



Safeguarding Adults Policy & Procedures

October 2024

Management Information

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Contents

Section 1: Safeguarding Policy

- 1.1 Introduction
- 1.2 Definitions
- 1.3 Legal Framework
- 1.4 Legislative responsibilities for Buckinghamshire Mind and Mind in Berkshire
- 1.5 Who do safeguarding duties apply to?
- 1.6 Making safeguarding personal
- 1.7 Safeguarding and Capacity
- 1.8 Information Sharing and Recording
- 1.9 Exceptions to obtaining informed consent
- 1.10 Carers and Safeguarding
- 1.11 Prevention of abuse and neglect
- 1.12 Responsibility of the board of trustees
- 1.13 Organisational Learning

Section 2: Safeguarding Best Practice

- 2.1 How to support a disclosure
- 2.2 Confidentiality and consent
- 2.3 Having a conversation around lack of consent
- 2.4 Follow up support
- 2.5 Risk Management
- 2.6 Recording of adult safeguarding

Section 3: Safeguarding Procedures

- 3.1 Safeguarding concerns
- 3.2 Responding to safeguarding concerns
- 3.3 Raising safeguarding concerns with local authority
- 3.4 Local Authority Safeguarding Response
- 3.5 Informing the Police
- 3.6 If a person who uses the service is suspected of abuse
- 3.7 Potential service users who have a known record of abusing
- 3.8 Support for victims of abuse or neglect
- 3.9 Support for staff and volunteers

4. Digital Safeguarding

Safeguarding Appendices

- Appendix A: Types of Abuse
- Appendix B: Safeguarding Flowchart
- Appendix C: Record of Concern Form
- Appendix D: Key Contacts
- Appendix E: Some useful Do's and Don'ts
- Appendix F: Immediate action by the person raising the concern
- Appendix G: Immediate actions to take as a line manager
- Appendix H: Having a Conversation Around Lack of Consent
- Appendix I: 10 Key Principles for Responding to Disclosures

Section 1: Safeguarding Policy

1.1 Introduction

Buckinghamshire Mind is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines. We will safeguard adults by ensuring that our services are delivered in a way which keeps all adults safe. This Policy serves as a guidebook for line managers and individuals when potential safeguarding issues are identified and training will support the operationalisation of the Policy. This policy covers our activities in Buckinghamshire Mind and in East Berkshire under Mind in Berkshire.

Buckinghamshire Mind is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; 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 services, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

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

- Mental Capacity Act 2005
- The Protection of Freedoms Act 2012
- The Care Act 2014
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Sexual Offences Act 2003
- The Human Rights Act 1998
- Modern Slavery Act 2015
- Data Protection Act and GDPR 2018

1.1.3

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

- Data Protection Policy
- Confidentiality Policy
- Whistleblowing Policy
- Disclosure and Barring (DBS) Policy
- Consent Policy
- Full Privacy Policy
- Code of Conduct (to support Professional Boundaries) Policy
- Equality, Diversity, Inclusion and Equity Policy
- Records Retention Schedule
- Staff Performance and Development Policy
- Social Media Policy
- Mental Capacity and DOLS Policy
- Children and Young People Safeguarding Policy

1.2 Definitions of Abuse

Abuse is a violation of an individual's human and civil rights by another person or persons and may also be a criminal offence. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

The Safeguarding Adults Legislation in England, The Care Act 2014, defines categories of adult abuse and harm as follows:

1. **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
2. **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so, called 'honour' based violence.
3. **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendos, sexual photography, subjection to pornography or witnessing sexual acts, and acts where the adult has been pressured into consenting.

4. **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, coercive control, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
5. **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
6. **Modern slavery** – encompasses slavery, human trafficking, forced labour 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.
7. **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
8. **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, 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.
9. **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
10. **Self-neglect** – this can include neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

1.3 Legal Framework

This policy has been drawn up based on legislation, policy and guidance that seeks to protect adults at risk in England.

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.

Safeguarding Adults in England 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 key legislation underpinning this policy is The Care Act 2014 which defines an **Adult at Risk** as 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.

1.4 Legislative responsibilities for Buckinghamshire Mind and Mind in Berkshire

1.4.1 Buckinghamshire Mind and Mind in Berkshire should ensure that all relevant people:

- Contribute to the safeguarding and wellbeing of individuals
- Be clear on their role and responsibility in relation to safeguarding
- Be able to recognise potential signs of abuse and neglect
- Recognise when a caregiver is experiencing problems which may affect their capacity to provide effective and appropriate care, or which may mean they pose a risk of harm
- Receive the appropriate level of knowledge and have access to learning events in safeguarding adults
- Know the organisational processes and procedures for raising safeguarding concerns and who to contact. The Designated Safeguarding Lead (DSL)
- Understand the importance of balancing choice and control with safety
- Know who to contact for advice outside the organisation and when and how to report any concerns about abuse and neglect to social services or the police
- Know that practitioners have a responsibility if an individual, family member of member of the public expresses concerns about a child's or adult's safety to them.
- Have access to specific support and counselling where the safeguarding has a detrimental impact or implications for their own well-being

1.4.2 Buckinghamshire Mind and Mind in Berkshire employees and volunteers will be supported through:

- High quality learning opportunities to enable them to recognise indicators of abuse and neglect and to know how to respond.
- Support and guidance to enable them to deal with concerns about abuse and neglect in a timely and proportionate way.
- Supervision and support throughout any safeguarding procedure.
- Support and advice if they are accused of abuse or neglect.

1.4.3 Buckinghamshire Mind and Mind in Berkshire has systems in place for:

- The recruitment and selection of staff and volunteers in line with the requirements of the Disclosure and Barring Service
- Mandatory inclusion of safeguarding in induction programs
- Mandatory safeguarding learning pathways for staff and volunteers appropriate to their role
- The inclusion of safeguarding concerns in supervision
- Dealing with allegations or concerns relating to staff and volunteers
- Working in accordance with local, multi-agency safeguarding arrangements
- The provision of clear information for people who use Buckinghamshire Mind and Mind in Berkshire's services on keeping themselves safe and raising safeguarding concerns.
- Whistleblowing.

1.5 Who do safeguarding duties apply to?

1.5.1 A report must be made whenever a Team member (staff, trustee, volunteer) identifies that an adult or child is at risk of harm, abuse, or neglect (Procedures Section 3.2)

1.6 Making Safeguarding Personal

1.6.1 In 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 'Person Centred Safeguarding'/'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.

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. 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.

1.6.2 The Principles of Adult Safeguarding under The Care Act 2014 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.

1.7 Safeguarding and CAPACITY

1.7.1 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 people the right to make any decisions that they need to make and the right to do this, even if others consider them to be unwise.

This assumption of having capacity for a decision unless proved otherwise equally applies to an 'Adult at Risk' as defined by The Care Act 2014.

1.7.2 The Mental Capacity Act 2015 is the legislation that describes when and how we can make decisions on behalf of an adult who is 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 and after taking all reasonable steps to present the information in an accessible way.
- 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 the way to do that which restricts their freedom and rights as little as possible.

See Policy [Mental Capacity Act DOLS Policy CURRENT.pdf](#)

1.8 Information sharing and Recording

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

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

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

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

1.8.3 Buckinghamshire Mind ensures all data is recorded and stored in line with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

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

Personal information can be shared with the consent of the adult concerned.

1.8.4 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.
- Management meetings can take place to agree to co-ordinate actions by the organisation.

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. If the adult does not have capacity the decision to share with friends/family/carers needs to explore in line with the Mental Capacity Act and Best Interest approach.

1.9 Exceptions to obtaining informed consent/ sharing without consent

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

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. Their wishes should be respected unless there are over-riding reasons for sharing information.

1.9.1 A safeguarding referral to Local Authority may be made without the individual's consent where:

- a) The situation suggests that the perpetrator of the abuse has access to others at risk in similar circumstances, and to make a report would be an act of protection in the public interests (e.g. where a care worker visits several people in the course of their duties)
- b) Where the adult appears to be under the undue influence of another person and through coercion, threat, or duress, be placed under pressure not to give their consent
- c) The person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act.
- d) Sharing the information could prevent a serious crime or where a serious crime has been committed
- e) The risk is unreasonably high
- f) Staff, Volunteers or Trustees are implicated.

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

1.9.3 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. Information shared with or without the adult at risk's consent, should abide by the principles and information sharing processes of the GDPR 2018.

1.9.4 If you are unsure about any situation, the Local Authority safeguarding team can be consulted without sharing the person at risk or the person causing harm personal details (Appendix D)

1.9.5 As a private citizen, each individual has the right to report to the local authority or the police as they see fit, but this may not allow Buckinghamshire Mind and Mind in Berkshire to support them as fully as they would wish.

1.10 Carers and Safeguarding

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

- A carer may witness or speak up about abuse or neglect
- A carer may experience intentional or unintentional harm from the person they are trying to support
- A carer may unintentionally or intentionally harm or neglect the adult they support on their own or with others
- It is important to raise concerns and to report in order for appropriate support to be put in place as early as possible.
- Where Buckinghamshire Mind is being informed of concerns by a third party and are not directly involved in supporting the person, in the first instance, information should be given to the third party on how to report their concerns via the Local Authority.

1.11 Prevention of abuse and neglect

1.11.1 Taking steps to prevent abuse or neglect from happening in the first place is an important part of good safeguarding practice. Measures that Buckinghamshire Mind and Mind in Berkshire takes include:

- Having enough employees or volunteers to safely support people using the service
- Ensuring the workforce is well trained and supported
- Good recruitment practice that tests values and attitudes and makes the necessary checks in line with the requirements of the Disclosure and Barring Service.
- Good quality leadership, management, and supervision.
- Providing good advice and information on safeguarding for all people with mental health problems who use the service.
- Educating people who use the service and carers on how to protect themselves from abuse and neglect
- Promoting a proactive safeguarding culture – identifying risks, tackling institutionalised practice
- Good inter-agency working, information sharing – discussing concerns with safeguarding partners
- Forging community links – reducing isolation for services and individuals – this could include signposting to other local organisations
- A robust Whistleblowing policy

1.12 Responsibility of the board of trustees

1.12.1 Organisations are judged on the effectiveness of their implementation of safeguarding and the value they place on safeguarding adults who may be at risk of abuse or neglect. The Board of Trustees will ensure adequate resources are in place to meet the needs of the people we support.

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 Buckinghamshire Mind and Mind in Berkshire and must ensure sufficient reporting and monitoring arrangements to secure this knowledge.

In the event of a person within Buckinghamshire Mind and Mind in Berkshire suffering from abuse, neglect or harm due to the actions or lack of action from Buckinghamshire Mind and Mind in Berkshire, 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.

1.13 Organisational learning

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

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

1.13.3. Learning from audits and data analysis is fed into strategic objectives and decision making, and the Board of Trustees will receive regular reports to inform them of how well safeguarding is being implemented across Buckinghamshire Mind and Mind in Berkshire.

1.13.4 The Safeguarding policy will be on the HR system with all staff and volunteers required to read and confirm via 'track and sign'. It will also be saved in the policies folder on SharePoint for ease of access and Staff and volunteers will be notified of any updates.

Section 2: Safeguarding Best Practice

2.1 How to support a disclosure

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

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

2.1.2 For information around how to respond to a disclosure following Section 3.2 & see Appendices A - I for further guidance.

2.2 Confidentiality and consent

2.2.1 Practitioners should always seek consent where appropriate and the best interests of the individual must take priority when making a decision around gaining consent for a report.

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

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

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

2.3 Having a conversation around lack of consent

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

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

2.3.3 Team Members should consider the following and:

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

2.3.4 If, after this, the individual refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected.

However, the Team Member has a professional responsibility to protect the individual and if there are circumstances where consent is not required as detailed in Policy in Section 1.9. The Team Member may choose to go ahead with reporting the Safeguarding without the individual's consent.

2.4 Follow up Support

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

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

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

2.4.4 DSL should receive or seek feedback 7 working days after an external safeguarding report has been made.

2.5 Risk Management

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

2.5.2 The aim of risk management is:

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

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

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

- What needs to be put in place to meet the on-going support needs of the individual
- How will the situation be monitored

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

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

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

2.6 Recording of adult safeguarding

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

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

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

2.6.4 All safeguarding issues or concerns must be recorded as soon as possible. Best practice is for notes to be made on the Record of Concerns (ROC) Form (Appendix C) and uploaded to the Safeguarding ROC Tracker Tab on SharePoint.

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

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

Section 3: Safeguarding Procedures – see Appendix B

3.1 Safeguarding concerns

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

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

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

3.2 Responding to safeguarding concerns

3.2.1 There are three possible pathways of a safeguarding concern:

1. Action required to report concerns but not safeguarding/does not meet threshold and requires internal monitoring.
2. Safeguarding concern meets threshold of 'reasonable cause to suspect' abuse, neglect or harm, but consent not received to raise as safeguarding externally with the Local Authority.
3. Safeguarding concern meets threshold of 'reasonable cause to suspect' abuse, neglect or harm. Consent received to raise as a safeguarding concern with Local Authority.

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

3.2.3 Emergency situations

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

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

3.2.4 Person not in immediate danger

If not in immediate danger the practitioner must report the concern to their line manager/DSL/IST 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.

3.2.5 Volunteers

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

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

3.2.6 Sharing concerns with line manager/DSL/IST

A response to a safeguarding concern is an organisational, and not an individual, responsibility. Therefore all safeguarding concerns should be documented on Record of Concern Form, and discussed with either a line manager/DSL/IST to determine whether an external safeguarding referral should be raised (**see Appendices B and C**). The completed RECORD OF CONCERN Form must include the following for discussion:

- Disclosure or observation and reason for concern
- Consent status or reason to override consent

- Capacity status, if overriding consent due to concerns regarding capacity to give consent
- Individual's desired outcomes
- Action we can take to reduce risk (e.g. a follow up phone call or visit)
- Follow up support we can offer (e.g. increased support, signposting to other services)

3.2.7 Following discussions, where the concern does not require external referral at that stage, all decisions taken must be documented on the Record of Concern Form and uploaded onto SharePoint and monitored by the appropriate operations team

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

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

3.3 Raising a safeguarding concern externally with the Local Authority

3.3.1 If it is agreed that a safeguarding concern needs to be raised with the Local Authority, the appropriate referral forms or documentation as determined by the local, multi-agency procedures should be completed, copies must be retained and uploaded to Buckinghamshire Mind and Mind in Berkshire's Safeguarding Tracker on SharePoint.

3.3.2 If it is agreed internally that a safeguarding concern needs to be raised, this needs to be actioned within 24 hours of agreement.

3.3.3 If a report is made by telephone or face-to-face with the Local Authority, then the Team Member making the report must confirm the information in writing within 24 hours, using the agreed social services referral form.

3.3.4 Out of hours

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

- **Out of Hours: See Appendix D**

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

- proposed initial action

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

3.3.6 If a concern is reported out-of-hours to a local on-call duty team, a discussion with a line manager/DSL/IST should take place as soon as practical and possible.

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

3.4 Local Authority Safeguarding Response

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

3.4.2 Buckinghamshire Mind and Mind in Berkshire 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. If Buckinghamshire Mind and Mind in Berkshire is asked to undertake an enquiry, the person appointed to work with the local authority must have the requisite skills, knowledge and experience to carry out the tasks required.

3.4.3 Buckinghamshire Mind and Mind in Berkshire may also be invited to:

- attend a safeguarding adult's review panel meeting
- submit a written report

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

3.4.5 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 authority 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 on the tracker.

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

3.5 Informing the police

3.5.1 Incidents of abuse or neglect may also be criminal offences. The police should always be informed in an emergency. In non-emergency situations it is important to inform the police of criminal activity however it is also important to carefully consider the circumstances. In cases of domestic violence, it is possible that informing the police can increase the risk to the individual concerned. This should be carefully considered, and advice sought from Internal Safeguarding Team.

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

3.5.3 Consideration should include:

- The seriousness of the crime
- The level of risk,
- Risk to others
- What the individual wants, taking into account issues of coercion or duress and potential damage to relationships
- Whether the situation would best be resolved through police intervention – taking into account the principle of proportionality.

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

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

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

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

3.6.3 Staff and volunteers must:

- Follow the safeguarding procedures, including consideration of whether an advocate is required.
- Carry out a risk assessment and monitor the situation

- Take steps to ensure the safety of those who may be at risk of abuse (including staff and volunteers) from a person who uses the service.
- Respond proportionately taking into account the views of any victim of abuse
- Seek guidance from social care or health services on supporting the person to try to reduce abusive behaviour

3.6.4 It may be necessary to suspend the service provided by Buckinghamshire Mind and Mind in Berkshire to the individual presenting the risk, but this should be part of a wider plan and where applicable, communicated with the local authority to ensure that alternative support is in place.

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

3.7 Potential service users who have a known record of abusing

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

3.8 Support for victims of abuse or neglect

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

3.9 Support for staff and volunteers

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

Buckinghamshire 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.

Counselling support can be accessed through Care First Employee Assistance Program <http://www.carefirst-lifestyle.co.uk/>

Section 4 Digital Safeguarding

Safeguarding people who use Buckinghamshire Mind and Mind in Berkshire services include people who use our digital services, online platforms (Zoom, Teams, Facebook) and social media channels.

The same safeguarding principles apply to our activities and services which are delivered both offline and online.

Digital safeguarding means protecting from online harms like:

- **Cyberstalking** – Repeatedly using electronic communications to harass or frighten someone. For example, by sending threatening messages.
- **Discrimination and abuse on the grounds of protected characteristics** – 'inciting hatred' - on the grounds of any of the protected characteristics.
- **Disinformation** - Deliberate intent to spread wrong information.
- **Hacking** – Accessing or using computer systems or networks without authorisation, often by exploiting weaknesses in security.
- **Harmful online challenges** – Online challenges sometimes show people doing dangerous things. People share these posts on social media, encouraging others to do the same.
- **Hoaxes** – A lie designed to seem truthful.
- **Impersonation** - Where someone pretends to be someone else online. This is often by taking photos from social media to build a fake profile. This is sometimes known as 'catfishing'.
- **Misinformation** - Where someone shares information, they think is correct, but it isn't.
- **Online bullying** - Offensive, intimidating, malicious, insulting behaviour and abuse of power online. This can humiliate or denigrate people.
- **Online harassment** - Unwanted contact online intended to violate someone's dignity. It could be hostile, degrading, humiliating or offensive.
- **Promotion of self-harm, suicide and eating disorders** – Content encouraging these harmful behaviours on social media.
- **Radicalisation** - Radicalisation aims to inspire new recruits, embed extreme views and persuade vulnerable people to support a cause. This may be through a direct relationship, or through social media.
- **Sexual exploitation and grooming online** - Developing a relationship with a child with the intention of abusing them. Offenders use emotional and psychological tricks to build relationships. The abuse can take place online or offline.
- **Sharing of illegal and inappropriate imagery** - 'Illegal' means child sexual abuse imagery and imagery that incites violence, hate or terrorism. 'Inappropriate' could mean sharing pornography, or violent or hateful content.
- **Oversharing personal information** - This includes information that makes someone identifiable, like their names or phone number. It may also include identifying details based on someone's protected characteristics.

4.1 Our Commitment to Digital safeguarding

We expect all Team members (Staff, volunteers and Trustees) to:

- Recognise the types of online harms and the risks they have.
- Report a safeguarding concern, offline or online in line with Safeguarding Policy and Processes.
- Make every effort to ensure people who use our services understand why and how to stay safe online.
- Ensure the correct permissions in place before taking and using photographs and manage the retention of these in line with Social media Policy and Retention of Records Schedule.
- Set up and use social media accounts responsibly.
- Attend relevant training relation to digital safeguarding.
- Risk-assess all projects, initiatives, programmes, activities, services and campaigns to make sure digital safeguards are in place.

If you know of an allegation, concern or disclosure, you must report it.

You must manage online incidents in the same way as other safeguarding incidents through the processes detailed in this policy.

For more information see: [DigiSafe: A step-by-step digital safeguarding guide | Connecting Minds](#)

4.2 Social media

People may use our social media/digital platforms to communicate with us. We make it clear that we can only respond to people on Social Media during our office hours. We cannot hold responsibility for answering messages from people needing crisis support out of office hours. This is putting both the person in distress and the member of staff at risk.

This is communicated through auto message on our social media platforms along with important information and links on how to access support and keeping safe.

Safeguarding Appendices

Appendix A: Types of Abuse

Source: Adult Safeguarding: Types and Indicators of Abuse

<https://www.safeguarding.wales/glossary.html> (Social Care Institute of Excellence)

Type of Abuse Definition

1 Physical Abuse

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

2 Sexual Abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

3 Psychological or Emotional Abuse

Types of psychological or emotional abuse

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

4 Financial Abuse or Material Abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee ship or other legal authority
- Rogue trading – e.g. Unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

5 Organisational or Institutional Abuse

Types of organisational or institutional abuse

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

6 Neglect and Acts of Omission

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs

- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

7 Self-Neglect

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

8 Domestic Violence and Abuse

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

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

Coercive behaviour can include:

- Acts of assault, threats, humiliation and intimidation; harming,
- Punishing, or frightening the person;
- isolating the person from sources of support;
- exploitation of resources or money; preventing the person from escaping abuse;
- regulating everyday behaviour.

9 Modern Slavery

This encompasses slavery, human trafficking, forced labour 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.

Possible indicators

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to.

10 Discriminatory abuse

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

11. Prevent and radicalisation

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

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

Appendix B - Safeguarding Procedure Flowchart

Staff / volunteer/Trustee have:

- Noticed a significant change
- Recognised possible abuse
- Received a safeguarding disclosure

NEXT STEPS: reassure person that it is positive they are looking for support and asks open questions to clarify:

- **What** - Tell me about what is going to happen / has happened?
- **Who** -Would you like to tell me about anyone who is involved?
- **When** is this going to take place / did this take place?
- **Where** is this going to take place / did this take place?
- Where is the individual now? Are they alone?
- Have they told anyone else?
- What would the like to happen next/hope to happen by disclosing

DISCUSS CONSENT AND NEXT STEPS

- **Explain you will contact your line manager to discuss next steps and will keep person informed of any decisions.**

Complete **Record of Concern Form (ROC)**

Speak to line manager or to Designated Safeguarding Lead or member of Internal Safeguarding Team as soon as possible (within 24 hours)

Team member / Line manager speaks to DSL/IST and decides whether to report to external safeguarding team

Yes

1. Team Member completes External Safeguarding referral on portal
2. SAVE A PDF COPY of referral
3. SEND PDF to **Line Manager** and safeguarding@bucksmind.org.uk
4. Update Record of Concern Form
5. Send ROC Form to **Line Manager** and safeguarding@bucksmind.org.uk
6. Line Manager/DSL to update Safeguarding Tracker and contact

No

1. Team Member to Update Record of Concern Form
2. Send ROC Form to **Line Manager** and safeguarding@bucksmind.org.uk
3. **Line Manager** to review completed form and send to H & S Team.
4. **Line Manager** to update the Accident/Incident Tracker and close when appropriate.

Team Member/Line Manager to agree follow up call to update person we support (if appropriate based on discussion)

SAFEGUARDING INTERNAL ESCALATION ROUTE

Designated Safeguarding Lead

Julia Hall

Head of Services

Mobile: 07951 057971

julia.hall@bucksmind.org.uk



Safeguarding Team

Catherine Horrocks

Prevention Services Manager

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Safeguarding Team

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Safeguarding Team

Tracy Rogers

Crisis Manager

07487 793562

Tracy.Rogers@bucksmind.org.uk



Line Manager



Front Line Staff

Appendix C

Record of Concern Form – to be completed following an alleged safeguarding disclosure or when observed a concern which may be of a safeguarding nature.

- 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.
- Use client full name initially, further reference can be initials e.g. Anna Smith (AS)
- The form below is for reference, the form to complete can be located here [Record of Concern Template Form CURRENT Dec 24](#)
- **Before** completing the form, save a copy into your documents to avoid the template being overwritten.

Record of Concern and Actions Form

PLEASE COMPLETE ALL SECTIONS BEFORE SUBMITTING

1. Person we support Information

Name	
DOB	
Address	
Contact Details	

2. Staff Details (completing Form)

Name	
Position	
Service	
Contact Details	

3. Details of Disclosure / Concern

Type of concern <i>Highlight relevant concern(s)</i>	Physical / Sexual / Psychological / Financial or material / Neglect and acts of omission / Discriminatory / Institutional / Other
<i>If other, please state</i>	

Summary of Disclosure / concern

--

3. Consent - Information seeking and sharing

Did you discuss the possible next steps with person we support		Y/N
If no, please give details		
Does the person we support CONSENT to the sharing of information (i.e. externally if applicable)		Y/N
<i>If yes, with whom?</i>		
<i>If no, please give reasons:</i>		

4. Outcome

What would the person we support like to happen next?

5. Discussion and Actions

Internal Review	
Who you discussed the concern with	
When	
Safeguarding Team informed	Y/N
Decision / Advice	

External Referral / Contact (if applicable)
--

Which agency referred to / contacted	
How referral was made	
When referral was made	
Any action taken	
How you will follow this up	

6. Signatures of staff involved in reporting and decisions

Signature: Staff member reporting concerns		
Name	Signature	Date
Signature: Line Manager		
Name	Signature	Date
Signature: Safeguarding Lead		
Name	Signature	Date

6. Review

<i>All records of concern and action should be reviewed after 4 weeks after the initial concern was raised.</i>	
Has the action(s) above been completed?	Y/N
If No, please detail reasons	
Outcome of action taken:	

Signature of person reviewing form - Team Lead or Operations Manager		
Name	Signature	Date

Appendix D

Key Contacts – Buckinghamshire

External Contact Details for Buckinghamshire Adult Safeguarding Team:

Buckinghamshire Safeguarding Adults Team

- During Office Hours:
9am – 5.30pm Monday to Thursday or 9am – 5pm on Friday
Tel: 0800 137 915
- Report via the online portal here: [Buckinghamshire Adults Social Care Portal](#)
- Outside office hours:
Emergency Out of Hours **Tel: 0800 999 7677**
- E-mail ascfirstresponse@buckinghamshire.gov.uk

Further reading and information:

Buckinghamshire Safeguarding Adults Board: [Home - Buckinghamshire Safeguarding Adults Board \(buckssafeguarding.org.uk\)](http://buckssafeguarding.org.uk)

If you think someone is in immediate danger, please phone the emergency services on 999. Do not put yourself or anyone else at risk.

Key Contacts – EAST BERKSHIRE

External Contact Details for East Berkshire Adult Safeguarding Teams

Bracknell Adult Social Care Services

- Telephone: **01344 351500**
- Online: [I am concerned about someone or myself | Bracknell Forest Council \(bracknell-forest.gov.uk\)](https://www.bracknell-forest.gov.uk)
- Out of Hours: Emergency Duty Team on **01344 351999**.

Slough Adult Social Care Services

- Office Hours Telephone: **01753 475111 (option 1)** or
- Email: safeguarding.adults@slough.gov.uk
- Online: <https://www.slough.gov.uk/downloads/download/166/safeguarding-concerns-form> (please note this is a Word form so you will need to save the document, then open it, complete it and email it securely as an attachment)

Windsor and Maidenhead Adult Social Care

- Telephone: **01628 683744** during normal office working hours.
- Outside office hours, please contact the **Emergency Duty Team on 01344 786543**.
- No online function as of January 2024.

Further reading and information:

Berkshire Policy and Procedures: [Berkshire Safeguarding Adults - Policies & Procedures](#)

Locality Safeguarding Partnership Boards:

[Bracknell Forest Safeguarding Board - Safeguarding adults](#)

[Royal Borough Windsor & Maidenhead Safeguarding Adults Children Partnership - Safeguarding Adults \(rbwmsafeguardingpartnership.org.uk\)](#)

[Slough Safeguarding Adults Partnership - sasp \(sloughsafeguardingpartnership.org.uk\)](#)

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.

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

Do:

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

Don't:

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

Appendix F

Immediate action by the person raising the concern

- The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk.
- Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger
- Ensure that other people are not in danger
- If a crime is in progress or life is at risk, dial emergency services – 999
- Inform your manager and report in line with policy.
- Take steps to preserve any physical evidence if a crime may have been committed and preserve evidence through recording
- Record the information received, risk evaluation and all actions.

Appendix G

Immediate actions to take as a DSL/line manager/IST

The line manager should review action taken, and:

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

Appendix H

Having a conversation around lack of consent

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

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

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

Appendix I

10 Key Principles for Responding to Disclosures.

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

Social care Wales (safeguarding. Wales GUIDANCE APPLICABLE TO ENGLAND)

1. If an adult at risk tells or shows about possible abuse, listen and attend carefully, with 100% of your attention. This demonstrates that you are taking what they are saying seriously. Many individuals find it easier if eye contact isn't demanded of them.
2. Let the person tell you what they want to tell you, or show you, without interruption, as long as they and others are safe. If the time or place is tricky, you might be able to adjust the environment rather than interrupt or stop the person (for example, move others, reduce sound in the room, and always try and have a pen and notebook nearby).
3. If you aren't sure what the person said or did, or if you aren't sure what they meant, offer an open invitation, for example, 'tell me more about that' or 'show me that again'. Avoid leading questions such as what, who, why that could impact on further investigations by police.
4. Say things like 'uhuh' or 'mmhmm' to show you are listening or repeat back what they have said to you. These are safe things to say because they encourage the person to continue, without directing their account in anyway. Saying 'OK' or 'right' or 'yes' is riskier because these can suggest approval of what is being said, and some things that they need to tell are really not OK.
5. Make clear through your behaviour and body language that you are calm and that you have time. Give the adult at risk as much physical space as they need.
6. Adapt your language and communication style in line with the person's needs. Be clear about what you need to know. Let the person use his or her own words.
7. Try to get just enough information to work out what action is required. Make a careful record of what they said and did, and any questions you asked as soon as you can.
8. If an adult at risk tries to demonstrate violent or sexual acts using your body, say calmly 'I can't let you do that' and if necessary, move away.
9. If appropriate, reflect back using the person's own words. Say exactly what they said, without expanding or amending or asking questions. If appropriate, comment to show that you have noticed what they are doing (e.g. 'you're showing me').
10. Let the person know what you will do next including who you will have to tell. This can be very simple: 'I am going to have a think and then I will come back' then perhaps 'someone from the police is going to come, they need your help. I will stay with you when they are here'.