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	Head of Services
Applies to	All staff, volunteers, trustees, and clients
Formally endorsed by	Trustees
Endorsement date	May 2025
Next review	September 2026
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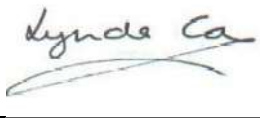
Signed by Trustee	
Signed by CEO	

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Section 1: Safeguarding Policy

1.1 Introduction

1.1.1 Tyneside and Northumberland Mind (TNM) is committed to safeguarding adults at risk and carers from abuse and neglect and protecting staff and volunteers. Our policies and standards of conduct are designed to prevent unwarranted allegations of abuse.

1.1.2 TNM provides care and support services to people with mental health problems across TNM. This policy applies to all of TNM's services. All legislation puts the person at the centre of the safeguarding process and implements an outcome-based approach.

1.1.3 The practices and procedures within this policy are based on the principles contained within UK legislation and guidance and take the following into consideration:

- *Mental Capacity Act 2005*
- *The Protection of Freedoms Act 2012*
- *The Care Act 2014*
- *Domestic Violence, Crime and Victims (Amendment) Act 2012*
- *The Equality Act 2010*

- *The Safeguarding Vulnerable Groups Act 2006*
- *Sexual Offences Act 2003*
- *The Human Rights Act 1998*
- *Modern Slavery Act 2015*
- *Data Protection Act and GDPR 2018*

1.1.4 The Care Act 2014 sets out the statutory responsibility for the integration of care and support between health and local authorities.

1.1.5 The Adult Safeguarding Policy and Procedure should be read in conjunction with the following:

- *Safeguarding Children Policy and Procedure*
- *Whistleblowing Policy*
- *Code of Conduct*
- *Information Management Policy*
- *Consent for Photography and Filming*
- *Complaints Policy Procedures and Guidance*
- *Adult's Safeguarding Disclosure/Observation Recording Form*
- *Professional Boundaries in Service Provision Policy*

1.2 Definitions

1.2.1 To assist working through and understanding this policy a number of key definitions need to be explained:

- **Adult at Risk** as defined by the Care Act 2014 and adult at risk is any person who is aged 18 years or over and at risk of abuse or neglect because of their needs for care and or support.
- **Abuse:** Where a vulnerable adult is at risk of harm, abuse can be defined under the following categories Criminal Exploitation, Domestic abuse carried out by a family member or partner, Discriminatory, Financial, Modern Slavery, Neglect, organisational, Physical, Psychological, Self Neglect, Sexual.
- **Adult** is anyone aged 18 or over.

- **Safeguarding** is protecting a person's right to live in safety, free from abuse and neglect. It includes promoting the welfare of children and protecting them from harm (Charity Commission for England and Wales, 2014).

- **Harm** is the ill-treatment or abuse of an adult at risk. A person may abuse or neglect an adult at risk by inflicting harm or by knowingly failing to act to prevent harm. Adults can be abused in a family, at a community fundraising event, in any type of institution/organisation, by those known to them or others, for example by those responsible for organising, participating or providing support or care.

- **Neglect** is a failure to meet a person's basic physical, emotional, psychological or social needs.

- **Support or care provider** is someone who provides care for a person with care and support needs. If a carer is being abused or harmed, intentionally or unintentionally, by the adult they care for then a safeguarding response is required.

1.3 National Legislation and Guidance

1.3.1 The Care Act 2014 sets out the following fundamental principles for adult safeguarding:
- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs

- To safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives "Making Safeguarding Personal"

- To promote an outcomes approach in safeguarding that works for people resulting in the best experience possible

- To raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.

1.3.2 The Care Act 2014 also sets out in detail duties and responsibilities of adult safeguarding.

-To ensure that the roles and responsibilities of individuals and organisations are clearly laid out.

-To create a strong multi-agency framework for safeguarding.

-To enable access to mainstream community safety measures.

-To clarify the interface between safeguarding and quality of service provision

A useful summary of the Care Act can be found here

1.4 Legislative responsibilities for TNM

1.4.1 TNM should ensure that all relevant people:

- Contribute to the safeguarding and wellbeing of individuals
- Be clear on their role and responsibility in relation to safeguarding
- Be able to recognise potential signs of abuse and neglect
- Recognise when a caregiver is experiencing problems which may affect their capacity to provide effective and appropriate care, or which may mean they pose a risk of harm
- Receive the appropriate level of knowledge and have access to learning events in safeguarding adults
- Are well supported to deliver, and during delivery of, safeguarding actions, including access to specific support and counselling where the safeguarding has a detrimental impact or implications for their own well-being
- Know the organisational processes and procedures for raising safeguarding concerns and who to contact (Designated Safeguarding Person)
- Understand the importance of balancing choice and control with safety
- Know who to contact for advice outside the organisation and when and how to report any concerns about abuse and neglect to social services or the police
- Know that practitioners have a responsibility if an individual, family member of member of the public expresses concerns about a child's or adult's safety to them. The individual must never be asked to make a self-referral to social services or the police
- Have access to specific support and counselling where the safeguarding has a detrimental impact or implications for their own well-being

1.4.2 TNM employees and volunteers will be supported through:

- High quality learning opportunities to enable them to recognise indicators of abuse and neglect and to know how to respond, including ongoing support through a Safeguarding Competency Framework. For example: https://proceduresonline.com/trixcms/media/2089/asc-adult-safeguarding-competency-framework-guidance.pdf
- Support and guidance to enable them to deal with concerns about abuse and neglect in a timely and proportionate way
- Supervision and support throughout any safeguarding procedure
- Support and advice if they are accused of abuse or neglect

1.4.3 TNM has systems in place for:

- The recruitment and selection of staff and volunteers in line with the requirements of the Disclosure and Barring Service

- Mandatory inclusion of safeguarding in induction programs
- Mandatory safeguarding learning pathways for staff and volunteers appropriate to their role
- The inclusion of safeguarding concerns in supervision
- Monitoring of working standards of staff and volunteers via the supervision and support system
- Dealing with allegations or concerns relating to staff and volunteers
- Working in accordance with local, multi-agency safeguarding arrangements
- The provision of clear information for people who use TNM services on keeping themselves safe and raising safeguarding concerns.
- Whistleblowing
- Monthly Incident Management to ensure the correct action was taken and learnings documented

1.5 Who do safeguarding duties apply to?

1.5.1 A report must be made whenever a practitioner (staff, trustee, volunteer) identifies that person is at risk of harm, abuse or neglect.

1.5.2 An adult at risk is an adult who:

- Is experiencing or is at risk of abuse or neglect; and
- Has needs for care and support (whether or not the authority is meeting any of those needs); and
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

1.6 Wellbeing and Making Safeguarding Personal

1.6.1 Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing duty' which says that services and the people delivering those services must share the responsibility for the well-being of the individual who has care and support needs, and well-being of the carer who has needs for support.

1.6.2 'Making Safeguarding Personal' for **TNM**: Making safeguarding personal means it should be person-led and outcome focused. It engages the person 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 quality of life, wellbeing and safety so our approach should be relevant to their culture, needs and what they want as an outcome.

1.6.3 When raising a concern, TNM must ensure that the person remains at the heart of the safeguarding process and can voice what they would like to happen as a result.

1.6.4. It is an expectation that staff and volunteers will discuss outcomes with the adult at risk to determine what they would like to be achieved through the safeguarding process.

1.7 Raising a concern and information sharing

1.7.1 Sharing of information as part of safeguarding practice is covered under the common law duty of confidentiality and the following legislation:

- *Responsibilities for information sharing set out in statutory guidance*
- *The Human Rights Act 1998, Article 8 (the right to respect for private life)*
- *GDPR 2018*
- *The Crime and Disorder Act 1998*
- *The Mental Capacity Act 2005 (England and Wales).*

1.7.2 The SCIE guide, Adult safeguarding: sharing information, outlines the key parts of legislation relevant to adult safeguarding.

https://www.scie.org.uk/safeguarding/adults

1.7.3 Sharing relevant information with the right people at the right time is vital to good safeguarding practice. When a concern is identified the practitioner should share the information with the Designated Safeguarding Person (DSP) at TNM unless to do so would cause unnecessary delay. In this situation the practitioner should inform the DSP of any/all actions taken as soon as possible.

- Katy Cooke (Head of Services) Katy.cooke@tynesidemind.org.uk
- Caroline Cogdon (Counselling Manager) caroline.cogdon@tynesidemind.org.uk

The DSP will consider whether the situation demonstrates “reasonable cause to suspect abuse, neglect or harm” which is the threshold for making a safeguarding report to the local authority, ideally with the explicit consent of the individual at risk (see consent – 1.8, 2.2 and 2.3).

Rather than delay, any individual may call 999 for an ambulance and/or the police if they believe or suspect that a crime has been committed or that the individual is immediately at risk (see section 3.4 ‘Informing the Police’) or in need of emergency care.

1.7.4 As a private citizen, each individual has the right to report to the local authority or the police as they see fit, but this may not allow TNM to support them as fully as they would

wish.

1.7.5 People provide sensitive information and have a right to expect that the information that they directly provide and information obtained from others will be treated respectfully and that their privacy will be maintained. Whenever possible, informed consent to the sharing of information should be obtained.

1.7.6 If a practitioner is unsure about any situation the local safeguarding team can be consulted without sharing the person's details.

1.8 Exceptions to obtaining informed consent

1.8.1 Emergency or life-threatening situations, or situations where others are at risk may warrant the sharing of relevant information with the emergency services without consent.

1.8.2 A safeguarding report may be made without the individual's consent where:

a) The situation suggests that the perpetrator of the abuse has access to others at risk in similar circumstances, and to make a report would be an act of protection in the public interests (e.g. where a care worker visits several people in the course of their duties)

b) Where the adult appears to be under the undue influence of another person and through coercion, threat, or duress, be placed under pressure not to give their consent

c) The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act.

d) Sharing the information could prevent a serious crime or where a serious crime has been committed

e) The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral

f) Practitioners are implicated

g) There is a court order or other legal authority for taking action without consent

1.8.3 The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it in line with policy is justified.

1.8.4 The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

1.8.5 In all circumstances the person must be informed of the actions that TNM is taking regarding their safeguarding and kept informed throughout the process. TNM will promote the use of/access to advocacy for any individual requiring safeguarding activity.

1.8.6 Whether information is shared with or without the adult at risk's consent, the information sharing process should abide by the principles of the GDPR 2018.

1.8.7 GDPR 2018 should not be a barrier to sharing information. It provides a framework to ensure that personal information about living persons is shared appropriately.

1.9 Carers and Safeguarding

1.9.1 Circumstances in which carers should be considered under safeguarding include:

- *A carer may witness or speak up about abuse or neglect*
- *A carer may experience intentional or unintentional harm from the person they are trying to support*
- *A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others*
- *It is important to raise concerns and to report in order for appropriate support to be put in place as early as possible.*

1.9 Advocacy

Local authorities must arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available. TNM will support any such individual to identify a suitable informal advocate (not implicated in the safeguarding concern) where this is possible and will initiate the referral for an Independent Professional Advocate or may connect with another service provider with experience in advocacy if not present in the TNM service.

1.11 Prevention of abuse and neglect

1.10.1 Taking steps to prevent abuse or neglect from happening in the first place is an important part of good safeguarding practice. Measures that TNM takes include:

- Having enough employees or volunteers to safely support people using the service
- Ensuring the workforce is well trained and supported
- Good recruitment practice that tests values and attitudes and makes the necessary checks in line with the requirements of the Disclosure and Barring Service.
- Good quality leadership, management, and supervision

- Providing good advice and information on safeguarding for all people with mental health problems who use the service
- Educating people who use the service and carers on how to protect themselves from abuse and neglect
- Promoting a proactive safeguarding culture - identifying risks, tackling institutionalised practice
- Good inter-agency working, information sharing - discussing concerns with safeguarding partners
- Forging community links – reducing isolation for services and individuals – this could include signposting to other local organisations
- A robust Whistleblowing policy

1.11 Responsibility of the board of trustees

1.11.1 Organisations are judged on the effectiveness of their implementation of safeguarding and the value they place on safeguarding adults who may be at risk of abuse or neglect. The Board of Trustees will ensure adequate resources are in place to meet the needs of the people we work for. The Board recognises that the Charity Commission hold the Trustees of a registered charity collectively and ultimately responsible for the safeguarding within their charity. The Board may devolve certain roles and responsibilities to others, e.g. approving the nominated Designated Safeguarding Person, but retain the overall responsibility for safeguarding. Therefore, the Trustees need clear oversight of the state of safeguarding within TNM and must ensure sufficient reporting and monitoring arrangements to secure this knowledge. In the event of a person within TNM suffering from abuse, neglect or harm due to the actions or lack of action from TNM, the Board are responsible for making a serious incident report to the Charity Commission in a timely fashion, to demonstrate their intention and plans for improvement.

Section 2: Safeguarding Best Practice

2.1 How to support a disclosure

2.1.1 If a client discloses abuse it's really important to ensure that they feel fully supported and that they are taken seriously. You can do this by:

- *listening to the adult at risk and ask open-ended questions*
- *allowing the adult at risk to describe any events that are significant to them*
- *noting the discussion including timing, setting, presence of others as well as what was said*

2.1.2 For information around how to respond to a disclosure see appendices B and E.

2.2 Confidentiality and consent

2.2.1 Practitioners should always seek consent where appropriate and the best interests of

the individual must take priority when making a decision around gaining consent for a report.

2.2.2 Individuals should be involved from the start of the process to ensure their thoughts and wishes are considered. This enables the individual to feel safe in sharing their concerns and asking for help.

2.2.3 The safety and welfare of the individual is vital and takes priority over gaining consent from them where this would cause harm, put them at risk or jeopardise a police investigation (see section 1.8).

2.2.4 In instances where you feel the individual lacks the mental capacity to give informed consent, staff should always bear in mind the requirements of the Mental Capacity Act 2005 to decide whether sharing it will be in the person's best interest.

2.3 Having a conversation around lack of consent

2.3.1 Adults may not give their consent to the sharing of safeguarding information for a number of reasons e.g. they may be influenced, coerced or intimidated by another person, they may be frightened of reprisals, they may fear losing control, and they may not trust social services or other partners or they may fear that their relationship with the abuser will be damaged. Reassurance and appropriate support may help to change their view on whether it is best to share information. However, sharing information within the organisation is permitted even without consent.

2.3.2 Where consent has not been given, it is really important to discuss this, being open about your concerns and desire to protect the individual and the responsibility you have. Involving them in the process helps to build trust and gives an element of control around how the report is made.

2.3.3 Staff should consider the following and:

- Explore the reasons for any objections – what is the person worried about?
- Explain your concern and why you think it is important to share the information
- Outline who you will be sharing the information with and why
- Explain the benefits of sharing information – e.g. access to better support
- Discuss the consequences of not sharing the information in an empathetic, non-threatening way
- Explain 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
- Do not make unrealistic reassurances or false promises
- Be factual. Do not bring your own emotion or life experience into the conversation

2.3.4 If, after this, the individual 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, the practitioner has a professional responsibility to protect the individual and there are circumstances where consent is not required as detailed in section 1.8.

2.4 Follow up Support

2.4.1 When a concern has been raised or a report has been made the practitioner should keep in touch with the individual to maintain support or identify any changes in circumstances. Any follow up support must be recorded.

2.4.2 If any signposting or referrals have been made to external agencies, the practitioner should ensure that the individual has been contacted by the relevant agency.

2.4.3 If concerns continue or the individual's situation changes and new concerns are identified, a previous response of no further action should not deter further reports.

2.4.4 DSP should receive or seek feedback 7 working days after a formal safeguarding report has been made.

2.5 Risk Management

2.5.1 Staff and volunteers will be assessing risk to the individual, sometimes without realising this, because safeguarding is about managing risk to the safety and wellbeing of an adult.

2.5.2 The aim of risk management is:

- To promote inclusive decision making as a collaborative and empowering process, taking full account of the individual's perspective and views of primary carers. Maintaining a balance between a person's personal choice and safety.
- To enable the positive management of risks where this is fully endorsed by the multi-agency partners as having positive outcomes.
- To promote the adoption by all staff of 'defensible decisions', providing a clear audit trail of decision making, based on discussion with line manager and DSP, rather than 'defensive actions'.

2.5.3 Managers need to take responsibility for the management of risk within their own services and share information responsibly. The following are some problems to consider when assessing risk to the adult at risk:

- What immediate action must be taken to safeguard the individual and/or others
- What other options are there to address risks
- When action needs to be taken and by whom
- What does the individual see as proportionate and acceptable
- What strengths and resources can the individual draw on

- Who else needs to support with decisions and actions
- What needs to be put in place to meet the on-going support needs of the individual
- How will the situation be monitored

2.5.4 An assessment of risk may result in the risk being deemed high enough that emergency services are contacted immediately; if not, the situation will be discussed with a line manager/DSP where a further assessment will take place to conclude if a concern needs to be raised with the local safeguarding team.

2.5.5 Our duty to manage risk is not discharged once a concern has been raised. Where a person continues to use our service, it is our responsibility to ensure the adult at risk is safe and escalate any continued risks to the local safeguarding team.

2.5.6 Where safeguarding concerns are raised in relation to someone accessing our services, the worker and the line manager should discuss the need for an individual risk assessment or review an individual risk assessment, if already in place.

2.6 Recording of adult safeguarding

2.6.1 Good record keeping is fundamental to good case management and a key component of professional practice. Up-to-date and accurate record keeping of actions and decisions made is required to allow staff and managers to monitor situations, assess escalating risks and determine if there are patterns of behaviour that need addressing. Record-keeping in relation to safeguarding must be stored securely providing an audit trail of case management in relation to concerns raised. All records should be linked on our database to the relevant report or concern raised and correct work area category allocated.

2.6.2 Language used when discussing or recording safeguarding reports should be appropriate and carefully considered.

2.6.3 Records may be disclosed in courts in criminal or civil actions. All organisations should audit safeguarding concerns and outcomes as part of their quality assurance. TNM has a safeguarding audit process where trends and themes are reported on a quarterly basis to the Board of Trustees and learnings are fed back through the leadership team to ensure continuous learning. Line managers should ensure that recording is addressed in supervision and that staff are clear about their responsibilities.

2.6.4 All safeguarding issues or concerns must be recorded as soon as possible. Best practice is for notes to be made on the Disclosure and Observation form (Appendix H) and uploaded to Charity Log under uploaded documents.

2.6.5 An employee or volunteer dealing with concerns, allegations, disclosures or complaints should record this in writing. See Appendix G for guidance.

2.6.6 Safeguarding documentation will be kept securely for a period of no less than **eight years** after the person has stopped using the service, after which time it will be securely disposed of in line with TNM Retention and Disposal of Personal Data schedule, unless in use at the time.

2.7 Organisational learning

2.7.1 TNM understands the importance of continuous improvement and has in place a number of mechanisms to learn from current practice and to further improve services we deliver, e.g. the Local Safeguarding Board resources.

2.7.2 Internal and external safeguarding training is included in the mandatory staff training plan, with updates outlined in quarterly team meetings.

2.7.3 Learning from audits and data analysis is fed into strategic objectives and decision making, and the Board of Trustees will receive regular reports to inform them of how well safeguarding is being implemented across TNM

2.7.4 The Safeguarding policy will be shared on the HR system with all staff and volunteers so easily accessible. It will also be saved in the policies folder on the shared admin drive. Staff will be notified of any updates.

Section 3: Safeguarding Procedures

3.1 Safeguarding concerns

3.1.1 It is the responsibility of TNM to ensure staff and volunteers recognise, record and report concerns and to manage risk to the individual.

3.1.2 A safeguarding concern may come to the attention of staff and volunteers in a number of ways including:

- An active disclosure of abuse by the adult, where the adult tells a member of staff /volunteer that they are experiencing abuse and/or neglect
- A passive disclosure of abuse where someone has noticed signs of abuse or neglect, for example, unexplained injuries
- An allegation of abuse by a third party, for example a family/friend or neighbour who has observed abuse or neglect or has been told of it by the adult
- A complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse or neglect
- A concern raised by staff or volunteers, others using the service, a carer or a member of the public
- An observation of the behaviour of the adult at risk
- An observation of the behaviour of another
- Patterns of concerns or risks that emerge through reviews, audits and complaints

3.2 Responding to safeguarding concerns

3.2.1 There are three possible pathways of a safeguarding concern:

1. Action required, but not safeguarding
2. Safeguarding concern meets threshold of 'reasonable cause to suspect' abuse, neglect or harm, but consent not received to raise as safeguarding
3. Safeguarding concern meets threshold of 'reasonable cause to suspect' abuse, neglect or harm. Consent received to raise as a safeguarding concern.

3.2.2 An initial assessment of the situation must be made by the supporting practitioner to decide the level of risk to the individual or to others and whether there is a threat to life or risk of injury. This will determine the level of response required.

3.2.3 Emergency situations

If the situation is an emergency, for example, someone needs urgent medical attention or there is threat to life or limb, the employee or volunteer must:

- call 999 immediately and ask for the appropriate service
- try to keep all people involved safe
- ensure any evidence is preserved
- contact their line manager and DSP as soon as is practical and possible after dealing with the emergency
- make a record of what has occurred

3.2.4 Person not in immediate danger

If not in immediate danger the practitioner must report the concern to their line manager/DSP immediately. If the line manager is unavailable another nominated manager (such as the on call manager, counselling manager or clinical lead, or the manager's line manager) must be contacted for advice and guidance. (See Appendix C for immediate action to be taken by person raising the concern).

3.2.5 Volunteers

If the concern has been identified by a volunteer, they must first assess the level of risk. If the individual is in immediate danger and there is no member of staff available the volunteer needs to follow the steps outlined in section 3.2.3.

For all safeguarding concerns the volunteer must raise the issue with their supervisor as soon as possible, who should then raise this with the appropriate member of staff and take over the responsibility.

3.2.6 Sharing concerns with line manager/DSP

A response to a safeguarding concern is an organisational, and not an individual, responsibility. Therefore safeguarding concerns should be discussed with a line manager/DSP to determine whether a safeguarding concern should be raised (see Appendices D and I).

The following are items that should be covered within that discussion:

- Disclosure or observation and reason for concern
- Consent status or reason to override consent
- Capacity status, if overriding consent due to concerns regarding capacity to give consent
- Individual's desired outcomes

- Action we can take to reduce risk (e.g. a follow up phone call or visit)
- Follow up support we can offer (e.g. increased support, signposting to other services)

3.3 Raising a safeguarding concern

3.3.1 If it is agreed that a safeguarding concern needs to be raised, this should be completed within 24 hours of the disclosure or observation of the safeguarding concern. Following the procedures for the local safeguarding team. If a concern is reported out-of-hours to a local on-call duty team, a discussion with a line manager and role manager (for volunteers) /DSP should take place as soon as practical and possible.

Any report made should identify the DSP and person making the report if different.

3.3.2 If an allegation is made against a staff member, DSP or volunteer then the CEO must be notified and the relevant HR process (Disciplinary policy) will be followed. If the staff member/volunteer is placed in, or likely to seek a role which is, regulated activity, they will be reported to the Disclosure and Barring Service for their consideration of barring, at the point of dismissal/permanent removal from regulated activity.

3.3.3 In addition to the immediate actions undertaken by a line manager, managers are also responsible for assessing risk to the organisation, identifying actions to improve the service being delivered and reviewing safeguarding concerns.

3.4 Informing the police

3.4.1 Incidents of abuse or neglect may also be criminal offences. The police should always be informed in an emergency. In non-emergency situations it is important to inform the police of criminal activity however it is also important to carefully consider the circumstances. In cases of domestic violence it is possible that informing the police can increase the risk to the individual concerned. This should be carefully considered and advice sought from a specialist domestic abuse support agency e.g. Women's Aid or https://gov.wales/live-fear-free

3.4.2 If there is uncertainty about whether the police should be involved then advice can be sought from them in the first instance without disclosing the person's identity. In most non-urgent cases the local authority will decide, with the individual, whether or not the police should be informed. All internal decisions on whether or not to involve the police should be clearly recorded with reasoning.

3.4.3 Consideration should include:

- The seriousness of the crime
- The level of risk,
- Risk to others
- What the individual wants, taking into account issues of coercion or duress and

potential damage to relationships

- Whether the situation would best be resolved through police intervention – taking into account the principle of proportionality.

3.4.4 Where consent is not required due to a serious crime being committed, it is assumed that this will be reported to the police and, as such, a police crime number is required to be entered onto the safeguarding event.

3.5 Raising a safeguarding concern with the local authority

3.5.1 Local safeguarding procedures should be followed when raising a concern. Appropriate referral forms or documentation as determined by the local, multi-agency procedures should be completed, copies must be retained and uploaded to TNMs database.

3.5.2 Local authorities should work in partnership to ensure the safety and wellbeing of people with care and support needs in their area. They should respond to any safeguarding concern brought to them by TNM and acknowledge receipt in writing within 7 working days following submission of a written report.

3.5.3 The relevant social services department may be where the individual:

- Is living that is their permanent or temporary address, e.g. homeless accommodation
- Has been placed, e.g. an out of area placement
- Has been found e.g. they are on holiday, have runaway and been found at a railway station in another authority area.

3.5.4 Out of hours

Outside usual office hours, reports can be made to the social services out of hours duty team on the number below:

- **Out of Hours:** DSP Katy Cooke 07487687300

3.5.5 At the end of any discussion about an individual, both social services and the practitioner making the report, should be clear about:

- proposed initial action
- who will be taking this action
- what the individual will be told about the report and which agency will tell them

3.5.6 If a report is made by telephone or face-to-face then the practitioner making the report must confirm the information in writing within 24 hours, using the agreed social services referral form.

3.5.7 Arrangements for feedback on the outcome of a safeguarding concern should be set out in local, multi-agency agreements. It is acknowledged that there are variable responses

from local safeguarding teams in relation to safeguarding concerns raised. There is an expectation that those raising a concern will contact the local safeguarding team twice over a two week period to confirm the outcome of a concern raised. However, if no outcome is given, this should be recorded.

3.5.8 Where there is reluctance to respond to a concern the manager should contact the appropriate manager in the local authority to discuss the case. Where there is a continued dispute the matter should be escalated in line with the local, multi-agency safeguarding agreement. In the absence of a local escalation agreement the line manager should contact the local authority safeguarding lead.

3.6 If a person who uses the service is suspected of abuse

3.6.1 Safeguarding procedures apply if an adult is at risk as a result of the actions of someone using the service or a carer.

3.6.2 There may be many reasons why a person with care and support needs or a carer may abuse or neglect others. Abusive behaviour by a person experiencing problems with their mental health may be as a result of frustration or anger in relation to the person's condition or situation. In the case of carers it could be a result of carer's stress in relation to their caring role.

3.6.3 Staff and volunteers must:

- Follow the safeguarding procedures, including consideration of whether an advocate is required
- Carry out a risk assessment and monitor the situation
- Take steps to ensure the safety of those who may be at risk of abuse (including staff and volunteers) from a person who uses the service
- Respond proportionately taking into account the views of any victim of abuse
- Seek guidance from social care or health services on supporting the person to try to reduce abusive behaviour

3.6.4 It may be necessary to suspend the service provided by TNM to the individual presenting the risk, but this should be part of a wider plan in partnership with the local authority that seeks to ensure that alternative support is in place.

3.6.5 The Local Authority will be responsible for sharing information with any other services accessed by the individual. Staff and volunteers who are aware that the person attends other services should include this information when raising a concern.

3.7 Potential service users who have a known record of abusing

3.7.1 If a person with a known record of abusing others wishes to receive a service, TNM will assess whether it is appropriate to offer the service. If the service is offered, a thorough risk assessment followed by careful monitoring and review will be undertaken and recorded.

3.8 Local Authority Safeguarding Response

3.8.1 It is the legal responsibility of TNM to recognise, report and record safeguarding concerns. Once TNM has raised a safeguarding concern to the local authority, they are responsible for deciding if an enquiry is necessary and they will co-ordinate the response; a police investigation will always take priority.

3.8.2 TNM may be asked to carry out or assist with enquiries, for example, where it relates directly to a person using the service or an employee or volunteer. The person appointed to work with the local authority must have the requisite skills, knowledge and experience to carry out the tasks required. If TNM is asked to undertake an enquiry.

3.8.3 TNM may also be invited to:

- attend a safeguarding adults meeting
- submit a written report
- attend Multi-Disciplinary Team meetings surrounding a clients wider care needs.

3.8.4 Once a local authority takes on the safeguarding concern, it becomes their responsibility to manage. Our role will be to implement any action they require of us. However, if the local authority does not deem the concern to meet their safeguarding thresholds, it is our responsibility to monitor the situation and escalate any continuing or new concerns.

3.9 Support for victims of abuse or neglect

3.9.1 If a person using TNM services is the victim of abuse or neglect, employees and volunteers working with that individual should work with safeguarding partner agencies to ensure the person receives the appropriate support. This may include additional care or protection measures, healthcare or Victim Support.

3.10 Support for staff and volunteers

3.10.1 Dealing with safeguarding can be traumatic. Some situations that will be encountered by staff and volunteers may require them to need emotional support.

TNM have a duty to protect the wellbeing of their staff and volunteers and to secure appropriate support services in response to stress or trauma.

Staff and volunteers should speak with their line / role managers for emotional support with safeguarding concerns.

Counselling support can be accessed through the Sovereign Health Care for employed staff. TNM clinical team can provide emotional support for our volunteers and contracts should this be needed due to the nature of the safeguarding incident. The Counselling Manager should be contacted for further information in this instance.

Section 4 – Digital safeguarding

4.1. 1 With the increased use of providing services through digital means it is important to highlight safeguarding for online sessions. TNM will undertake risk assessments for the development of any online sessions.

4.1.2 TNM will ensure that all people attending on line have a point of contact for safeguarding concerns

4.1.3 TNM will ensure that there are the required number of staff/volunteers in online sessions depending on the numbers of people involved.

4.1.4 Avoid using personal social media to engage in remote sessions and do not share personal details with anyone over any communication platform.

4.1.5 If a person discloses abuse or the staff suspect the person in in danger the safeguarding and reporting procedures outlined in this policy must be followed.

Version	Date approved	Changes Made	Who By
1.0			
2.0	July 2023		Head of wellbeing and resilient projects
3.0, 3.1	Dec 2024	Policy rewrite and updates made to policy during MQM process	Head of Services
3.2	May 2025	Further updates made to policy as part of MQM process	Head of Services

3.3	July 2026	Updated review and expiry dates to reflect new policy review schedule. This policy now due for review September 26 (Not Jan 26)	Data, Governance, and Risk Manager

Safeguarding Appendices

Appendix A: Types of Abuse

Source: Adult Safeguarding: Types and Indicators of Abuse
https://www.safeguarding.wales/glossary.html

(Social Care Institute of Excellence)

Type of Abuse Definition

1 Physical Abuse

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

2 Sexual Abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non-consensual sexual penetration or attempted penetration of the vagina, anus or

mouth

- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

3 Psychological or Emotional Abuse

Types of psychological or emotional abuse

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

4 Financial Abuse or Material Abuse

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

- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee ship or other legal authority
- Rogue trading – e.g. Unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

5 Organisational or Institutional Abuse

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately

- Interference with personal correspondence or communication
- Failure to respond to complaints

6 Neglect and Acts of Omission

Types of neglect and acts of omission

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

7 Self-Neglect

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

8 Domestic Violence and Abuse

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

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

Coercive behaviour can include:

Acts of assault, threats, humiliation and intimidation; harming,

Punishing, or frightening the person; isolating the person from sources of support; exploitation of resources or money; preventing the person from escaping abuse; regulating everyday behaviour.

9 Modern Slavery

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

10 Discriminatory abuse

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

11. Prevent and radicalisation

Prevent is part of the Government's counter-terrorism strategy and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. At the heart of Prevent is safeguarding children and adults and providing early intervention.

Prevent is a mandatory training course for TNM staff to develop their awareness of terrorism and the signs that someone may be becoming involved in extremist groups and to know how to respond to this and access support.

Appendix B: Some useful Do's and Don'ts

Do:

- Act on any concerns, suspicions or doubts
- try to ensure the immediate safety of the individual
- remain calm and listen very carefully
- summarise what you have heard back to the person for clarification
- assure the person that the matter will be taken seriously
- explain the process for reporting the allegation
- seek consent to report the concern or share information
- Report the allegation to your manager in line with these and local multi-agency procedures
- contact children's services in the local authority if a child is, or may be, at risk
- arrange support for the alleged victim of abuse or neglect

Don't:

- show shock or disbelief
- rush the person
- be judgemental
- probe or question - just record the facts and seek clarification where necessary
- contaminate or disturb any evidence
- Jump to conclusions
- promise confidentiality – explain how and why the information might need to be shared with those who need to know
- interview witnesses - but do record any information volunteered by them
- approach the alleged abuse

Appendix C

Immediate action by the person raising the concern

- The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk.
- Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Ensure that other people are not in danger
- If a crime is in progress or life is at risk, dial emergency services – 999
- Arrange any medical treatment. Note that offences of a sexual nature will require expert advice from the police/SARC: https://www.rasawales.org.uk/sarc.html
- Inform your manager and report in line with policy.
- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording
- Record the information received, risk evaluation and all actions.

Appendix D

Immediate actions to take as a DSP/line manager

The line manager should review action taken, and:

- Clarify that the adult at risk is safe, that their views have been clearly sought and recorded and that they are aware what action will be taken
- Address any gaps
- Check that issues of consent and mental capacity have been addressed
- In the event that a person's wishes are being overridden, check that this is appropriate and that the individual understands why
- Ensure appropriate reports have been made if anyone else is also at risk
- If the person allegedly causing the harm is an adult at risk, arrange appropriate care and support
- Make sure action is taken to safeguard other people
- Take any action in line with disciplinary procedures, including whether it is appropriate to suspend staff or move them to alternative duties
- In addition, if a criminal offence has occurred / may occur, contact the police local to where the crime has / may occur
- Preserve forensic evidence and consider a referral to specialist services
- Make a referral under Prevent if appropriate
- Record the information received and all actions and decisions

Appendix E

10 Key Principles for Responding to Disclosures.

Ruth Marchant and Triangle Consultancy has developed guidance for managing disclosures, the following 10 key principles should inform the approach and can be found here:

Social care Wales (safeguarding.wales)

1. If an adult at risk tells or shows about possible abuse, listen and attend carefully, with 100% of your attention. This demonstrates that you are taking what they are saying seriously. Many individuals find it easier if eye contact isn't demanded of them.

2. Let the person tell you what they want to tell you, or show you, without interruption, as long as they and others are safe. If the time or place is tricky, you might be able to adjust the environment rather than interrupt or stop the person (for example, move others, reduce sound in the room, and always try and have a pen and notebook nearby).

3. If you aren't sure what the person said or did, or if you aren't sure what they meant, offer an open invitation, for example, 'tell me more about that' or 'show me that again'. Avoid leading questions such as what, who, why that could impact on further investigations by police.

4. Say things like 'uhuh' or 'mmhmm' to show you are listening or repeat back what they have said to you. These are safe things to say because they encourage the person to continue, without directing their account in anyway. Saying 'OK' or 'right' or 'yes' is riskier because these can suggest approval of what is being said, and some things that they need to tell are really not OK.

5. Make clear through your behaviour and body language that you are calm and that you have time. Give the adult at risk as much physical space as they need.

6. Adapt your language and communication style in line with the person's needs. Be clear about what you need to know. Let the person use his or her own words.

7. Try to get just enough information to work out what action is required. Make a careful record of what they said and did, and any questions you asked as soon as you can.

8. If an adult at risk tries to demonstrate violent or sexual acts using your body, say calmly 'I can't let you do that' and if necessary move away.

9. If appropriate, reflect back using the person's own words. Say exactly what they said, without expanding or amending or asking questions. If appropriate, comment to show that you have noticed what they are doing (e.g. 'you're showing me').

10. Let the person know what you will do next including who you will have to tell. This can be very simple: 'I am going to have a think and then I will come back' then

perhaps ‘someone from the police is going to come, they need your help. I will stay with you when they are here’.

Appendix E

Having a conversation around lack of consent

Where consent has not been given, it is really important to discuss this, being open about your concerns and desire to protect the individual and the responsibility you have.

Involving them in the process helps to build trust and gives an element of control around how the report is made.

- Explore the reasons for any objections – what is the individual worried about?
- Explain your concern and why you think it is important to share the information
- Outline who you will be sharing the information with and why
- Explain the benefits of sharing information – e.g. access to better support
- Discuss the consequences of not sharing the information in an empathetic, non-threatening way
- Explain 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
- Do not make unrealistic reassurances or false promises

Appendix G - Recording disclosures

Check list for recording disclosures, the following should be included:	
The date, time and place of the incident(s)	
The names of any witnesses and any information given by them	
The person's statement, using "" quotation marks to show exact words. Any opinion should be clearly specified as such.	
Observations on a factual basis, for example the appearance and behaviour of the alleged victim of abuse or neglect	
Any reported or apparent bruising or injury using a body map as follows: a. Describe the size and colour of any bruising and exact location on the body b. Record the date and time it has been observed Do not remove clothing to check for physical injury	
What the person would like done about the alleged abuse or neglect; their views, wishes and feelings	
Has consent been discussed and gained, if not give reasons	
Action taken	
Safeguarding officer informed and when	
Manager(s) informed and when	
Who else informed and why	
Measures taken to ensure the safety of individual(s) involved	
What has the person has been told about what will happen next	
Follow up action to be taken	

Appendix H
Alleged Safeguarding Disclosure/Observation Recording Form

Good quality written notes are essential as they may support any legal action required later. All safeguarding disclosures/observations must be recorded within 24 hours. Use quotation marks to highlight relevant words the person disclosing has said, do not quote the whole conversation, you are not taking a statement. The notes recorded must not be anonymised.

Alleged Safeguarding Disclosure Observation Recording Form	**Details**
Name of person recording	
Location of alleged observation or disclosure	
Date of alleged, observation/disclosure	
Name(s) of those involved	
Consent gained? If no, why not.	
Time of alleged observation/disclosure	
Body map attached? (Yes / No)	
Alleged Safeguarding Disclosure/Observation	

Detailed description of the observation/disclosure.	

Signature of person completing this form: _____
Print name: _____ Date: _____

This form must be uploaded on to lamplight under ‘record of concern form’ and manager and DSP notified.

Body map – male

Name of service user

Date of birth

Date the worker(s) witnessed the injury

Time the worker(s) witnessed the injury

Name of the worker(s)

Job title(s)

Body map – female

Name of service user

Date of birth

Date the worker(s) witnessed the injury

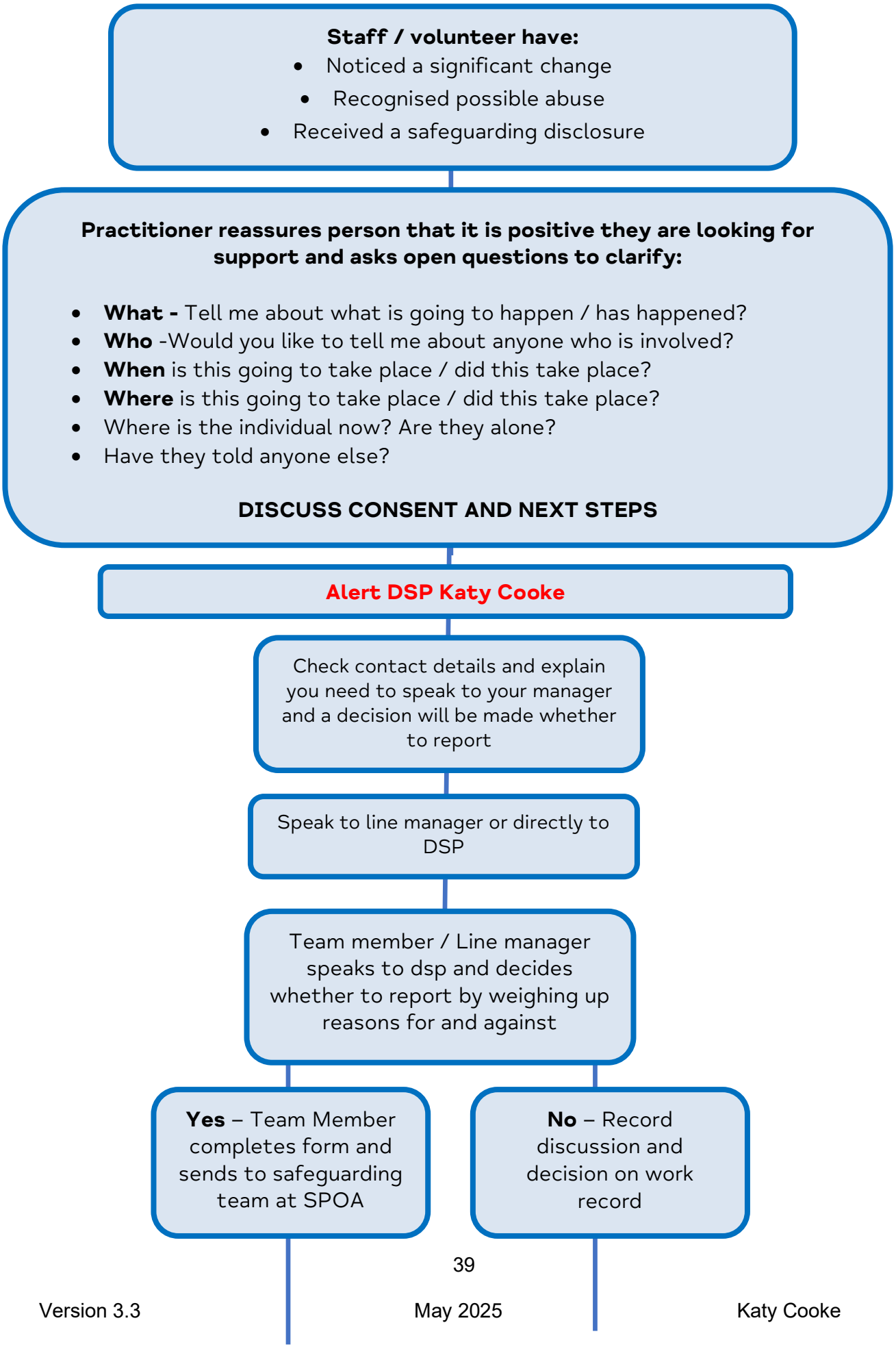
Time the worker(s) witnessed the injury

Name of the worker(s)

Job title(s)

Signature(s)

Appendix I - Safeguarding Procedure Flowchart



Arrange follow up call.
Team member to complete Record of Concern, upload to database and send to line manager within 24 hours.

Appendix J

Key Contacts

If you know an adult who is at risk of abuse or is being abused, it's very important that you let the council or the police know.

If the individual is in direct danger, call the Police immediately on 999. If not, telephone Social Services as soon as possible to share your concerns.

The DSPs at TNM are as follows:

- **Katy Cooke Head of Services Katy.cooke@tynesidemind.org.uk 0191 4774545**

- **Caroline Cogdon Counselling Manager caroline.cogdon@tynesidemind.org.uk**

Local Contacts

Social Services:

Newcastle	0191 2788377 (OOH 0191 2787878)
Gateshead	01914337033 (Avail 24/7)
Northumberland	01670536400 (Avail 24/7)

Appendix J - Mental Capacity

Whilst it is not the role of staff and volunteers to formally assess capacity, there is a need to understand what capacity is and its impact on adult safeguarding in relation to consent.

The Mental Capacity Act 2005 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. The Mental Capacity Act outlines five statutory principles that underpin the work with adults who may lack mental capacity:

- *A person must be assumed to have capacity unless it is established that they lack capacity.*
- *A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.*
- *A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision. (An adult with capacity has the right to make decisions that others might deem to be risky).*
- *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/her best interests.*
- *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, should there be concerns over their ability to give informed consent. The Act states:

'...a person lacks capacity in relation to a matter if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or disturbance in the functioning of the mind or brain. Further, a person is not able to make a decision if they are unable to:

- *Understand the information relevant to the decision; or*
- *Retain that information long enough for them to make the decision; or*
- *Use or weigh that information as part of the process of making the decision; or*
- *Communicate their decision (whether by talking, using sign language or by any other means such as muscle movements, blinking an eye or squeezing a hand)'.*

Mental capacity 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. 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, for example, in domestic abuse situations.

References

Care Act 2014: https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Care Act Summary: https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf

Social Care Institute: https://www.scie.org.uk/safeguarding/adults

Refuge: https://www.nationaldahelpline.org.uk/