

# **Safeguarding Adults at Risk Policy and Procedures**

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## 1. Introduction

Nottinghamshire Mind is committed to safeguarding the welfare of adults and children who use or visit our services. As an organisation specialising in work with adults who may be at risk of abuse we are particularly conscious of our responsibility to safeguard people and minimise the potential for abuse to occur. We recognise the need to work in partnership with other organisations in order to achieve this.

## 2. Purpose and aims of this Policy

This policy is to protect anyone that we become aware of, who is at risk of abuse or neglect. This is not restricted to those we have a legal responsibility or duty of care towards. In this policy, we describe:

- Definitions and types of abuse
- Responsibilities for safeguarding
- Responding to or reporting concerns
- Our commitment to safeguarding.

## 3. Scope

Under the Care Act (2014) we must work together to promote wellbeing and prevent risk of abuse and neglect. Safeguarding is everyone's responsibility and this policy is designed to protect service users and others deemed at risk. For children and young people there is a separate policy with procedures to follow.

This policy applies to all staff and volunteers of the organisation and third party contractors. You should familiarise yourself with this policy, the one for children and young people and the Confidentiality Policy to be clear about forms and signs of abuse and reporting it.

## 4. Definitions and Clarifications

### 4.1 Definitions

**Safeguarding:** This means protecting people's health, wellbeing and human rights. It enables people to live free from harm, abuse and neglect. Safeguarding means taking all

reasonable steps to prevent harm or abuse occurring. To protect from that harm and respond appropriately when harm does occur<sup>1</sup>.

**Adult at Risk:** The definition from [section 42 of the Care Act 2014](#) states ‘An adult who is regarded as an ‘adult at risk of abuse’ is a person over the age of 18 who:-

(a) has needs for care and support,

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it’.

**Vulnerable adult:** is a term which has now been replaced with the term ‘Adult at Risk in the Care Act of 2014.

**Children:** although the majority of our services are aimed at adults, there are situations when will work with them (e.g. Resilience and Stabilisation services). In addition to this we are involved with families from time to time. As such, we have a responsibility to safeguard children with whom we come into contact in these circumstances.

**Abuse:** Abuse is a violation of an individual’s human and civil rights by any other person or persons. It can be at many levels, from poor practice at one end of the spectrum to gross physical abuse at the other; it can involve one person or many, and one perpetrator or several; it can be a single act or a persistent pattern. Definitions on specific types of abuse can be found in [Appendix 1](#).

## 4.2 Six Principles of Safeguarding<sup>2</sup>

‘First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings.

- **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 representation for those in greatest need.
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

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<sup>1</sup> [Safeguarding policy | Disability charity Scope UK](#)

<sup>2</sup> Social Care Institute for Excellence.

- **Accountability** - Accountability and transparency in safeguarding practice.

#### 4.3 Forms of abuse

Abuse can take many forms as listed below:

1. Physical
2. Domestic Violence
3. Sexual
4. Psychological/ Emotional
5. Financial- including
  - a) having money or other property stolen,
  - b) being defrauded,
  - c) being put under pressure in relation to money or other property, and
  - d) having money or other property misused.
6. Modern Slavery
7. Discriminatory
8. Institutional
9. Neglect
10. Self neglect

#### 4.4. Early identification

Statutory guidance stresses the importance of children and adults having the opportunity of early help and support in order to avoid child or adult protection intervention at a later time. Warning signs may be a combination of the following:

- Alteration in appearance
- Being clingy
- Being anxious/ watchful/ jumpy
- Overly compliant, passive, withdrawn
- Extreme mood swings/ aggression
- Disturbed sleep
- Wetting bed
- Lacks social skills/ Poor relationships particularly with carer/ parent/s
- Reluctance to change in front of others
- Being secretive
- Tries to avoid going home
- Going missing

- Self-harming
- Poor mental health
- Knowledge of adult issues inappropriate for their age
- Obsessive behaviour
- Being underdeveloped
- Turning to drugs
- Run in with the police

#### **4.5 The abuser**

- Often well known to their victims but can be strangers.
- Might be a relative, partner, son or daughter, friend or neighbour, a paid or voluntary worker, or a health or social care worker.
- Could be another adult at risk or service user.
- May not realise they are abusing and can sometimes act out of character and abuse because of the stress of caring.

#### **4.6 Settings of abuse**

- The adult at risk's own home.
- A carer's home.
- A day centre.
- A care home.
- A hospital.
- The workplace.
- Educational institutions.

## **5. Responsibilities**

Nottinghamshire Mind believes that safeguarding is everyone's responsibility.

Nottinghamshire Mind has identified roles and responsibilities, to ensure that concerns or allegations are handled appropriately:

The nominated Safeguarding Lead will be the CEO. They will ensure that regular reports on safeguarding issues are received and, if necessary, acted upon by the Board of Trustees.

Line Managers are the first point of contact for staff reporting or requiring safeguarding advice or support, and are responsible for supporting and encouraging staff and volunteers to follow all appropriate safeguarding procedures.

Staff are responsible for ensuring they know and adhere to safeguarding procedures as outlined in this policy and other related policies and procedures. They must raise any safeguarding concern immediately with their Line Manager (or in their absence Service Lead, Service Manager or CEO).

Volunteers are responsible for raising any concerns immediately with their supervisor (or in their absence Service Lead, Service Manager or CEO).

All staff and volunteers must complete the mandatory safeguarding training required for their role.

## **6. Confidentiality**

People have the right to expect that all staff and volunteers will deal sensitively and sympathetically with their situation. It is important that information remains confidential where possible and that only those with a 'need to know' should be privy to it. There are circumstances when information must be shared. This may, in the first instance, be with your line manager, but wherever possible (and if safe to do so) it is important to inform the individual that you will be sharing information and with whom.

If a person refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, their wishes should be respected. However, there are a number of circumstances where the practitioner can reasonably override such a decision, including:

- the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- the person has the mental capacity to make that decision but they may be under duress or being coerced
- the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- a court order or other legal authority has requested the information.

If the person cannot be persuaded to give their consent then, unless it is considered dangerous to do so, it should be explained to them that the information will be shared without consent. The reasons should be given and recorded. The safeguarding principle of proportionality should underpin decisions about sharing information without consent, and decisions should be on a case-by-case basis. It is very important that the risk of sharing information is also considered. In some cases, such as domestic violence or hate crime, it is possible that sharing information could increase the risk to the individual.

SafeLives (previously CAADA) provide resources for identifying the risk victims face including a Dash risk checklist, which is a risk assessment tool for practitioners who work with adult victims of domestic abuse. It offers a consistent approach to identifying those who are at high risk of harm and whose cases should be referred to a MARAC (multi-agency risk assessment conference) meeting in order to manage their risk<sup>3</sup>.

## 7. Principles of Reporting Concerns (the 5 Rs)

- **Recognise** concerns that an adult is being harmed or might be at risk of harm
- **Respond** appropriately to an adult who is telling you what is happening to them
- **Refer** the concerns, if appropriate, to adult social care or the police
- **Record** the concerns appropriately and any subsequent action taken; ensure there is no delay in passing on concerns. Timescales noted are the maximum allowed and nothing should prevent a more speedy response if this is required
- **Resolution** and escalation – take responsibility to ensure that referrals made are followed up and take further action if not satisfied with the response.

## 8. Values for Safeguarding Adults at Risk

Everyone has the right to a friendly, secure, caring and safe environment whilst with Nottinghamshire Mind.

The best interests of the on and adult of concern are paramount in all considerations about their welfare and protection.

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<sup>3</sup> Social Care Institute for Excellence – Safeguarding Adults – Sharing information. Mind Nottinghamshire Safeguarding Adults at Risk Policy, 15 June 2022, Version 1.3

Responsibility for safeguarding adults at risk must be shared as they can only be protected effectively when all the relevant agencies and individuals accept responsibility and co-operate with one another.

Nottinghamshire Mind has a responsibility to promote non-abusive relationships and create anti-abusive environments.

People have the right to expect that all staff and volunteers will deal sensitively and sympathetically with their situation. It is important that information remains confidential and that only those with a 'need to know' should be privy to it.

Nottinghamshire Mind has a responsibility to inform organisations we work with, adults at risk, and their parents and/or carers (if appropriate), of its duty to follow up any safeguarding concerns and report suspected cases of harm when disclosed or observed.

## 9. Safe Recruitment

Nottinghamshire Mind's [recruitment policy](#) stipulates that all paid staff will have to complete an application form, detailing past work history and references. Individuals are then interviewed, and references requested. Only on receipt of two satisfactory references will a formal offer of employment be made.

In the recruitment of volunteers, including trustees and work/student placements, Nottinghamshire Mind will undertake interviews to ascertain suitability for the role and provisional offers will be made on condition of two satisfactory references and a satisfactory DBS check being completed.

Volunteers cannot commence in role until these have been received. See our [Volunteer Management Policy](#) and [DBS Checking Policy](#) for further information.

Those working (including volunteers) directly and having regular, sustained contact with vulnerable adults, children or young people are required to have an Enhanced DBS Check through the Disclosure and Baring Service before any commencement of work which involves substantial client contact.

If the activity is classed as 'regulated' then a check of the Barred Lists will also be required. Refer to our [DBS Checking Policy](#) for further information on DBS Checks and an explanation of 'regulated activity'.

Staff can undergo training and induction whilst waiting for the checks to clear but cannot undertake any unsupervised face-to-face work with service users until satisfactory checks have been received.

If Nottinghamshire Mind carries out direct work with children or young people at risk that would require an Enhanced check, then we will carry out similar checks of line managers and may do so for trustees.

If Nottinghamshire Mind is delivering a service specifically to children or young people at risk through another organisation, or in partnership, then we will ask for proof that the organisation has an appropriate policy and procedures in place.

## 10. Safeguarding and prevention of abuse

Nottinghamshire Mind has a [Professional Boundaries Policy](#) governing the behaviour expected of its staff and volunteers. In particular, it describes the nature and limits of the relationships we expect those working on behalf of Nottinghamshire Mind to have with adults and children with whom they come into contact.

Staff and volunteers are required to attend training workshops on Personal and Professional Boundaries, designed to raise awareness of the general need for protection of both themselves and the people they work with.

All Nottinghamshire Mind staff and volunteers have a duty to protect adults and children at risk with whom they come in to contact with in their work, and must take steps to ensure that the potential for abuse to occur is minimised.

In addition to this staff and volunteers have a particular responsibility towards people experiencing a mental health problem. The vulnerabilities and risks likely to be faced by people using our services form part of the basic mental health awareness training which our staff and volunteers undergo.

As part of the induction process and / or training programme, all staff and volunteers must be made aware of the Safeguarding Policy and Procedures. It must be made clear to them that they have an individual responsibility to raise concerns over suspected or known cases of abuse. They must also understand that they can expect the organisation to support them if they are acting in good faith.

During one-to-one supervision Line Managers will ensure that staff and volunteers feel confident to raise any concerns. When doubts and / or concerns regarding a situation are raised the person making the report must not be belittled or suffer punitive measures as a result. It is important that concerns are recognised and taken seriously.

During regular supervision or through additional contact, Managers will offer support in dealing with the impact on staff members themselves of dealing with abuse, and the impact on other people using the service. They will also offer support in working with both the victims and the perpetrators of abuse.

Risk assessments carried out on individuals must address the potential for abuse by other people.

## 11. Reporting abuse or suspected abuse

The flowchart in [Appendix 4](#) gives details of the process of reporting abuse and suspected abuse.

Generally, members of staff must report any known or suspected abuse at once to their Line Manager. If that person is not available, they should contact the CEO.

Volunteers should speak to any member of staff, who will then be responsible for taking action. If none are available, they should contact the service's Line Manager or CEO.

Although any staff or volunteer can make a referral to adult social care and the Nottinghamshire Multi-Agency Safeguarding Hub (MASH) (see [Appendix 2](#) for contact details) especially where an adult at risk is identified as being in immediate danger, we advocate contact and further discussion with their Line Manager or CEO in accordance with the procedure set out above and without delay. We also ensure that all our staff and volunteers are clear that whilst they should discuss and agree any actions to be taken, they are able to escalate their concerns and contact MASH or social care to seek support if, despite having had those discussions, the concern remains.

Known or suspected instances of abuse perpetrated by members of Nottinghamshire Mind's staff can be reported directly to the CEO if the circumstances require.

When a case of abuse or suspected abuse is raised, whether by a member of staff, volunteer, service user or anyone else, it is vital for the staff member or manager receiving the report to record every word and the informant should verify accuracy and sign accordingly.

In a situation relating to suspected criminal actions, for example physical or psychological assault, sexual assault, rape, theft, fraud or other forms of financial exploitation and certain forms of discrimination on the grounds of race or gender<sup>4</sup>, the police must be informed.

In any instance of suspected abuse staff and volunteers must therefore take account of the need to preserve evidence and keep detailed records ([Appendix 3](#)). The person receiving the report must take action as quickly as possible and always during the same working day, following the guidance in the flowchart: Responding to Allegations of

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<sup>4</sup> [SD8: Office of the Public Guardian safeguarding policy \(web version\) - GOV.UK \(www.gov.uk\)](#)  
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Abuse Procedure ([Appendix 4](#)). There is a checklist of information to have at hand when making a referral ([Appendix 5](#).)

Where possible confidentiality should be respected and personal material/ documentation should be kept in a secure place with limited and agreed access. For investigations that involve service users, all information will be held on their file in the relevant project. Details of abuse allegations that involve staff will be held at Head Office.

The Manager receiving the report is responsible for ensuring that the incident is entered on the Safeguarding Central Log held at Head Office, and that it is updated and outcomes recorded. Information from this Log is reported to meetings of the Nottinghamshire Minds Board of Trustees and to the relevant commissioning and contracting authorities, in accordance with service specifications and contracts.

If the organisation is felt to be responsible for failing to protect an adult at risk then the Complaints Procedure must be followed.

## **12. Monitoring and Review**

The implementation and effectiveness of this policy will be monitored by the Board of Trustees through regular Safeguarding Reports.

It will be reviewed annually.

## **13. Publication**

This policy will be made available on our website and to all members of staff and volunteers through our online shared document facility (Sharepoint / DropBox). Staff and volunteers will be made aware of changes to the policy and/or procedures through email dissemination, team meetings and supervision.

## 14. Version control

Version Number	Purpose/Change	Owner/ Author	Date	Review
1.0	Policy created	Nic Roberts, CEO	2018	2020
1.1	Reviewed and checked for MQM	?	01 Jun 21	31/03/2022
1.2	Re-written following MQM	Katie Freeman	October 2021	05/05/2022
1.3	Formatted to Mind Nottinghamshire Document Template. Additional information added as highlighted by Martin Coyle. Reviewed by CEO	Rosie Dorontic, Project Support	18/05/2022	05/05/2022 and 23/05/22

<b>Date adopted by Trustees</b>	15/06/2022	<b>Date published</b>	20/06/2022	<b>Date for next review</b>	15/06/2023
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## 15. Related policies

- Comments, compliments and complaints Policy
- Confidentiality Policy
- Data Protection Policy
- DBS Checking Policy
- Managing Positive DBS Disclosures Policy
- Privacy Policy
- Professional Boundaries Policy
- Recruitment Policy
- Safeguarding Children and Young People Policy and Procedures
- Volunteer Management Policy

## 16. Appendices

### Appendix 1 – Definitions of Types of Abuse

**Physical abuse** - ranging from rough, inappropriate handling to direct physical violence. May involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, misuse of medication, being locked in a room, force-feeding, unlawfully depriving a person of their liberty, unlawful or inappropriate restraint or otherwise causing physical harm to a child, young person or adult at risk. Physical harm may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child, young person or adult at risk.

**Domestic Abuse:** ‘any incident or pattern of incidents of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse between those aged 16 and over and personally connected to each other<sup>5</sup>’.

**Sexual abuse or exploitation** - including any sexual activity that the person at risk does not want, understand or agree to.

**Psychological abuse** - this can be verbal and non verbal harassment, ridicule or treating with contempt; it can include threats of harm or abandonment or humiliation, intimidation or verbal abuse and can involve controlling behaviour.

**Financial or material exploitation** - includes misappropriation of money, benefits or possessions, neglect or physical abuse to obtain money, denying someone access to their money, abuse of legal rights or pressure to obtain legal powers over finance or inheritance.

**Modern Slavery:** ‘a brutal form of organised crime in which people are treated as commodities and exploited for criminal gain<sup>6</sup>’.

**Discriminatory abuse** - racist, sexist, homophobic and other remarks or actions, including those relating to age, disability religion or illness.

**Organisational/ Institutional:** Organisational or Institutional abuse is the mistreatment of people brought about by poor or inadequate care or support, or systematic poor practice that affects the whole care setting. It occurs when the individual’s wishes and needs are sacrificed for the smooth running of a group, service or organisation.

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<sup>5</sup> Domestic Abuse Act 2021

<sup>6</sup> Modern Slavery Act 2015, Para 4 of Background section

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**Neglect and acts of omission** - includes careless as well as deliberate poor care; ignoring their medical or care needs, for example: withholding assistance to use the toilet or failure to keep a person at risk warm, comfortable and safe from harm inflicted upon themselves by others or themselves (self harm), inadequate provision of food, or isolation against the will of the adult as risk.

### ***Other types of abuse***

Below is a list of other types of abuse that staff and volunteers should be aware of and where Nottinghamshire Mind may have a duty to act if we become aware of them:

- hate crime
- domestic abuse
- honour-based violence
- female genital mutilation
- forced marriage
- human trafficking
- modern slavery
- exploitation by radicalisers who promote violence.

### ***Further reading***

[Indicators of possible child abuse \(green card\)](#) provides indicators of physical abuse, sexual abuse, neglect and emotional abuse.

[What to do if you're worried a child is being abused: advice for practitioners](#) Government guidance to help practitioners identify the signs of child abuse and neglect and understand what action to take.

## Appendix 2 – Other Agency Contact Details

### **Nottinghamshire Multi-Agency Safeguarding Hub** – 0300 500 80 80

The Multi-Agency Safeguarding Hub (MASH) is the single point of contact for all professionals to report safeguarding concerns.

Opening hours:

Monday, Tuesday, Thursday: 8:30am to 5pm

Wednesday 10:30am to 5pm

Friday: 8:30am to 4:30pm

In an emergency outside of these hours, contact the Emergency Duty Team on 0300 456 4546.

Please note, in the last 30 minutes of these opening hours each day, the MASH can only address urgent safeguarding referrals that require a Social Worker to make a visit to a the child or adult that evening.

If the referral is not urgent, you will be asked to call back the next working day or complete an online form which will be read the next working day. This is because of the hand-over to the Emergency Duty Team.

Online form: [Report abuse or neglect of an adult | Nottinghamshire County Council](#)

[www.nottinghamshire.gov.uk/MASH](http://www.nottinghamshire.gov.uk/MASH)

## Appendix 3 - Preserving Evidence

Whilst your first concern will be the immediate wellbeing of the victim, your efforts to preserve evidence are vital.

To enable the Police to investigate effectively, it is imperative that evidence is preserved. For the short time before the Police arrive, what you do or do not do can make a crucial difference. What follows is a checklist which may help to ensure that evidence is not destroyed.

### **In cases of alleged sexual abuse the entire following list applies:**

- Do not wash or bath the victim.
- **Physical contact** with the victim or alleged perpetrator **should be avoided** as cross contamination can destroy evidence. Explain why you are not giving a hug, if this would be something you would usually do when the person is upset.
- Preserve bedding where appropriate. Note and preserve any bloody items. Do not handle without disposable gloves.
- Preserve any used condoms.

### **For all other cases:**

Where possible, leave things as and where they are. If anything has to be handled, keep this to a minimum. Do not clean up. Do not touch what you do not have to.

If you have been given items of possible interest e.g., a weapon, avoid handling them wherever possible. Keep in a safe, dry place until the police are able to collect.

Preserve the clothing and footwear of the victim. Handle these as little as possible.

Preserve anything used to comfort or warm the victim – e.g. a blanket.

Note in writing the state of the clothing of both alleged victim and alleged perpetrator.

Note injuries in writing.

Make full written notes on the conditions and attitudes of the people involved in the incident. Make these as factual as possible, rather than interpretive, e.g. “her/his voice was high pitched, shaky, barely audible” rather than “s/he sounded afraid “.

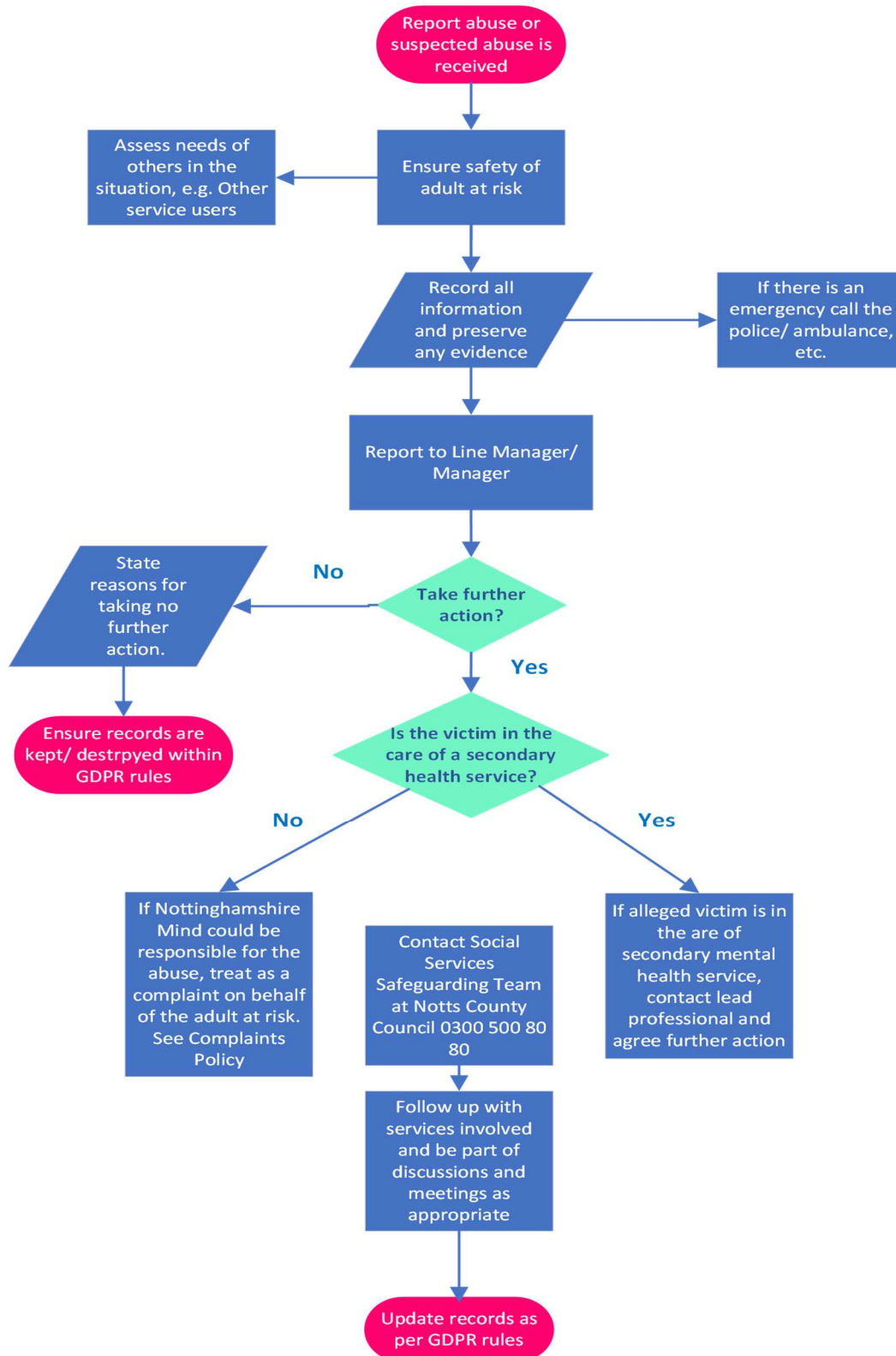
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Note and preserve any obvious evidence such as footprints or fingerprints.

Secure the room and do not allow anyone to enter until the police arrive.

**In any instance where a victim is seriously injured and is taken to hospital** ask that a sample of blood be taken before any transfusion is given, as a transfusion will invalidate evidence in relation to blood.

## Appendix 4 - Responding to allegations procedure



## Appendix 5 - Referrers Checklist

This checklist will assist in making sure you have adequate information when making a referral to the Safeguarding Service - 0300 500 80 80 or the emergency duty team out of hours on 0300 456 4546.

	Essential	Desirable
Name of Alerter		√
Contact details of Alerter		√
Relationship to victim		√
Organisation of Alerter		√
Name (of Vulnerable Adult)	√	
Address of Vulnerable Adult	√	
Address, if different, of place of alleged abuse	√	
Contact details of vulnerable	√	
Contact details of vulnerability (older, frail, Mental health, learning difficulties etc.)	√	
Date of birth or age		√
Gender		√
Ethnicity		√
Religion		√
Capacity and understanding		√
Communication needs (sensory loss language other)		√
Name of Alleged perpetrator		√
Address of Alleged perpetrator		√
Date of Birth of Alleged perpetrator		√
Details of referral- You need to consider the following so that the person taking the referral can gain adequate information		
Nature of abuse/incident	√	
When did it happen?	√	
Where did it happen?	√	
Was anyone else involved?		√
Was the incident witnessed?		√
Have you had previous concerns regarding this person? If so what?		√
Does the vulnerable adult know you are making this referral?	√	
Have you done anything to assist the vulnerable adult at this time? (what actions have been taken?)	√	
How do you want to be contacted in the future?	√	

**END**