aware that details of the incident are being recorded and will need to be passed onto to the Safeguarding Team?

Yes/No

If not, why not? (e.g. concerns about the mental capacity of the alleged victim to make decisions)

If yes, detail any known wishes of the alleged victim about sharing information, being careful not to promise anything which can't be guaranteed.

Were any emergency services called?

Yes/No If yes, which services?

Are any other agencies involved?

Yes/No If yes, which agencies?

Does the alleged victim appear to be in immediate danger of further abuse?

Yes/No If yes, provide further detail

Have any abuse?	immediate actions been identified to reduce the potential for further
Yes/No	If yes, provide further detail
	n to passing on the alert to the Local Authority, are there specific follow you recommend because of this alert?
Yes/No	If yes, please provide details
Signed:	
Date:	
Date:	
Time:	
Next Ste	ps
	ss this form onto our Safeguarding Lead (or the service manager) as soc
	possible  not leave this form unattended e.g. on the managers desk in the hor

Flowchart for Reporting a Safeguarding Concerns and the Procedure followed thereafter

that it will be picked up

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