mind Mid Kent

Safeguarding adults at risk

Contents

1. Who this policy applies to

This policy applies to all employees, workers, trustees, and volunteers or sub-contractors (collectively referred to as personnel in this document) who come into contact with any adult at risk (whether they are accessing the service or not), ensuring that every adult regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation, has the right to equal protection from harm and / or abuse. This policy outlines our commitments at Mid Kent Mind (MKM) and informs employees and associated personnel of their responsibilities in relation to safeguarding.

All personnel will be made aware of the safeguarding adults at risk policy on induction when starting with the organisation. Mandatory training (including refreshers as appropriate) will take place at regular intervals, alongside having a dedicated safeguarding agenda item at all board, senior management, middle management, and staff meetings. All personnel to whom this policy applies will have access to the policy via One Drive or will be given a copy if access is not available.

MKM's Designated Safeguarding Lead is CEO, Henu Cummins; henu.cummins@midkentmind.org.uk

2. Aims of this policy

This policy aims to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. All our staff, volunteers, and subcontractors, in whatever setting, have a key role in preventing harm or abuse occurring and acting responsibly where concerns arise. The policy and procedures set out here are designed to explain simply and clearly how we should work together to protect adults at risk.

This policy aims to make sure that:

- the needs and interests of adults at risk are always respected and upheld;
- the human rights of adults at risk are respected and upheld;
- a proportionate, timely, professional, and ethical response is made to any adult at risk who may be experiencing abuse; and
- all decisions and actions are taken in line with the Mental Capacity Act 2005.

The policy also aims to ensure we follow the six key principles enshrined in the Care Act 2014:

1) **Empowerment** – support adults at risk to confidently make their own decisions and give informed consent regarding their care. 'I am asked what

I want as the outcomes from the safeguarding process, and these directly inform what happens'.

2) **Prevention** – we will play our part in the legal framework to prevent and protect adults at risk from harm or abuse, taking action before harm occurs. We are committed to working to stop abuse before it happens, raising awareness, training staff, and making information easily accessible. 'I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help'.
3) **Protection** – we provide support and representation for those in greatest need. 'I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able'.
4) **Proportionality** – we will endeavour carry out the least intrusive response appropriate to the risk presented. 'I am sure that the professionals will work for my best interests, as I see them, and they will only get involved as much as I require.'
5) **Partnership** – we are committed to providing local solutions through working with our community. We fully support that communities have a part to play in preventing, detecting, and reporting neglect and abuse. 'I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.'
6) **Accountability** – we will uphold accountability and transparency in safeguarding practice. 'I understand the role of everyone involved in my life'.

We are also committed to working together with partner agencies to:

- prevent and protect adults at risk from abuse;
- empower and support people to make their own choices;
- record and report suspected abuse or neglect;
- support adults at risk who are experiencing abuse, neglect, and exploitation; and
- utilising preventative measures or respond to a safeguarding issue in the most unobtrusive way possible.

The Care Act 2014 sets out that local authorities have the lead role in co-ordinating work to safeguard adults. However, successful responses also require multi-agency and multi-disciplinary working, and we are committed to this.

This policy draws on and is aligned with the following policies, procedures, protocols, and guidance:

- Kent County Council - Adult safeguarding policy, protocols and guidance for Kent and Medway (visit www.kent.gov.uk to find out more).
- Care Act 2014 – statutory guidance on sections 42-46 on adult safeguarding (visit www.gov.uk to find out more).
- NHS England – Safeguarding adults: a guide for health care staff (visit www.england.nhs.uk to find out more).

3. Policy

3.1. Adults at risk

The term 'adult at risk' has been used to replace the term 'vulnerable adult' in this policy.

An adult at risk is defined as:

A person aged 18 or over who is in receipt or who is or may need community care services by reason of mental or other disability, age, or illness; and who is or may be unable to take care of themself, or unable to protect themself against significant harm or exploitation.

3.2. Abuse

In this policy the term 'abuse' is defined as:

A violation of an individual's human and civil rights by any other person or persons which may result in significant harm.

Abuse may be:

- a single act or repeated acts
- an act of neglect or a failure to act
- multiple acts (for example an adult at risk may be neglected and financially abused).

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place anywhere: a person's home, day, or residential centres, supported housing, educational establishments, hospitals, and other community

locations. Abuse can also take place online, for example via social media and messaging services.

Several abusive acts are crimes and must be reported immediately.

3.3. Who abuses or neglects adults?

Abuse can occur in any relationship. Anyone can perpetrate abuse or neglect, including:

- paid staff or professionals and volunteers
- another client
- a spouse or partner
- other family members
- friends, acquaintances, or neighbours
- carers
- strangers
- a person who deliberately targets adults at risk to exploit them.

While a lot of attention is paid, for example, to targeted fraud or internet scams perpetrated by complete strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

3.4. Categories of abuse

Abuse and neglect can take many forms. Individuals and organisations must always consider the circumstances of each individual case, and not be constrained to the categories listed below. Many situations may involve more than one type of abuse. The presence of one or more of these signs does not confirm abuse. However, the presence of one or a number of these indicators may suggest the potential for abuse and a safeguarding alert must be made. All suspected abuse must be investigated. Many abusive behaviours constitute a criminal offence.

Physical abuse

Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, being locked in a room, inappropriate sanctions or force-feeding, inappropriate methods of restraint, and unlawfully depriving a person of their liberty.

Possible indicators

- Unexplained or inappropriately explained injuries.
- A person exhibiting untypical self-harm.
- Unexplained cuts or scratches to mouth, lips, gums, eyes, or external genitalia.

- Unexplained bruising to the face, torso, arms, back, buttocks, thighs, in various stages of healing. Collections of bruises that form regular patterns which correspond to the shape of an object, or which appear on several areas of the body.
- Unexplained burns on unlikely areas of the body (for example soles of the feet, palms of the hands, back), immersion burns (from scalding in hot water/liquid), rope burns, burns from an electrical appliance.
- Unexplained or inappropriately explained fractures at various stages of healing to any part of the body.
- Medical problems that go unattended.
- Sudden and unexplained urinary and/or faecal incontinence.
- Evidence of over-/under-medication.
- Person flinches at physical contact.
- Person appears frightened or subdued in the presence of particular people.
- Person asks not to be hurt.
- Person may repeat what the alleged abuser has said (for example 'Shut up or I'll hit you').
- Reluctance to undress or uncover parts of the body.
- A person wears clothes that cover all parts of their body or specific parts of their body.

Sexual abuse

Sexual abuse includes rape and sexual assault or sexual acts that the adult at risk has not consented to or could not consent to or was pressured into. It includes penetration of any sort, incest, and situations where the alleged abuser touches the abused person's body (for example breasts, buttocks, genital area), exposes his or her genitals (possibly encouraging the abused person to touch them) or coerces the abused person into participating in or looking at pornographic videos or photographs. Denial of a sexual life to consenting adults is also considered abusive practice. Any sexual relationship that develops between adults where one is in a position of trust, power, or authority in relation to the other (for example day centre worker/social worker/residential worker/health worker etc.) may also constitute sexual abuse.

Possible indicators

- A person has urinary tract infections, vaginal infections or sexually transmitted diseases that are not otherwise explained.

- A person appears unusually subdued, withdrawn or has poor concentration.
- A person exhibits significant changes in sexual behaviour or outlook.
- A person experiences pain, itching or bleeding in the genital/anal area.
- A person's underclothing is torn, stained or bloody.
- A woman who lacks the mental capacity to consent to sexual intercourse becomes pregnant.

Sexual exploitation

The sexual exploitation of adults at risk involves exploitative situations, contexts, and relationships where adults at risk (or a third person or persons) receive 'something' (for example food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) because of performing, and/or others performing on them, sexual activities.

Sexual exploitation can occur through the use of technology without the person's immediate recognition. This can include being persuaded to post sexual images on the internet/a mobile phone with no immediate payment or gain or being sent such an image by the person alleged to be causing harm. In all cases those exploiting the adult at risk have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Possible indicators

- A person going missing for periods of time or regularly returning home late.
- A person skipping commitments or causing disruptions.
- A person appearing with unexplained gifts or possessions that cannot be accounted for.
- A person experiencing health problems that made indicate a sexually transmitted infection.
- A person using drugs or alcohol.
- A person having mood swings and change in temperament.
- A person displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ('sexting').
- A person increasing their screen time or showing unusual use of online platforms, such as websites, social media, apps, or games.
- A person showing signs of unexplained physical harm, such as bruising.

Psychological abuse

Psychological abuse includes 'emotional abuse' and takes the form of threats of harm or abandonment, deprivation of contact, humiliation, rejection, blaming, controlling, intimidation, coercion, indifference, harassment, verbal abuse (including shouting and/or swearing), and isolation or withdrawal from services or support networks.

Psychological abuse is the denial of a person's human and civil rights including choice and opinion, privacy and dignity and being able to follow one's own spiritual and cultural beliefs or sexual orientation.

It includes preventing the adult from using services that would otherwise support them and enhance their lives. It also includes the intentional and/or unintentional withholding of information (for example information not being available in different formats/languages etc.)

Possible indicators

- A person shows untypical ambivalence, deference, passivity, resignation.
- A person appears anxious or withdrawn, especially in the presence of the alleged abuser.
- A person exhibits low self-esteem.
- A person exhibits untypical changes in behaviour (for example continence problems, sleep disturbance).
- Person is not allowed visitors/phone calls.
- Person is locked in a room/in their home.
- Person is denied access to aids or equipment, (for example glasses, dentures, hearing aid, crutches, etc.)
- Person's access to personal hygiene and toilet is restricted.
- Person's movement is restricted by use of furniture or other equipment.
- Bullying via social networking internet sites and persistent texting.

Financial or material abuse

This includes theft, fraud, exploitation, pressure in connection with wills or property and the misappropriation of property or benefits. It also includes the withholding of money or the unauthorised or improper use of a person's money or property, usually to the disadvantage of the person to whom it belongs. Staff borrowing money or objects from a client is also considered financial abuse.

Possible indicators

- Lack of money, especially after benefit day.

- Inadequately explained withdrawals from accounts.
- Disparity between assets/income and living conditions.
- Power of attorney obtained when the person lacks the capacity to make this decision.
- Recent changes of deeds/title of house.
- Recent acquaintances expressing sudden or disproportionate interest in the person and their money.
- Client not in control of their direct payment or individualised budget.
- Mis-selling/selling by door-to-door traders/cold calling.
- Illegal moneylending.

Neglect and acts of omission

These include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life such as medication, adequate nutrition, and heating. Neglect also includes a failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the mental capacity to assess risk for themselves.

Neglect and poor professional practice may take the form of isolated incidents or pervasive ill treatment and gross misconduct. Neglect of this type may happen within a person's own home or in an institution. Repeated instances of poor care may be an indication of more serious problems. Neglect can be intentional or unintentional.

Possible indicators

- Person has inadequate heating and/or lighting.
- Person's physical condition/appearance is poor (for example ulcers, pressure sores, soiled or wet clothing). Person is malnourished, has sudden or continuous weight loss and/or is dehydrated.
- Person cannot access appropriate medication or medical care.
- Person is not afforded appropriate privacy or dignity.
- Person and/or a carer has inconsistent or reluctant contact with health and social services.
- Callers/visitors are refused access to the person.
- Person is exposed to unacceptable risk.

Self-neglect

Self-neglect does not come under the scope of these procedures – which relate to circumstances where there is a person or agent, other than the adult at risk, who is causing harm. However, some local authorities will apply their safeguarding procedures to protect individuals who self-neglect where there is not a person alleged to have caused harm. Personnel should refer to local procedures relating to this issue.

Discriminatory abuse

This includes discrimination on the grounds of race, faith or religion, age, disability, gender, sexual orientation, and political views, along with racist, sexist, homophobic or ageist comments or jokes, or comments and jokes based on a person's disability or any other form of harassment. It also includes not responding to dietary needs and not providing appropriate spiritual support. Excluding a person from activities on the basis they are 'not liked' is also discriminatory abuse.

Possible indicators

Indicators for discriminatory abuse may not always be obvious and may also be linked to acts of physical abuse and assault, sexual abuse and assault, financial abuse, neglect, psychological abuse, and harassment, so all the indicators listed above may apply to discriminatory abuse.

- Person may reject their own cultural background and/or racial origin or other personal beliefs, sexual practices, or lifestyle choices.
- Person making complaints about the service not meeting their needs.

Institutional abuse

Institutional abuse is the mistreatment, abuse, or neglect of an adult at risk by a regime or individuals in a setting or service where the adult at risk lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, or restrict the dignity, privacy, choice, independence, or fulfilment of adults at risk.

Institutional abuse can occur in any setting providing health or social care. Several inquiries into care in residential settings have highlighted that institutional abuse is most likely to occur when staff:

- receive little support from management
- are inadequately trained
- are poorly supervised and poorly supported in their work

- receive inadequate guidance.

Such abuse is also more likely where there are inadequate quality assurance and monitoring systems in place.

Possible indicators

- Unnecessary or inappropriate rules and regulations.
- Lack of stimulation or the development of individual interests.
- Inappropriate staff behaviour, such as the development of factions, misuse of drugs or alcohol, failure to respond to leadership.
- Restriction of external contacts or opportunities to socialise.

Domestic violence and abuse

Domestic violence and abuse are defined as any incident of threatening behaviours, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality.

We think of domestic violence as hitting, slapping, and beating, but it can also include emotional abuse as well as forced marriage and so-called 'honour crimes'. It's abuse if a partner, ex-partner, or a family member:

- threatens/frightens an individual
- shoves or pushes an individual
- makes an individual fear for their physical safety
- puts an individual down or attempts to undermine their self-esteem
- controls an individual, for example by stopping them seeing friends and family
- is jealous and possessive, such as being suspicious of friendships and conversations.

Mate crime and cuckooing

Mate crime is when an adult at risk is befriended by another for the purposes of exploitation or abuse, which is often (though not always) criminal. The relationship is initially disguised as friendship, is likely to be of some duration, and if unchecked may lead to a pattern of worsening abuse and exploitation. Mate crime is often invisible, as it is likely to take place in a private home or relationship rather than, for example, online. Some people may not realise that their 'friend' is a fake friend and may even defend the relationship.

Cuckooing is where the victim's home is taken over – by force or coercion - for criminal purposes such as running a brothel or storing and/or dealing in drugs or contraband.

Possible indicators

- Mood changes – upset, anxious, fearful, angry.
- Person's 'friend' is rude, unkind, and bullying towards them.
- Person is 'doing what they have been told to' by a 'friend'.
- Suddenly short of money.
- Missing regular activities and not with usual friends and/or family.
- An increase in visitors and strangers at the person's property.
- Rubbish and litter near the property.
- Disturbances at the property.

Human trafficking and modern slavery

Human trafficking involves people being brought into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. This should not be confused with people smuggling which refers to the illegal movement of free people across an international border. Modern slavery is the illegal exploitation of people for personal and/or commercial gain. The targets are deceived or coerced into trapped servitude. Examples include:

- Criminal exploitation such as pick-pocketing, shoplifting or drug trafficking.
- Domestic servitude, forced to work in private houses with restricted freedoms, long hours, and no pay.
- Forced labour with long hours, no pay, poor conditions, and verbal or physical threats.
- Sexual exploitation, prostitution, and child abuse.
- Other forms such as organ removal, forced begging, forced marriage and illegal adoption.

Possible indicators

- Person looks malnourished or unkempt.
- Person seems withdrawn, anxious, scared, unwilling to interact, avoidant of eye contact and be untrusting.
- Person is under the control and influence of others, in debt to others or in a situation of dependence.

- Lives in cramped, dirty, overcrowded accommodation, and appears to wear the same or unsuitable clothes with few personal possessions.
- Shows old/untreated injuries or health issues, or delays seeking medical care with vague or inconsistent explanations for injuries.
- Has no access or control of their passport or identity documents or uses false or forged documents.
- Shows fear of authorities and in fear of removal or consequences for their family.

Prevent

Prevent is the part of the government's anti-terrorism strategy CONTEST that aims to stop people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation amongst all public service organisations.

Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Prevent works in what is described as the 'pre-criminal' space. It's about identifying people and behaviour before it becomes criminal. Behaviour in the 'criminal' space is a matter for the police and statutory organisations.

Possible indicators

A change in an individual's behaviour should not be viewed in isolation and you will need to consider how reliable or significant these changes are.

However some indicators might include:

- Parental/family reports of unusual changes in behaviour, friendships or actions and requests for assistance.
- Accessing extremist material online.
- Use of extremist or hate terms to exclude others or incite violence.

Statutory guidance on Prevent is published by the government and available from www.gov.uk

Abuse by another adult at risk

Where the person causing the harm is also an adult at risk, the safety of the person who may have been abused is paramount. Organisations may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example a day centre). In this situation it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person allegedly causing harm.

It may be necessary to reassess the adult allegedly causing the harm. This will involve a meeting where the following could be addressed:

- The extent to which the person causing the harm is able to understand his or her actions.
- The extent to which the abuse or neglect reflects the needs of the person causing the harm not being met (for example risk assessment recommendations not being met).
- The likelihood that the person causing the harm will further abuse the victim or others.

The principles and responsibilities of reporting a crime apply regardless of whether the person causing harm is deemed to be an adult at risk.

Non-recent abuse

This policy and procedure is concerned with and outlines the current risk of abuse. However situations may arise when non-recent (or 'historic') abusive episodes are disclosed. These concerns will be reviewed to see if they demonstrate a potential current risk to other adults, and if they require a criminal investigation or some other enquiry process. In cases of serious abuse or neglect where it seems agencies could have worked more effectively to safeguard the adult; a concern should be raised in case there is a requirement for a statutory Safeguarding Adults Review under section 44 of the Care Act 2014.

3.5. Responsibilities of personnel

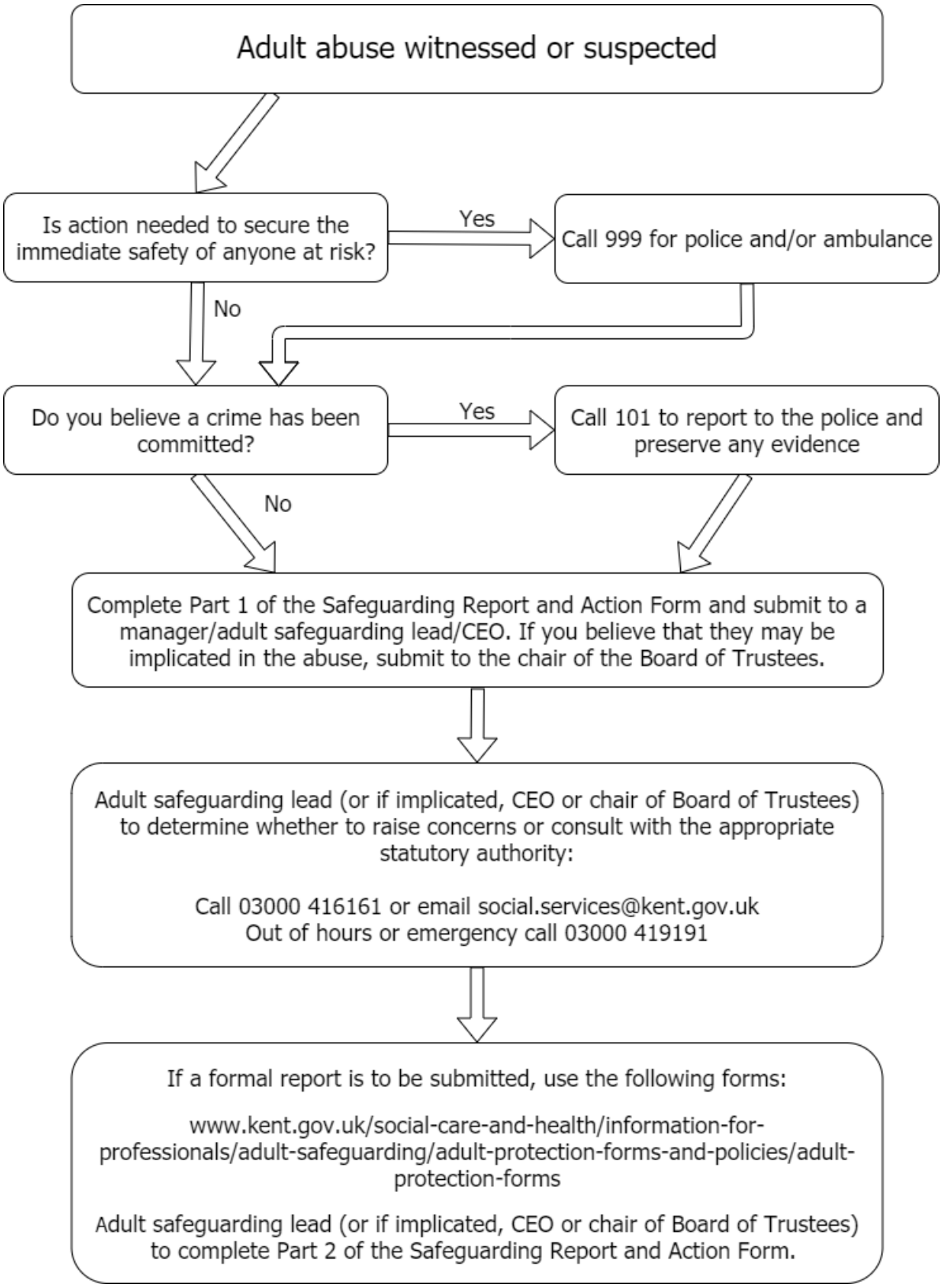
The priority of all personnel must always be to ensure the safety and protection of the adult at risk. All personnel should be aware of the multi-agency and local safeguarding policy and procedures and have a responsibility to be aware of issues of abuse, neglect, or exploitation.

All personnel have a duty to act in a timely manner on any concern or suspicion that an adult who is at risk is being, or is at risk of being, abused, neglected, or exploited and to ensure that the situation is assessed and investigated. Always act whenever abuse is suspected including when your legitimate concern is not acted upon. Whistle blowers are given protection under the Public Interest Disclosures Act 1998.

Six key safeguarding principals are enshrined within the Care Act 2014, and these underpin all adult safeguarding work, as outlined in the policy above.

3.6. Concerns about suspected abuse

See below for a procedural flow chart and relevant contact details.


Adult abuse witnessed or suspected
Is action needed to secure the immediate safety of anyone at risk?
Yes
Call 999 for police and/or ambulance
No
Do you believe a crime has been committed?
Yes
Call 101 to report to the police and preserve any evidence
No
Complete Part 1 of the Safeguarding Report and Action Form and submit to a manager/adult safeguarding lead/CEO. If you believe that they may be implicated in the abuse, submit to the chair of the Board of Trustees.
Adult safeguarding lead (or if implicated, CEO or chair of Board of Trustees) to determine whether to raise concerns or consult with the appropriate statutory authority:
Call 03000 416161 or email social.services@kent.gov.uk
Out of hours or emergency call 03000 419191
If a formal report is to be submitted, use the following forms:
www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding/adult-protection-forms-and-policies/adult-protection-forms
Adult safeguarding lead (or if implicated, CEO or chair of Board of Trustees) to complete Part 2 of the Safeguarding Report and Action Form.

Any suspicion that a client has been abused (by a member of staff, volunteer, subcontractor, another client, or any other person) should be reported to a manager or the adult safeguarding lead who will take such steps as considered necessary to ensure the safety of the client in question and any other person/s who may be at risk. If a manager is the subject of the suspicion/allegation, the report must be made to the adult safeguarding lead or the CEO. If the adult safeguarding lead or the CEO is the subject of the suspicion/allegation, the report must made to the Chair of the Board of Trustees. Concerns must be recorded using the Safeguarding Report and Action Form (see Appendix).

Immediate action is rarely necessary or advisable. Consultation is the best way to ensure that clients receive the appropriate support. Calling external agencies without consultation should only ever be in an emergency situation where there is significant risk of immediate harm.

3.7. Disclosure and guidance

If you suspect that a person is about to disclose information regarding abuse concerning either them or another person or if they have already disclosed information, the following guidelines should be followed:

- Keep calm.
- Let them know that you will need to inform someone else about the situation; do not promise confidentiality.
- Listen very carefully to what they tell you.
- Make it clear that you believe what they are telling you.
- Allow them to tell you as much as they want but do not force them.
- Assure them that they are right to disclose the information.
- If it concerns them, assure them they are not to blame for the abuse and discourage any feelings of guilt.
- Keep them informed about what you will do next and let them know what will happen.
- Do not destroy potential evidence.

Guidance for completing a Safeguarding Report and Action Form

Concerns must be recorded at the time of disclosure or immediately afterwards. Record using part 1 of the Safeguarding Report and Action Form which is available from the One Drive folder in the Management file and is attached as an Appendix. The form must then be sent within one working day to the adult safeguarding lead, who is responsible for completing part 2 of the form detailing follow up

actions and outcomes. Completed forms are retained by the adult safeguarding lead. Details and actions taken must also be recorded in the client's personal file.

The brief outline of concern should include:

- whether or not the client is expressing their own concerns or those of someone else.
- the nature of the allegation, including dates, times, any special factors, and other relevant information.
- the facts, where necessary making a clear distinction between what is fact, opinion, or hearsay.
- a description of any visible bruising or other injuries. Also note any indirect signs, such as behavioural changes.

Guidance for managers

The role and responsibility of the manager is:

- to ensure the alleged victim is made safe and to preserve any evidence relating to the abuse
- to ensure that any member of staff, volunteer or subcontractor who may have caused harm is not in contact with the alleged victim, other clients or others who may be at risk (for example whistle-blowers)
- to ensure that safeguarding alerts are raised as appropriate
- to ensure that appropriate information is provided in accordance with local policy guidance and timeframes.

The primary responsibility for co-ordinating information in response to an adult safeguarding concern is vested in the local authority managing officer, but the investigation/assessment may be undertaken by another organisation (for example the police or a health trust). All managers in all organisations have a key role to play.

All managers should ensure that they:

- make personnel aware of their duty to report any allegations or suspicions of abuse to their line manager, or if the line manager is implicated, to another responsible person or to the local authority, and the procedure for doing so
- meet their legal responsibilities, particularly under the Care Act 2014, and ensure compliance with registration, outcomes and guidance on compliance, quality, safeguarding and safety standards

- operate safe recruitment practices and routinely take up and check references
- adhere to and operate within their own organisation's whistleblowing policy and support personnel who raise concerns
- ensure all staff receive training in safeguarding adults consistent with their job roles and responsibilities.

All relevant forms needed are stored on the One Drive folder "All Staff 1 / Safeguarding" which is accessible to all staff. Submitted forms will be stored in a separate folder to ensure confidentiality, will have restricted access, and will adopt GDPR policy on retention and holding information.

3.8. The adult safeguarding lead

We have a designated adult safeguarding lead, within the roles and responsibilities of the head of services, who will:

- be available for consultation in the absence of a manager
- be responsible for this Adult Safeguarding Policy and Procedure
- ensure that we are compliant with local and national safeguarding policy
- review safeguarding practice within the organisation
- coordinate completed safeguarding cases and relevant paperwork.
- ensure compliance with the safeguarding requirements of organisations with whom we hold contracts to deliver services.

The adult safeguarding lead will also be responsible to ensure a review of our performance in relations to concerns by:

- ensuring reviews on performance occurs regularly
- the trustees and CEO are regularly updated, notified, and informed of any concerns regarding to safeguarding adults and risk.
- any trends that may appear will inform and contribute to developments, review, address training needs, and incorporate cross organisation working.

3.9. Mental capacity

A situation may arise where one or more of the adults involved may lack mental capacity as defined by the Mental Capacity Act 2005. To protect those who lack capacity and to enable them to take part, as much as possible, in decisions that affect them, five key principals are enshrined in the Act.

- every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.

- a person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Follow the two-stage test for mental capacity.

Stage 1 – Does the person have an impairment of the mind or brain (permanent or temporary?) If yes:

Stage 2 – is the person able to:

- understand the decision they need to make and why they need to make it?
- understand, retain, use, and weigh information relevant to the decision?
- understand the consequences of making, or not making, this decision?
- communicate their decision by any means (i.e. speech, sign language)?

Failure on one point will determine lack of capacity.

When acting in the best interests of someone who lacks mental capacity, consider the following points.

- do not make assumptions about capacity based on age, appearance, or medical condition.
- encourage the person to participate as fully as possible.
- consider whether the person will in the future have capacity in relation to the matter in question.
- consider the person's past and present beliefs, values, wishes and feelings.
- consider the views of others – for example carers, relatives, friends

consider the least restrictive options.

Note that there may not be time in an emergency situation for all investigation and consultation. There should be no liability for acting in the reasonable belief that someone lacks capacity, and what you do is reasonably believed to be in their best interests.

For more information and guidance about decision making under the Mental Capacity Act 2005 see www.gov.uk

3.10. Information sharing

Where there are safeguarding concerns, staff have a duty to share information. Information should be shared with consent wherever possible. However, a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or where there is a risk to others.

The UK General Data Protection Act 2018 (GDPR) is a framework to ensure that personal information about living persons is shared appropriately – it is not a barrier to sharing information.

Any information shared should be:

- clear regarding the nature of the problem and purpose of sharing information
- based on fact, not assumption
- restricted to those with a legitimate need to know
- relevant to specific incidents
- strictly limited to the needs of the situation at that time
- recorded in writing with reasons stated.

Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how, and with whom information will, or could be shared, and seek their consent unless it is unsafe or inappropriate to do so. Seek advice if you are in any doubt, where possible without disclosing the identity of the person.

Base your information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions or the actions of the perpetrator.

3.11. Other information

We will fulfil our legal obligations under the Safeguarding Vulnerable Groups Act 2006 and the Vetting and Barring Scheme as administered by the Independent Safeguarding Authority (ISA). The adult safeguarding lead will have a responsibility for making checks on and referring staff, volunteers and subcontractors who have been found to have harmed an adult at risk or put an adult at risk of harm.

We will ensure that:

- adult safeguarding is considered in all appropriate HR strategies, systems, policies, and procedures.

- national safe recruitment and employment practices are adhered to, including the guidelines issued by the Independent Safeguarding Authority.
- staff, trustees, volunteers, and subcontractors in contact with adults at risk have regular supervision and support, and appropriate training to help them identify and respond to possible abuse and neglect.

4. Related policies

- Confidentiality
- Data protection
- DBS checking procedure
- Managing positive DBS disclosures
- Safeguarding children and young people at risk
- Volunteering
- Recruitment

5. Policy review

This policy should be reviewed every three years unless significant change in legislation triggers a review by the Board of Trustees. Upon review, this policy should be submitted to the relevant approving committee for approval.

6. Ownership and control

6.1. Ownership

Responsible (for reviewing & updating the policy)	Safeguarding Lead / Head of Services
Accountable (for making decisions on the policy and for the overall meaning, objectives and compliance with the policy)	Safeguarding Lead / Head of Services
Consulted	Policy audience (as applicable)

(for input into changes and updates to the policy)	
Informed (about changes and updates to the policy)	Board of Trustees & policy audience
Approving committee (where approval is necessary as defined by the Policies Terms of Reference document)	Board of Trustees

6.2. Control

Date of last review	November 2023
Date of next review	November 2024
Reviewer	Henu Cummins
Review outcome	No change
Submitted for approval to	The Board of Trustees
Date submitted	November 2023
Outcome of approval	N/a
Amends completed	N/a

7. Appendix - Safeguarding report and action form

Section 1 of this form is to be used for recording safeguarding concerns relating to children and/or adults at risk. It must be completed at the time of disclosure or immediately after, but only after any necessary emergency actions have been taken.

All the information must be treated as confidential.

When Section 1 is complete the form should be submitted within one working day to the Safeguarding Lead. If the concern to be raised relates to the Safeguarding Lead the form should be submitted to the CEO, and if the concern also relates to the CEO, then the form should be submitted to the Chair of the Board of Trustees.

Section 2 is to be completed by the Safeguarding Lead (or in the event of a concern relating to the Safeguarding Lead by the CEO or Chair) detailing the action taken following the concern raised, and any further actions resulting from the outcome of the concern.

Section 1

Concern raised by: Click or tap here to enter text.	Position: Click or tap here to enter text.
Contact details: Click or tap here to enter text.	
Person affected: Click or tap here to enter text.	
Contact details: Click or tap here to enter text.	

Details of the incident/information leading to the concern (please describe in detail using only the facts and information known): Click or tap here to enter text.
Other present or potential witnesses or information providers: Click or tap here to enter text.

Contact details: Click or tap here to enter text.		
Additional information (please add anything else you believe to be important or helpful): Click or tap here to enter text.		
The information I have provided is factual and does not contain my own views or opinions on the concerns raised.		
Print name: Click or tap here to enter text.	Location: Click or tap here to enter text.	Date: Click or tap here to enter text.

Section 2

Details of the immediate consideration and action taken by the Safeguarding Lead (or the CEO or Chair): Click or tap here to enter text.	
Details of any reflections on the incident or outcome that suggest improvements or mitigations for Mid Kent Mind and its clients: Click or tap here to enter text.	
Print name: Click or tap here to enter text.	Date: Click or tap here to enter text.