ST HELENS MIND

Safeguarding Adults Policy and guidance

ST HELENS MIND
Safeguarding Adults Policy

Policy owner: CEO
Policy approved by: Board of Trustees
Date policy approved: 05/03/2025
Next review date: 05/03/2026

Contents

Section 1: Safeguarding Adults Policy

Introduction

St Helens Mind is committed to best safeguarding practice and to upholding the rights of all adults to live a life free from harm, abuse, exploitation, and neglect.

At St Helens Mind we care and are passionate about ensuring that everyone has access to the same chances, choices and opportunities and we embrace and celebrate individual needs and abilities.

We offer a safe, friendly, supportive environment where individuals can make new friends, learn new skills, find peer support and regain self-esteem and confidence.

St Helens Mind is committed to safeguarding adults in line with national legislation and relevant national and local guidelines, and we ensure that our activities are delivered in a way which keeps all adults safe.

St Helens Mind is committed to creating a culture of **zero-tolerance of harm** to adults which necessitates:

- the identification and recognition of adults who may be at risk and the circumstances which may increase risk to them;
- knowing how adult abuse, exploitation or neglect manifests itself; and
- being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced **anywhere**, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

Policy Statement

St Helens Mind believes everyone has the right to live free from abuse or neglect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation, as set out under the Equality Act 2010.

St Helens Mind is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

St Helens Mind acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

St Helens Mind recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, the ability to communicate their concerns or seek help. We recognise that these factors can vary at different points in people's lives.

St Helens Mind recognises that there is a legal framework within which we need to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken by St Helens Mind will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

Purpose

The purpose of this policy is to demonstrate the commitment of St Helens Mind to safeguarding adults and to ensure that everyone involved in St Helens Mind is aware of:

- The legislation, policy, and procedures for safeguarding adults
- Their role and responsibilities for safeguarding adults
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation

Scope

This safeguarding adult policy and associated procedures apply to all individuals involved in St Helens Mind including Trustee Board members, staff, volunteers and all service users and any carers and visitors and to all concerns about the safety of adults whilst taking part in our organisation, its activities and in the wider community

We expect our partner organisations, including for example: all service users, carers and visiting trainers/tutors to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures

Commitments

In order to implement this policy St Helens Mind will ensure that:

- Everyone involved with St Helens Mind is aware of the Safeguarding Adults Policy and Procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult

- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with St Helens Mind Safeguarding Adults Policy and Procedures

- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to.

- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm

- Confidential, detailed, and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy and Procedures.

- St Helens Mind will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an adult as necessary and appropriate

- All Trustee Board members, staff and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with mandatory safeguarding adult training and learning opportunities appropriate for their role

- St Helens Mind uses safe recruitment practices, including Enhanced Disclosure and Barring Service checks, and includes all volunteers and staff to prevent the employment/deployment of unsuitable individuals in this organisation

- St Helens Mind shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Police, Local Authority/Social Services and other organisations where these individuals are known to interact with adults at

risk.

- When planning activities and events, St Helens Mind includes an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.

- This policy, related policies (see below) and the Safeguarding Adults Procedures are reviewed no less than on an annual basis and whenever there are changes in relevant legislation and/or government guidance as required by the Local Safeguarding Board, or as a result of any other significant change or event.

Implementation

St Helens Mind is committed to developing and maintaining its capability to implement this policy and procedures.

In order to do so, the following will be in place:

- A clear line of accountability within the organisation for the safety and welfare of all adults
- Access to relevant legal and professional advice
- Regular management reports to the Board of Trustees, detailing how risks to adult safeguarding are being addressed and how any reports have been addressed
- Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice
- A Designated Safeguarding Lead – Chief Executive Officer – who can be contacted on 07885210206 – 01744 385 737
- When CEO unavailable the safeguarding will pass to nominated trustee
- A delegated Safeguarding Lead for all events/trips
- Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of adults, including arrangements for sharing information
- Risk assessments that specifically include safeguarding of adults

Section 2: Supporting Information

SUPPORTING INFORMATION

Key Points

- There is a **legal duty on Local Authorities** to provide support to 'adults at risk'
- **Adults at risk** are defined in legislation (see definition on page 10).
- The safeguarding legislation applies **to all forms of abuse** that harm a person's well-being
- The law provides a framework for good practice in safeguarding that makes the overall **well-being** of the adult at risk a priority of any intervention
- The law emphasises the importance of **person-centred safeguarding,** (referred to as **'Making Safeguarding Personal'** in England)
- The law provides a framework for all organisations to **share information and cooperate** to protect adults at risk.
- The law provides a framework for making decisions on behalf of adults who can't make decisions for themselves (**Mental Capacity**)

Safeguarding Adults Legislation

Safeguarding Adults is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

The practices and procedures within this policy are based on the relevant legislation and government guidance within and related to The Care Act 2014, Care and Support Statutory Guidance (especially chapter 14) 2014

Many other pieces of UK legislation also affect adult safeguarding.
These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

- Physical Assault
- Sexual Offences
- Domestic Abuse/Coercive control
- Forced Marriage
- Female Genital Mutilation
- Theft and Fraud
- Modern slavery and human exploitation
- Hate crime
- Harassment
- Listing and Barring of those unsuitable to work with adults with care and support needs

There is also legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves. In England this is contained within the Mental Capacity Act 2005. There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where

mistreatment is carried out by a person who is employed as a carer: e.g. wilful neglect and wilful mistreatment.

Legislative responsibilities for St Helens Mind

St Helens Mind ensure that all relevant people:

- Contribute to the safeguarding and wellbeing of children and young people
- 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 training around safeguarding of adults at risk, both external and internal
- Work co-operatively with the adult at risk, carers and families, unless this has a negative impact on the adult's safety
- 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 duty to report if an individual, family member of member of the public expresses concerns about an 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

St Helens Mind employees, trustees and volunteers are supported through:

- High quality learning opportunities to enable them to recognise indicators of abuse and neglect and to know how to respond
- 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

St Helens Mind has systems in place for:

- The recruitment and selection of staff, trustees and volunteers in line with the requirements of the Disclosure and Barring Service
- Mandatory inclusion of safeguarding training in induction programs

- Ongoing mandatory safeguarding training and development for staff, trustees and volunteers appropriate to their role
- The inclusion of safeguarding concerns in supervision
- Safeguarding processes and procedures as an agenda item in team and staff meetings
- A dedicated safeguarding trustee and regular meetings to update on safeguarding
- Monitoring of working standards of staff and volunteers via the supervision and support system
- Dealing with allegations or concerns relating to staff, trustees and volunteers
- Working in accordance with local, multi-agency safeguarding arrangements. The provision of clear information for people who use St Helens Mind's services on keeping themselves safe and raising safeguarding concerns.

Who do safeguarding duties apply to?

A report must be made whenever a practitioner (staff, trustee, volunteer) identifies that an adult who is classed as 'at risk' is at risk of harm, abuse or neglect.

Every practitioner has a responsibility to safeguard an adult at risk, and that includes protection from abuse by a professional, carer or volunteer. Therefore, the requirement to report any concerns about suspected abuse and neglect applies in these situations. This also covers situations when abuse is only suspected.

Responsibility of the board of trustees

Organisations are judged on the effectiveness of their implementation of safeguarding and the value they place on safeguarding individuals 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 St Helens Mind and must ensure sufficient reporting and monitoring arrangements to secure this knowledge. In the event of a person within St Helens Mind suffering from abuse, neglect or harm due to the actions or lack of action from St Helens Mind, 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.

Definition of an Adult at Risk

The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult.

The actions that need to be taken might be by the Local Authority (usually social services) and/or by other agencies, for example the Police and Health. A charity may need to take action as part of safeguarding an adult, for example, to use the disciplinary procedures in relation to a member of staff or member who has been reported to be harming a person using services and/or facilities. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

An Adult at risk is defined under the Care Act 2014

An **adult at risk** is an individual aged 18 years and over who:

(a) has needs for care and support (whether or not the local authority is meeting any of those needs); AND
(b) is experiencing, or at risk of, abuse or neglect; AND
(c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

Abuse and Neglect

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all, of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission, or ignorance.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

The Care Act 2014 lists the following types of abuse:

- Physical
- Sexual
- Emotional/Psychological/Mental
- Neglect and acts of Omission
- Financial or material abuse
- Discriminatory
- Organisational / Institutional
- Self-neglect
- Domestic Abuse (including coercive control)
- Modern slavery

Abuse can take place in any relationship and there are many contexts in which abuse might take place, e.g., Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams.

Abuse or neglect could be carried out by:

- A spouse, partner or family member
- Neighbours or residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

Often the perpetrator is known to the adult and may be in a position of trust and/or power.

Signs and Indicators of Abuse and Neglect

An adult may confide to a member of staff, volunteer or another person using our services that they are experiencing abuse inside or outside of the organisation's setting. Similarly, others may suspect that this is the case.

There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their activities.
- Someone losing or gaining weight / an unkempt appearance/ a deterioration in hygiene.
- A change in the behaviour or confidence of a person. For example, a person may be looking quiet and withdrawn when their brother comes to collect them from sessions in contrast to their personal assistant whom they greet with a smile.
- Self-harm.
- A fear of a particular group of people or individual.
- A parent/carer always speaks for the person and doesn't allow them to make their own choices
- They may tell you / another person they are being abused – i.e. a disclosure

Wellbeing Principle

The concept of 'well-being' is threaded throughout UK legislation and is part of the Law about how health and social care is provided. Our well-being includes our mental and physical health, our relationships, our connection with our communities and our contribution to society.

Being able to live free from abuse and neglect is a key element of well-being.

The legislation recognises that statutory agencies have sometimes acted disproportionately in the past. For example, removing an adult at risk from their own home when there were other ways of preventing harm. In the words of Justice Mumby '*What good is it making someone safe when we merely make them miserable?'* What Price Dignity? (2010)

For that reason any actions taken to safeguard an adult must take their whole well-being into account and be proportionate to the risk of harm.

Making Safeguarding Personal making safeguarding personal.pdf (adass.org.uk)

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety we need to understand 'what matters' to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.

The concept of 'Making Safeguarding Personal' means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Organisations work to support adults to achieve the outcomes they want for themselves. The adult's views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

The Principles of Adult Safeguarding in The Care Act 2014

The Act's principles are:

- **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
- **Accountability** – Accountability and transparency in delivering safeguarding

Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called **"lacking mental capacity"**.

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change; if it is safe/possible to do so, wait until they are able to be involved in decision making or to make the decision themselves.

For example:

- A person with epilepsy may not be able to make a decision following a seizure
- Someone who is anxious may not be able to make a decision at that point in time
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue

Mental Capacity is important for safeguarding for several reasons.

Not being allowed to make decisions <u>one is capable of making</u> is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. This is recognised in the law as **coercion** and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened. However, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

There is legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are:

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes
- If the action we are taking to keep people safe will restrict them, then we must think of a way to do that which restricts their freedom and rights as little as possible

Many potential difficulties with making decisions can be overcome with good preparation. It is good practice to get as much information about the person as possible. Some people with care and support needs will have a 'One page profile' or a 'This is me' document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don't like doing.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.

There may be times when an organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them
- Stopping them being in contact with the person causing harm

Recording and Information Sharing

All charities must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a **'need to know'**.
This does **NOT** automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
- Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk
- you believe they or someone else is at risk, including children
- you believe the adult is being coerced or is under duress
- it is necessary to contact the Police to prevent a crime, or to report that a serious crime has been committed
- the adult does not have mental capacity to consent to information being shared about them
- the person causing harm has care and support needs

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation **must be recorded together with the reasons to share or not share information**.

Multi-Agency Working

Safeguarding adults' legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of organisations.

Charities may need to cooperate with the Local Authority and the Police including to:

- Provide more information about the concern you have raised
- Provide a safe venue for the adult to meet with other professionals e.g. Police/Social Workers/Advocates
- Attend safeguarding meetings
- Coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the Police or other agencies
- Share information about the outcomes of internal investigations
- Provide a safe environment for the adult to use services/continue their activities/ their role in the organisation

Digital safeguarding

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

- St Helens Mind will ensure that all adults taking part in digital sessions have consent to take part.
- St Helens Mind will ensure that there are the required number of staff/volunteers in online sessions in order to support participants' wellbeing and safety.
- Avoid using personal social media to engage in remote sessions and do not share personal details with anyone over any communication platform.
- If an attendee discloses abuse or the staff/volunteers suspect the attendee is in danger the safeguarding and reporting procedures outlined in this policy must be followed.
- Further information on how to deliver safe online sessions can be found here (content developed for young people, but guidance such as internet quality and poor connections are still helpful for working digitally https://www.anncrafttrust.org/wp-content/uploads/2020/06/Digital-Youth-Work-Guide.pdf
- Abuse such as domestic abuse is harder to notice or discuss when working digitally. Participants abusers may be at home and listening. Consider encouraging participants to wear headphones and if there are concerns, ask questions which can be answered with yes or no answers. For example 'are you safe right now?' 'do you need help?'.
- A public comment on social media that gives cause for concern for someone's welfare or intimates a risk to others should <e.g. respond publicly with how they can get help ('link to 'Get Urgent Help' section of the website). It may feel appropriate to encourage the person making the disclosure to get in touch via phone call or private message. If the person gets in touch and makes a formal disclosure, colleagues should alert the Designated Safeguarding Lead and follow the procedural guidelines in this policy.

Section 3: Safeguarding Procedures

Safeguarding concerns

It is the responsibility of St Helens Mind to ensure staff and volunteers recognise, record and report concerns and to manage risk to the individual.

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 another individual 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

Responding to Safeguarding Concerns

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

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

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

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 covering manager, or the manager's line manager) must be contacted for advice and guidance. (See Appendix B for immediate action to be taken by person raising the concern).

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 Appendix C and H).

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
- Child or young person'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)

Raising a Safeguarding Concern

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.

If an allegation is made against a staff member 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.

https://www.nspcc.org.uk/globalassets/documents/volunteering/essential-resources-for-volunteers/managing-allegations-against-staff-and-volunteers.pdf

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.

Informing the police

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 Refuge

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.

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

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.

Raising a safeguarding concern with the local authority

St Helens crisis team

- 0800 051 1508, which is available 24 hours a day, 7 days a week. This free number is for people in St Helens, Knowsley, Warrington, and Halton.

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 St Helens Mind database.

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 St Helens Mind and acknowledge receipt in writing within 7 working days following submission of a written report.

The relevant social services department may be where the adult:

- 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

Out of hours

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

Local Contacts
Out of Hours:

St Helens crisis team

- 0800 051 1508, which is available 24 hours a day, 7 days a week. This free number is for people in St Helens, Knowsley, Warrington, and Halton.

At the end of any discussion about a child, both social services and the practitioner making the report, should be clear about:

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

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.

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.

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.

If a person who uses the service is suspected of abuse

Safeguarding procedures apply if a child is at risk as a result of the actions of someone using the service or a career.

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.

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

It may be necessary to suspend the service provided by St Helens Mind 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.

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.

Potential service users who have a known record of abusing

If a person with a known record of abusing others wishes to receive a service, St Helens Mind 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.

Allegations against adults working or volunteering with children

If an allegation is made against a member of staff, student or volunteer who works for the organisation, regardless of whether the allegation relates to an incident related to work or elsewhere and they are believed to have:

- Behaved in a way that has harmed a child or may have harmed an adult.
- Possibly committed a criminal offence against or related to an adult.
- Behaved towards an adult in a way that indicates they may pose a risk of harm to adult
- Behaved or may have behaved in a way that indicates they may not be suitable to work with adults at risk.

Then Staff should contact the DSP immediately and inform them of all of the facts. Once the details have been shared with the DSP, the member of staff reporting the behaviors **should not involve anyone else.** If the concerns involve the DSP, staff should report their concerns to the **CEO/Chair of the board.**

These behaviours should be considered within the context of all categories of abuse These include concerns relating to inappropriate relationships between members of staff and adults at risk.

Local Authority Safeguarding Response

It is the legal responsibility of St Helens Mind to recognise, report and record safeguarding concerns. Once St Helens Mind 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.

St Helens Mind 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 St Helens Mind is asked to undertake an enquiry.

St Helens Mind may also be invited to:

- attend a safeguarding meeting
- submit a written report

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.

Support for Victims of Abuse or Neglect

If a person using St Helens Mind 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.

Support for Staff and Volunteers

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

St Helens Mind 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.

Section 4: Appendices

Appendix A – Sources of Information and Support

Action on Elder Abuse
A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.
Tel: 020 8765 7000
Email: enquiries@elderabuse.org.uk
www.elderabuse.org.uk

Men's Advice Line
For male domestic abuse survivors
Tel: 0808 801 0327

National LGBT+ Domestic Abuse Helpline
Tel: 0800 999 5428

The freephone, 24-hour National Domestic Abuse Helpline
Tel: 0808 2000 247

Rape Crisis Federation of England and Wales
Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.
Email: info@rapecrisis.co.uk
www.rapecrisis.co.uk

Respond
Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.
Tel: 020 7383 0700 or
0808 808 0700 (Helpline)
Email: services@respond.org.uk
www.respond.org.uk

Stop Hate Crime
Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.
24 hours service:
Telephone: 0800 138 1625
Web Chat: www.stophateuk.org/talk-to-us/
E mail: talk@stophateuk.org
Text: 07717 989 025
Text relay: 18001 0800 138 1625
By post: PO Box 851, Leeds LS1 9QS

Susy Lamplugh Trust
The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.
Tel: 020 83921839
Email: info@suzylamplugh.org
www.suzylamplugh.org

Victim Support
Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.
Tel: 0808 168 9111
www.victimsupport.com

Women's Aid Federation of England and Wales
Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service.
www.womensaid.org.uk/information-support

Appendix B

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 where possible
- 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: http://www.rasamerseyside.org/
- 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
- Encourage the adult to report the matter to the police if a crime is suspected and not an emergency situation. Arrange support with the process.
- Record the information received, risk evaluation and all actions.

Appendix C

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 adult 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 D

Responding to disclosures from adults at risk. What to say and how to respond.

1. **Listen carefully to what they're saying**
   Be patient and focus on what you're being told. Try not to express your own views and feelings. If you appear shocked or as if you don't believe them, it could make them stop talking and take back what they've said.

2. **Give them the tools to talk**
   If they're struggling to talk to you, let them know they can take their time.

3. **Let them know they've done the right thing by telling you**
   Reassurance can make a big impact. If they've kept the abuse a secret it can have a big impact knowing they've shared what's happened.

4. **Tell them it's not their fault**
   Abuse is never a person's fault. It's important they hear, and know, this.

5. **Say you'll take them seriously**
   They may have kept the abuse secret because they were scared, they wouldn't be believed. Make sure they know they can trust you and you'll listen and support them.

6. **Don't confront the alleged abuser**
   Confronting the alleged abuser could make the situation worse for the adult at risk.

7. **Explain what you'll do next**
   Explain that you're going to speak to someone who will be able to help.

8. **Report what the adult at risk has told you as soon as possible**
   Report as soon after you've been told about the abuse so the details are fresh in your mind and action can be taken quickly. It can be helpful to take notes as soon after you've spoken to the person. Try to keep these as accurate as possible.

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 adult at risk 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 are they 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 F - 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 G

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.

	Details

Alleged Safeguarding Disclosure Observation Recording Form	
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.

Appendix I

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 St Helens Mind are as follows:

- Paul O'Brien CEO
- Joe Roberts Board Member

Local Contacts

Social Services: Contact us on 0151 459 2606 to:

1. Raise a concern about an adult at risk (if an adult is at immediate risk call 101 or 999 in an emergency).
2. Arrange an assessment of an adult who is seriously ill or disabled, address the family's needs and provide support.
3. Access advice and support from other services.
5. Enquire about casework, individual cases or other issues of a sensitive nature.
6. Get in touch with a social worker or specific social work team.

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 (aged 16+) 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 people 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.