

Safeguarding Adults Policy and procedure

1. Context

- 1.1. Burton and District Mind (B&D Mind) is committed to providing a safe and supported environment for staff, volunteers, and beneficiaries. Our organisation fully complies with the <https://www.staffordshire.gov.uk/Advice-support-and-care-for-adults/reportabuse.aspx> and other relevant legislation to safeguard adults from abuse. B&D Mind acknowledges that this will provide greater consistency in practice across the Staffordshire region.
- 1.2. The Care Act (2014) came into force in 1st April 2015, putting adult safeguarding on a statutory footing for the first time. It focuses on client-centred safeguarding, encouraging greater self-determination so people maintain independence and choice. The Care Act places legal responsibility on local authorities to make safeguarding enquires or to ensure that others do so. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.
- 1.3. The Human Rights Act 1998 includes the right to life, the right not to be subjected to inhuman or degrading treatment, the right not to be arbitrarily deprived of liberty and the right to respect for private and family life. Everyone has the right to live their lives free from violence, abuse, and neglect. This right is underpinned by the duty on public agencies to intervene proportionately to protect the rights of citizens.
- 1.4. The Mental Capacity Act 2005 is 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. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding Adults process must comply with the Act. For people who lack capacity, the Mental Capacity Act (2005) introduced two new criminal offences of ill treatment and wilful neglect. This can be applied to family carers, health, or social care staff in any setting, other paid or unpaid carers, and appointed attorneys or court appointed deputies.

2. Aim

- 2.1. This policy sets out how B&D Mind will monitor, record, and escalate any concerns that staff, volunteers, or beneficiaries may have or receive about the welfare and safety of adults at risk. We believe that safeguarding adults is everyone's responsibility.
- 2.2. The aim of this policy is to outline how members of staff and volunteers should alert both internal and external agencies and report what they have heard, seen,

suspect or been told. This policy is an essential resource that all staff and volunteers need to be aware of and fully understand during day-to-day activities.

3. Scope

3.1. This policy applies to all people working on behalf of B&D Mind, including:

- Staff
- Volunteers
- Trustees
- Associate workers
- Counsellors
- Trainees

3.2. All must abide by this policy and procedure whenever carrying out their duties for B&D Mind.

3.3. For the purpose of this policy, the term 'adult' is used to refer to any individual aged 18 or above.

3.4. Safeguarding issues concerning individuals younger than 18, including unborn children, should be handled using the procedures in the Safeguarding Children and Young People policy.

4. Responsibilities

4.1. B&D Mind believe that safeguarding is everyone's responsibility. As a result, all people working on behalf of the organisation have specific responsibilities as follows.

4.2. Board of trustees:

- 4.2.1. Ensure a safeguarding adult's policy and procedure is in place and remains fit for purpose.
- 4.2.2. Be aware of the organisation's legal duties and responsibilities under safeguarding and ensure legal and policy compliance with regard to safeguarding referrals and recruitment practice.
- 4.2.3. Allocate sufficient resources to safeguarding practices.
- 4.2.4. Chair – respond to safeguarding concerns involving the CO (DSL).

4.3. Safeguarding Lead Trustee:

4.4. CO:

- 4.4.1. Support the board to understand the importance of safeguarding.
- 4.4.2. Ensure appropriate staff and volunteer wellbeing support is in place.
- 4.4.3. Contribute to the monitoring of safeguarding concerns, making recommendations for changes to practice, as necessary.

4.5. Designated Safeguarding Lead (DSL):

- 4.5.1. Ensure the safeguarding adult's policy and procedure is regularly reviewed.
- 4.5.2. Be aware of local safeguarding policies and procedures and ensure B&D Mind's practice is consistent with the local approach.
- 4.5.3. Ensure that the organisation is compliant with local and national safeguarding policy.
- 4.5.4. Act as B&D Mind's liaison with the local safeguarding boards and local authority.
- 4.5.5. Support senior management team and team leaders in responding promptly to incidents, concerns, or allegations.
- 4.5.6. Review all safeguarding concerns.
- 4.5.7. Address any deviations from the agreed procedure.
- 4.5.8. Notify external bodies of serious safeguarding incidents.
- 4.5.9. Maintain the safeguarding log.
- 4.5.10. Create and share quarterly safeguarding monitoring reports.
- 4.5.11. Regularly monitor safeguarding concerns and update this policy and procedure as appropriate.
- 4.5.12. Support the board to understand the importance of safeguarding.
- 4.5.13. Recommend changes to safeguarding practices to the board.

- 4.5.14. The DSL for B&D Mind is currently the CO. In their absence, this role will fall to the Operations Manager or Development and Sustainability Officer.

4.6. Team Leaders:

- 4.6.1. Ensure staff have completed safeguarding training.
- 4.6.2. Support staff to understand and follow the safeguarding adult's policy and procedure.
- 4.6.3. Respond promptly to all reported safeguarding concerns.
- 4.6.4. Ensure the views and consent of adults at risk have been obtained where appropriate.
- 4.6.5. Ensure the safety and protection of adults at risk and other people.
- 4.6.6. Refer the concern externally and liaise with other organisations as appropriate.
- 4.6.7. Record all actions taken and any relevant justification.
- 4.6.8. Keep the reporting staff member/volunteer and adult at risk abreast of developments.
- 4.6.9. Support staff and volunteers to access appropriate wellbeing support.
- 4.6.10. Contribute to the monitoring of safeguarding concerns, making recommendations for changes to practice, as necessary.

4.7. All staff and volunteers:

- 4.7.1. Read and understand this policy and procedure.
- 4.7.2. Attend and actively participate in all safeguarding training.
- 4.7.3. Adhere to the principles of safeguarding when responding to concerns.
- 4.7.4. Always remain vigilant to potential abuse.

- 4.7.5. Respond appropriately to safeguarding concerns, in line with the procedures below.
- 4.7.6. Record and report all concerns to your Team Leader as soon as possible.

5. What is adult safeguarding?

5.1. Adult safeguarding is defined as ‘protecting an adult’s right to live in safety, free from abuse and neglect.’ (Care and Support statutory guidance, chapter 14ii). Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults. Staff should work together in partnership with adults so that they are:

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.
- Protected when they need to be.
- Able to get the support, protection and services that they need.

5.2. In the context of the legislation, specific adult safeguarding duties apply to any adult who:

- Has care and support needs, and
- Is experiencing, or is at risk of, abuse or neglect, and
- Is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

5.3. Safeguarding duties apply regardless of whether a person’s care and support needs are being met, whether by the local authority or anyone else. They also apply to people who pay for their own care and support services.

5.4. An adult with care and support needs may be:

- an older person
- a person with a physical disability, a learning difficulty, or a sensory impairment
- someone with mental health needs, including dementia or a personality disorder.
- a person with a long-term health condition
- someone who uses substances or alcohol to the extent that it affects their ability to manage day-to-day living.

5.5. The aims of adult safeguarding are to:

- 5.5.1. Stop abuse or neglect wherever possible.
- 5.5.2. Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- 5.5.3. Safeguard adults in a way that supports them in making choices and having control about how they want to live.

- 5.5.4. Promote an approach that concentrates on improving life for the adults concerned.
- 5.5.5. Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- 5.5.6. Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- 5.5.7. Address what has caused the abuse.

6. Principles of the Care Act

- 6.1. The policy and procedures are based on the following **six Principles of Safeguarding** that underpin all adult safeguarding work.

Principle	Description	In practice
Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process, and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

6.2. B&D Mind's safeguarding procedures embody these principles in the following ways:

Empowerment – At B&D Mind, we ensure that individuals are involved with key decisions made about their lives. Wherever possible, we inform the adults at risk of the concerns at the earliest opportunity and support them to decide what support and outcomes they would like. For individuals who lack the capacity to understand whether they would benefit from a safeguarding referral, a best interest decision will be made.

Prevention – All of B&D Mind's work is aimed at empowering individuals and preventing abuse occurring in the first place. We also have a range of policies and procedures in place that minimise the risk of abuse occurring. These are shared with beneficiaries to facilitate understanding.

Proportionate – The response made to suspected abuse will be assessed on a case-by-case basis and in line with the risks presented. All decisions made will be in the best interests of the adult at risk.

Partnerships – In line with the Staffs MAPP, B&D Mind will work with other organisations and agencies to safeguard adults at risk from abuse.

Protection – B&D Mind adheres to safer recruitment practices, undertaking appropriate pre-appointment checks for all staff, volunteers, and trustees. All staff and volunteers also complete regular training in how to recognise and respond to potential abuse.

Accountable – Through this and other related policies, as well as the monitoring of safeguarding records, we hold ourselves accountable to our beneficiaries and outside agencies. A copy of this policy will be made available on our website to ensure transparency.

7. What is adult abuse?

7.1. Adult abuse is when a person is treated in a bad way or in a way that harms, hurts, exploits them or makes them feel frightened or unhappy. Anyone can be vulnerable to abuse at any time in their lives. Anyone, rich and poor, from any ethnic background can be at risk.

7.2. Abuse can take many forms. The Care Act recognises 10 categories of abuse that may be experienced by adults: physical, sexual, domestic violence, psychological/emotional, financial, neglect, self-neglect, discriminatory, organisational abuse, and modern slavery. More information about each type of abuse can be found in Appendix A – Types of adult abuse.

7.3. It can be one-off, repeated act, or historical.

- 7.4. Staff and volunteers should not limit their view of what constitutes abuse or neglect as it can take many forms and the circumstances of individual cases should always be considered.
- 7.5. Anyone can abuse someone. This could be someone that a person knows or a stranger. It can be one person or a group of people. Abuse might be carried out by anyone in contact with adults, even by people employed to provide care.
- 7.6. Abuse is not always deliberate. It sometimes happens when people are trying to do their best but feel stressed. Or they don't know what to do because of a lack of knowledge, training or understanding.
- 7.7. Abuse can happen anywhere, in someone's own home, at work, at a day centre, at college, in hospital, in residential care or nursing homes, at a club or social event.

8. Discovering abuse

8.1. You may become aware of suspected abuse in the following ways:

- by receiving an allegation directly from the adult at risk (i.e., a disclosure),
- by receiving an allegation from someone who is not the adult at risk,
- by receiving a report from outside agencies or other activities the adult at risk may be involved with,
- developing a strong suspicion based on your own observations or experience.

9. Responding to disclosures

9.1. If you receive a disclosure of alleged abuse or develop a strong suspicion that abuse is taking place, you should:

- React calmly.
- Assure them that you are taking the concerns seriously.
- Do not be judgemental or jump to conclusions.
- Give them time to talk.
- Listen carefully to what they are telling you and paraphrase what they said back to them.
- Use open ended questions to establish the basic facts– remember the acronym ‘TED’ and encourage the person to ‘Tell,’ ‘Explain’ and ‘Describe’ the concern.
- Do not investigate or ask detailed or probing questions.
- Don’t promise the person that you’ll keep what they tell you confidential; explain that you have a duty to tell your manager who may decide it needs to be referred to the local authority.

- Explain that you will respect their wishes wherever possible, but that referrals and actions may be taken without their consent. Explain what action you will be taking.

9.2. It is important to note that the adult at risk may not see the information as a disclosure as they may not think there is anything wrong with what has occurred. In this instance, follow the guidelines above and explain to the adult that you need to pass on the information as you are worried about them.

10. Consent

10.1. It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent in relation to any safeguarding activity. The Mental Capacity Act states that individuals should be assumed to be capable of giving consent unless they have been assessed otherwise. If you think an individual may not have mental capacity, you should seek support from your Team Leader or Senior Management team before taking making any external referrals.

10.2. If an adult as risk has mental capacity, their consent should always be sought, and their views elicited on what safeguarding support or actions they would like.

10.3. It is possible that the adults may not consent to the sharing of safeguarding information, either wholly or partly. This may be for a number of reasons. For example, they may be unduly influenced, coerced, or intimidated by another person, they may be frightened of reprisals, they may fear losing control, 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. Staff should consider the following and:

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

10.4. If, after discussion with the adult at risk **who has mental capacity**, they refuse any intervention, their wishes will be respected unless:

- a) It is an emergency or life-threatening situation.
- b) Other people are, or may be, at risk, including children.
- c) Sharing the information could prevent a serious crime.
- d) A serious crime has been committed.
- e) The risk is unreasonably high.
- f) Staff or volunteers are implicated.

11. Responding to safeguarding concerns

11.1. You are not expected to be an expert in identifying abuse. Instead, it is your duty to record and report any concerns to a Team Leader, Senior Manager or the safeguarding lead and support them in taking action where required.

11.2. Details of the actions to take in response to a safeguarding concern can be found in Appendix B – Adults at risk – Safeguarding Procedure.

12. Concerns involving staff, volunteers, or trustees.

12.1. If a safeguarding allegation is made against someone working on behalf of B&D Mind (or there are suspicions about their behaviour) this should be reported to your line manager within 24 hours so they can decide what protective measures need putting into place.

12.2. If your Team Leader is implicated, you should inform the CO or DSL. If the CO/DSL is implicated, the Chair of trustees should be informed.

12.3. The online Safeguarding Reporting Form should **not** be completed. The Team Leader (or alternative) should add details of the concern directly to the safeguarding log once appropriate protective measures have been put in place.

12.4. In all instances, consideration should be given to informing the police, as a criminal offence may have been committed.

13. Concerns arising when working in non-B&D Mind premises.

13.1. If you become aware of a concern when working in a non-B&D Mind premises (e.g., a school or community centre), you need to follow the B&D Mind's safeguarding procedures (Appendix B).

13.2. If other people are also at risk, you should also report the concern to the organisation in whose premises you are working. If you are not sure of their procedure, ask a member of their staff to explain what to do.

13.3. If the adult you are supporting is the only person at risk, you should ascertain their wishes before reporting it to the other organisation. If they do not consent to this reporting, their wishes must be respected. However, the concern must still be reported through the B&D Mind procedures.

13.4. Where concerns are reported to both organisations, the line manager will follow up with the other organisation (within 24 hours of the initial report) to verify what actions they have taken before deciding the actions required from B&D Mind.

14. Confidentiality

14.1. B&D Mind respects and understands the need for confidentiality. All safeguarding issues will be managed in accordance with our Confidentiality and Data Protection policies.

14.2. Matters will only be discussed on a need-to-know basis.

14.3. Records will be factual, non-judgemental, and only retained for as long as is necessary.

15. Monitoring of concerns

15.1. All safeguarding concerns will be regularly reviewed by the DSL, as well as the board and Senior Management team.

15.2. Any deviations from procedures determined during the initial review of safeguarding incident report forms will be addressed with the individual staff member/volunteer in the first instance. Where deviations are repeated, this will be addressed on a team/organisational level as necessary to ensure understanding. This may also prompt a review of this policy and procedure to ensure it remains fit for purpose.

15.3. The CO/DSL will also create a quarterly safeguarding report. This will show safeguarding data for the past quarter and year to date, including the:

- Number of concerns reported.
- Sources of reports (i.e. which service).
- Types of abuse involved.
- Actions taken.

15.4. This report will be shared and discussed with the board of trustees and Management team to identify trends and potential learnings and any changes to practice required.

16. Training

16.1. B&D Mind is committed to providing adult safeguarding training for all staff, volunteers, trustees and, where appropriate, beneficiaries. The training will include:

- Adult safeguarding awareness
- Mental Capacity Act
- Policy and procedure awareness

16.2. The level of training will depend upon the role of the person within the organisation.

16.3. All training will be completed during induction and then subsequently refreshed at least every three years.

17. Staff and volunteer wellbeing support

17.1. It is important that staff and volunteers who deal with safeguarding concerns get the support they need. Some support, such as an immediate debrief, is included in the agreed procedures. Other support available includes:

- Discussing concerns in 1-2-1s.
- Sharing learning in team meetings.
- Reflective practice sessions.
- Additional training.

17.2. Senior Managers should discuss with individuals what would be beneficial for them and assist them to access the relevant support.

18. Policy review

18.1. This policy and procedure will be reviewed at least annually. It may be the subject of more frequent review in the light of safeguarding concerns reported and/or changes to national procedures or guidelines.

18.2. All reviews of this policy will include discussion with staff, trustees, volunteers, people with lived experiences of mental health problems, and beneficiaries to ensure it remains fit for purpose for all groups.

18.3. Each updated version of the policy will be ratified by trustees at a full meeting of the board.

18.4. Old versions of this policy will be archived and retained for at least 7 years.

Appendix A – Types of adult abuse

The Care Act (2014) recognises the following 10 types of adult abuse.

Category	Indicators
Physical: Physical assault ranging from rough, inappropriate, or careless handling to direct violence – hitting, slapping, pushing, or kicking.	<ul style="list-style-type: none"> ▶ unexplained bruising (faint or severe) ▶ non-accidental injury ▶ hand slap marks ▶ marks made by an implement ▶ pinch or grab marks, or grip marks ▶ misuse of medication ▶ withheld or inappropriate medical treatment ▶ misuse of restraint
Financial & material: May include improper use of, or withholding of, a person's money or property; theft; fraud; exploitation or pressure in connection with wills, property, or inheritance.	<ul style="list-style-type: none"> ▶ sudden inability to pay bills ▶ lack of knowledge of income ▶ disparity between income and satisfactory living conditions ▶ extraordinary interest from others in person's finances ▶ unauthorised disposal of property and/or possessions ▶ under pressure to make or alter a will
Sexual: May include rape and sexual assault, or sexual acts and inappropriate touching to which the adult: <ul style="list-style-type: none"> a) has not consented b) could not consent c) was pressured into consenting or acts of a sexual nature where one of the participants is in a position of trust, power, or authority.	<ul style="list-style-type: none"> ▶ disclosure by means of hints and veiled comments ▶ torn, stained or bloody underclothes ▶ fear of pregnancy that may be exaggerated ▶ sexually transmitted infection ▶ difficulty in walking/sitting with no apparent explanation ▶ bleeding, bruising, torn tissue, or injury to the rectal and vaginal area ▶ self-mutilation
Psychological: May include verbal abuse, threats, bullying, racial	<ul style="list-style-type: none"> ▶ appears scared, anxious, or withdrawn

abuse, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, isolation or withdrawal from services or supportive networks.	<ul style="list-style-type: none"> › unexplained sleep disturbances › a reluctance to accept medical attention › not being able to do things they used to › not being able to concentrate or focus › too eager to do everything they are asked
Discriminatory: May include racist or sexist remarks or comments based upon a person's origin, colour, disability, age, illness, sexual orientation,(inc chosen identity, pronouns) or gender; and other forms of harassment, slurs, or similar treatment.	<ul style="list-style-type: none"> › harassment and slurs which are degrading › being refused access to services or being excluded inappropriately › loss of self-esteem › resistance or refusal to access services that are required › expressions of anger or frustration › tendency to withdraw, isolation, fearfulness, anxiety
Neglect & acts of omission: May include ignoring medical, physical, or social care needs, failure to provide access to appropriate health, social care or educational services, the withholding of daily living needs, such as medication, food and drink, and heating.	<ul style="list-style-type: none"> › unusual weight loss, malnutrition, dehydration › absence of appropriate privacy and dignity › untreated physical problems, such as bed sores, or failure to give prescribed medication › unsanitary or unsafe living conditions - dirt, bugs, having no running water, soiled bedding and clothes › sensory deprivation - lack of access to glasses, hearing aids etc. › absence of a method of calling for assistance, or ignoring calls for help › unsuitable clothing or covering for the weather › desertion at a public place or being left alone all day without required support › a carer's refusal to arrange access for visitors › the carer has their own needs that are unmet
Modern slavery: This encompasses slavery, human trafficking, forced	<ul style="list-style-type: none"> › signs of physical or psychological abuse

<p>Mind and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment.</p>	<ul style="list-style-type: none"> ‣ malnourishment or unkempt appearance ‣ not allowed to travel by themselves ‣ under the control of others ‣ do not interact with others and unfamiliar with their whereabouts in their local area ‣ living in dirty, cramped, overcrowded accommodation ‣ very few personal belongings ‣ very few clothes, may be unsuitable for the work they do ‣ no passport or proof of identification ‣ may travel to work at strange times ‣ frightened to speak to others, fear of seeking help, scared of being deported and/or a fear of violence against themselves or their family.
<p>Domestic violence: This includes psychological, physical, sexual, financial, and emotional abuse and so called ‘honour’ based violence.</p>	<ul style="list-style-type: none"> ‣ isolation from contact with others including family or friends ‣ low self-esteem ‣ mood swings - anxiety or depression ‣ hide facts about their life and the abuse ‣ end former relationships and stop engaging with friends and family ‣ quiet and passive when with a potential abuser ‣ bruises and injuries ‣ regular absence from work or cancelling appointments and outings at the last minute to hide recent injuries.
<p>Self-neglect: This covers a wide range of behaviours including neglecting to care for one’s personal hygiene, health or surroundings and behaviour such as hoarding.</p>	<ul style="list-style-type: none"> ‣ little or no personal care ‣ dirty or ragged clothes, unclean skin, and dirty fingernails ‣ refusing medication, medical care, or personal care ‣ unsafe and dirty living conditions ‣ lack of basic utilities at home ‣ hoarding items or animals

	<ul style="list-style-type: none"> ▶ alcohol or drug dependence
<p>Organisational: This includes neglect and poor care within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes, and practices within an organisation</p>	<ul style="list-style-type: none"> ▶ unacceptable practice that is encouraged, tolerated, or left unchallenged ▶ disrespect and indignity ▶ lack of staff training ▶ no or ineffective policies in place to keep staff and beneficiaries safe ▶ not addressing poor practice ▶ insufficient resources resulting in neglect or abuse

Other Categories to consider include:

- **Exploitation:** Those who want to exploit adults will seek out those who are in vulnerable circumstances to use them for their own purpose, activity, or gratification. This could be financial, commercial, sexual, or related to extremism and terrorism. Exploitation often involves a process of grooming.
- **Grooming** - when someone builds an emotional connection with an adult to gain their trust for the purpose of exploitation. They may try to overcome an adult's natural resistance by making and sustaining contact, offering gifts or rewards, or using secrecy and threats. They may also manipulate their environment, so they become isolated from those who could help or support them. Those affected may not realise they have been groomed, or that what has happened is abuse.
- **Radicalisation** - the process by which those who are vulnerable come to support terrorism or violent extremism and potentially directly participate in or support terrorist groups. There is no obvious profile of a person likely to become involved in extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short timeframe.
- **Female genital mutilation (FGM)** - refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK, and it is illegal to take a female out of the country to do this.
- **Forced Marriage.** A forced marriage is where one or both people do not consent to the marriage and pressure, or abuse is used to marry them. A forced marriage is not the same as an arranged marriage. Forced marriage is illegal in England and Wales.
- **Honour based violence.** So-called honour-based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who



believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture.

- **Online Abuse.** Online abuse includes a broad spectrum of abusive behaviours enabled by technological platforms. The main types of harassment include – offensive name calling, purposeful embarrassment, physical threats, sustained harassment, stalking and sexual harassment.

Self-Harm and Suicide - For the purpose of this policy, safeguarding does not include self-harm/self-abuse. This is covered separately in the Risk Management Policy.

The above are only examples. If you feel you have come across something which may be abuse but are not sure, you should follow the procedure set out below.

Appendix B – Adults at risk – Safeguarding Procedure

When a safeguarding concern has been identified, swift action on the same day needs to be initiated to ensure appropriate, protective measures are put in place.

Immediate action

The primary responsibility is to safeguard the adult at risk. Staff and volunteers should:

1. Evaluate the risk and take steps to ensure that the adult is in no immediate danger.
2. Contact the emergency services (on 999) if medical treatment is required, a crime is in progress or life is at risk.
3. Ensure that other people are not in danger.
4. Encourage and support the adult to report the matter to the police by calling 101 if a crime is suspected, but it is not an emergency situation.
5. Take steps to preserve any physical evidence if a crime may have been committed, such as discouraging the adult from going to the toilet, changing their clothes, or washing their hands.

As soon as possible

Once the immediate safety of the adult and others has been secured, the staff member or volunteer should:

1. Establish the basic facts of the issue (see Responding to Disclosures section above) if not already done.
2. If possible, discuss with the adult what actions they would like taken and seek their consent, as necessary.
3. Inform their Team Leader via telephone or in person (or the DSL in their absence).
4. Record the information received and all actions taken on the Safeguarding Concern form.

Within 24 hours

Upon receipt of a completed Safeguarding Reporting Form, the team Leader (in consultation with the DSL as necessary) will:

1. 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.
2. Address any gaps, by either discussing with the staff member/volunteer or contacting the adult at risk (unless this could increase the level of risk)
3. Check that issues of consent and mental capacity have been addressed.
4. Evaluate the risk and decide on appropriate actions.
5. Take action to safeguard other people, e.g.
 - a. Contact the children and families department if a child or young person is also at risk.

- b. If the person allegedly causing the harm is also an adult at risk, arrange appropriate care and support.
 - c. Take appropriate internal action, potentially including suspending staff/volunteers or moving them to alternative duties.
6. Refer externally as appropriate, this may include:
 - a. Referring the case to the local authority (see appendix C).
 - b. Arranging for additional services/support, e.g., refer to another organisation.
 - c. If a criminal offence has occurred or may occur, contact the Police.
7. If a person's wishes are being overridden, check that this is proportional, and that the adult understands why this action is being taken.
8. Record the information received and all actions and decisions on the safeguarding log.
9. Debrief the staff member/volunteer raising the concern to explain what steps have been/will be taken, and discuss any support needs they may have.

Within three days

Within three days of the concern first being raised, the Teamer Lead will:

1. Follow up on any external reports to see what actions have been/will be taken.
2. Where appropriate, discuss any potential escalation with the DSL and escalate it with the relevant organisation/external body (e.g. Mind, Charity Commission, etc), as necessary.
3. Record the information on the safeguarding log.
4. Inform reporting staff member/volunteer of outcome.

Appendix C – Referring a safeguarding concern to the local authority.

Once it has been established to refer a concern to the local authority, this can be done using the details below. Concerns should be reported to the area in which the adult at risk resides. If you are unsure which Council covers the address you are concerned about, please use this link to find out: <https://www.gov.uk/find-local-council>.

Staffordshire

Contact Staffordshire Adult Social Care

i) Report it online:

ii) <https://www.ssaspb.org.uk/Professionals/Professional-area.aspx>

iii) Report it by phone:

- During office hours (Monday to Thursday, 8.30am to 5pm, Friday 8.30am to 4.30pm phone: [0345 604 2719](tel:03456042719))
- Outside office hours (evenings, weekends, Bank Holidays) phone: [0345 604 2886](tel:03456042886)

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