

Safeguarding Adults Policy Statement

This policy will enable **DONMENTIA** to demonstrate its commitment to keeping safe adults at risk with whom it works alongside. **DONMENTIA** acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse.

It is important to have policy and procedures in place so that all managers, staff, volunteers, service users and carers can work to prevent abuse and know what to do should a concern arise.

The policy and procedures have been drawn up in order to enable **DonMentia** to:

- promote good practice and work in a way that can prevent harm and abuse occurring;
- ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported; and
- stop abuse occurring.

The policy and procedures relate to the safeguarding of **adults at risk**. Adults at risk are defined as individuals aged over 18 who:

- have needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- 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.

(Care Act, 2014)

The policy applies to all managers, staff, volunteers, service users and carers and anyone working on behalf of **DonMentia**.

It is acknowledged that significant numbers of adults at risk are abused and it is important that **DonMentia** has a safeguarding adults policy, a set of procedures to follow and puts in place preventative measures to try and reduce those numbers.

In order to implement the policy and procedure, **DonMentia** will work to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- promote the wellbeing of the adult(s) at risk in safeguarding adults arrangements;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;

- promote an approach that concentrates on improving life for the adults concerned;
- raise awareness of safeguarding adults to ensure that everyone can play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what caused the abuse or neglect.

DonMentia will:

- ensure that all managers, staff, volunteers, service users and are familiar with this policy and associated procedures;
- work with other agencies within the framework of the Doncaster Safeguarding Adults Board Policy and Procedures, issued under Care Act 2014 statutory guidance;
- act within its confidentiality policy and will usually gain permission from service users before sharing information about them with another agency.
- pass information to the Local Authority when more than one person is at risk. For example: if the concern relates to a worker, volunteer or organisation who provides a service to adults with care and support needs or children;
- inform service users that where a person is in danger, a child is at risk or a crime has been committed then a decision may be taken to pass information to another agency without the service user's consent;
- make a safeguarding adults referral to the Local Authority as appropriate;
- endeavor to keep up to date with national developments relating to preventing abuse and welfare of adults;
- will ensure that the **Designated Adult Safeguarding Manager (DASM)** understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies (Police/Local Authority).

The Designated Adult Safeguarding Manager in **DonMentia** is **name and/or role**.

Insert Designated Adult Safeguarding Manager contact details

They should be contacted for support and advice on implementing this policy and associated procedures.

This policy should be read in conjunction with the Doncaster's Multi-Agency Safeguarding Adults Policy and Procedures documents

This policy and associated procedures are kept **online**

Procedures Template

1. Introduction

DonMentia provides a **insert type of service e.g. advocacy/personal care/advice and support** service to **insert who you provide your service to**. These procedures have been designed to ensure the wellbeing and protection of any adult who accesses services provided by **DonMentia**. The procedures recognise that adult abuse can be a difficult subject for workers to deal with. **DonMentia** is committed to the belief that the protection of adults at risk from harm and abuse is everybody's responsibility and the aim of these procedures is to ensure that all managers, staff, volunteers, service users and carers (**insert any other roles or responsible bodies e.g. Management Committee as appropriate to your service**) act appropriately in response to any concern of adult abuse.

2. Preventing abuse

DonMentia is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers and that all those involved within **DonMentia** will be treated with respect.

Therefore this policy needs to be read in conjunction with the following policies:

- **Equal Rights and Diversity**
- **Volunteers**
- **Complaints**
- **Whistle Blowing**
- **Confidentiality**
- **Disciplinary and Grievance**
- **Data Protection**
- **Recruitment and Selection**
- **Any other policies which are relevant that the organisation has in place (e.g. Challenging Behaviour, Handling Money)**

DELETE/AMEND as appropriate

DonMentia is committed to safer recruitment policies and practices for paid staff and volunteers. This may include Disclosure and Barring Service (DBS) checks for staff and volunteers, ensuring references are taken up and provision of adequate training on safeguarding adults.

The organisation will work within the current legal framework for referring staff or volunteers to the DBS who have harmed or pose a risk to vulnerable adults and/or children.

Information about safeguarding adults and the complaints policy will be available to service users and their carers/families.

3. Recognising the signs and symptoms of abuse

DonMentia is committed to ensuring that all managers, staff and volunteers (insert any other roles or responsible bodies e.g. Management Committee as appropriate to your service) undertake training to gain a basic awareness of the signs and symptoms of abuse. **DonMentia** will ensure that the Designated Adult Safeguarding Manager and other members of relevant staff or volunteers have access to higher levels of training around safeguarding adults provided by the Newcastle Safeguarding Adults Board.

DonMentia will not be limited in their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of an individual case will always be considered.

Abuse includes:

- **Discriminatory**

Including forms of harassment, bullying, slurs, isolation, neglect, denial of access to services or similar treatment; because of race, gender and gender identity, age, disability, religion or because someone is lesbian, gay, bisexual or transgender. This includes racism, sexism, ageism, homophobia or any other form of hate incident or crime.

- **Domestic abuse or violence**

Including an incident or a pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, by someone who is, or has been, an intimate partner or family member regardless of gender or sexual orientation. This includes psychological/emotional, physical, sexual, financial abuse; so called 'honour' based violence, forced marriage or Female Genital Mutilation (FGM).

- **Financial or material**

Including theft, fraud, internet scamming, exploitation, 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.

- **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.

- **Neglect and acts of omission**

Including ignoring medical, emotional or physical care needs, failure to access appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- **Organisational (sometimes referred to as institutional)**

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 a person'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.

- **Physical**

Including assault, hitting, slapping, pushing, burning, misuse of medication, restraint or inappropriate physical sanctions.

- **Psychological (sometimes referred to as emotional)**

Including threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

- **Sexual**

Including rape, indecent exposure, sexual assault, sexual acts, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts to which the adult has not consented or was pressured into consenting. It also includes sexual exploitation which is exploitative situations, contexts and relationships where the person receives "something" (e.g. food, accommodation, drugs, alcohol, mobile phones, cigarettes, gifts, money) or perceived friendship/relationship as a result of them performing, and/or another or others performing sexual acts.

- **Self-neglect**

Includes a person neglecting to care for their personal hygiene, health or surroundings; or an inability to provide essential food, clothing, shelter or medical care necessary to maintain their physical and mental health, emotional wellbeing and general safety. It includes behaviour such as hoarding.

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts.

People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

4. Designated Named Person for safeguarding adults

DonMentia has an appointed individual(s) who is (are) responsible for leading safeguarding adults work in the organisation. In their absence, a deputy will be available for managers, staff or volunteers to consult with. The Designated Adult Safeguarding Manager within DonMentia is/are:

Designated Adult Safeguarding Manager

Work Telephone number

Mobile Number

Emergency Contact Number

Name of deputy Designated Adult Safeguarding Manager

Work telephone number

Mobile number

Emergency contact number

Should either of these named people be unavailable then managers, staff, volunteers, service users and carers (insert any other roles or responsible bodies e.g. Management Committee as appropriate to your service) should contact Community Health and Social Care Direct directly. See below for contact details.

The roles and responsibilities of the named person(s) are to:

- ensure that all staff and volunteers are aware of what they should do and who they should go to if they have concerns that an adult at risk may be experiencing, or has experienced abuse or neglect;
- ensure that concerns are acted on, clearly recorded and referred to Community Health and Social Care Direct or to the allocated social worker/care manager where necessary;
- follow up any safeguarding adults referrals and ensure the issues have been addressed;
- manage and have oversight over individual complex cases involving allegations against an employee, volunteer, or student, paid or unpaid;
- consider any recommendations from the safeguarding adults process;
- reinforce the utmost need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest;
- ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision;
- ensure staff and volunteers are given support and afforded protection, if necessary, under the Public Interest Disclosure Act 1998: they will be dealt with in

a fair and equitable manner and they will be kept informed of any action that has been taken and its outcome.

5. Responding to people who have experienced or are experiencing abuse

DonMentia recognises that it has a duty to act on reports, or suspicions of abuse or neglect. It also acknowledges that taking action in cases of adult abuse is never easy.

How to respond if you receive an allegation:

- Reassure the person concerned.
- Listen to what they are saying.
- Record what you have been told/witnessed as soon as possible.
- Remain calm and do not show shock or disbelief.
- Tell them that the information will be treated seriously.
- Do not start to investigate or ask detailed or probing questions.
- Do not promise to keep it a secret.

If you witness abuse, or abuse has just taken place, the priorities will be:

- To call an ambulance if required.
- To call the Police if a crime has been committed.
- To preserve evidence.
- To keep yourself and others safe.
- To inform your **line manager or the Designated Adult Safeguarding Manager**.
- To record what happened in **name of place/file/log where safeguarding adults concerns will be recorded**.

All situations of abuse or alleged abuse will be discussed with **a manager and/or the Designated Adult Safeguarding Manager**. If anyone feels unable to raise their concern with their **line manager or Designated Adult Safeguarding Manager** then concerns can be raised directly with Community Health and Social Care Direct (see below).

If it is appropriate and there is consent from the individual, or there is a good reason to override consent, such as risk to others, a referral will be made to Community Health and Social Care Direct team. If the individual experiencing abuse does not have mental capacity to consent to a referral, a best interest decision will be made on their behalf.

In line with Making Safeguarding Personal principles, **the line manager and/or Designated Adult Safeguarding Manager** should try to seek the views from the adult (or an appropriate representative) about what they would like to happen as result of the concern. This will help to inform the multi-agency Safeguarding Adults Enquiry.

The **line manager and/or Designated Adult Safeguarding Manager** should refer to the Doncaster Safeguarding Adults Board multi-agency policy and procedures and may also take advice from Community Health and Social Care Direct and/or the Safeguarding Adults Unit and/or other advice giving organisations such as the Police (see **useful contacts**).

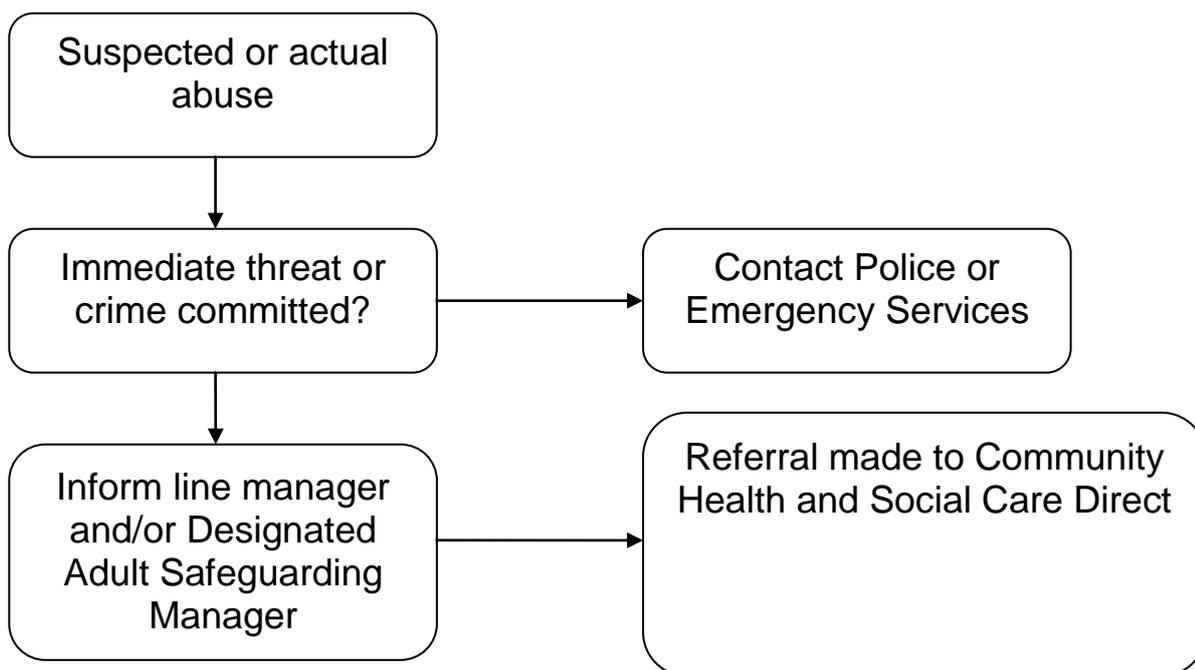
Making a safeguarding adults referral

All safeguarding adults referrals should be made by telephone initially to the Community Health and Social Care Direct Team, Monday to Friday 8.00am till 5.00 pm

Phone: ???

Note that it is not necessary to refer a safeguarding adults concern out of hours unless the individual or others have urgent social care needs.

You should ask to make a safeguarding adults referral.



A Safeguarding Adults Manager (a Team Manager from Adult Social Care) will then decide what enquiries need to be undertaken. Feedback will be given to the person who made the safeguarding adults referral.

If the concern relates to a significant risk of (or actual) harm the concern will progress to Stage 2 of the Safeguarding Adults Enquiry and further information will be gathered.

The **Line Manager and/or Designated Adult Safeguarding Manager** will have an understanding of the multi-agency safeguarding adults process so they can explain it to the person concerned and offer all relevant support to the person and process. This could be practical support e.g. providing a venue, or information and reports and emotional support.

Information should be provided to the individual. This could be about other sources of help or information that could enable them to decide what to do about their experience, enable them to recover from their experience and enable them to seek justice.

6. Managing an allegation made against a member of staff or volunteer

DonMentia will ensure that any allegations made against members or member of staff will be dealt with swiftly.

Where a member of staff/volunteer is thought to have committed a criminal offence the Police will be informed. If a crime has been witnessed the Police should be contacted immediately.

The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role or any other role within the service whilst the investigation is undertaken.

The **line manager and/or Designated Named Person** will liaise with Community Health and Social Care Direct to discuss the best course of action and to ensure that the **DonMentia's** disciplinary procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.

DonMentia has a whistle blowing policy and staff are aware of this policy. Staff will be supported to use this policy.

7. Recording and managing confidential information

DonMentia is committed to maintaining confidentiality wherever possible and information around safeguarding adults issues should be shared only with those who need to know. For further information, please see **DonMentia's confidentiality policy**.

All allegations/concerns should be recorded in **name of place/file/log where safeguarding adults concerns will be recorded**. The information should be factual and not based on opinions, record what the person tells you, what you have seen and witnesses if appropriate.

The information that is recorded will be kept secure and will comply with data protection.

This information will be secured in a locked filing cabinet/ or..... in the organisation. Access to this information will be restricted to the **Designated Named Person and.....**

8. Disseminating/Reviewing policy and procedures

This Safeguarding Adults Policy and Procedure will be clearly communicated to managers, staff, volunteers, service users and carers (**insert any other roles or responsible bodies e.g. Management Committee as appropriate to your service**). The **Designated Adult Safeguarding Manager** will be responsible for ensuring that this is done.

The Safeguarding Adults Policy and Procedures will be reviewed annually by (**insert name of Committee/Board**). The **Designated Adult Safeguarding Manager** will be involved in this process and can recommend any changes. The **Designated Adult Safeguarding Manager** will also ensure that any changes are clearly communicated to staff, volunteers, service users and carers. It may be appropriate to involve staff, volunteers, service users and carers in the review.

Appendix 1

Safeguarding Adults Initial Enquiry Form

(formerly the SAMA1 form)

This form is to be used to notify Adult Social Care of suspected or actual instances of abuse or neglect and is the start of a Safeguarding Adults (Section 42) Enquiry under the Care Act. Details of how and who to send this form to are available on page 4. Please attach further pages if necessary.

This form should be completed as fully as possible in order that robust decisions can be made about the progression, or otherwise, of the Safeguarding Adults Enquiry.

| | | | |
|--|--|---------------------------------|--|
| Person completing the form: | | Role of Person: | |
| Date of referral to Adult Social Care: | | Organisation: | |
| Phone number: | | Type of service: | |
| Details of incident/suspected/actual abuse or neglect | | | |
| Date of alleged incident: | | Who reported the alert/concern? | |
| Time of alleged incident: | | Date of report: | |

| | | | |
|---|--------------------------|--|--------------------------|
| Where did the incident occur? | | | |
| Details of the adult at risk | | | |
| Name: | | Date of Birth: | |
| Telephone: | | Ethnicity: | |
| Address: | | | |
| What is the adult's primary reason for needing care and support? (please tick) | | | |
| Physical support: | <input type="checkbox"/> | Sensory support: | <input type="checkbox"/> |
| Learning disability support: | <input type="checkbox"/> | Support with memory and cognition: | <input type="checkbox"/> |
| Mental health support: | <input type="checkbox"/> | Asperger's syndrome support: | <input type="checkbox"/> |
| Other health condition: | <input type="checkbox"/> | Social support (includes support for carers/substance misusers): | <input type="checkbox"/> |
| | | Autism support: | <input type="checkbox"/> |
| | | No support reason: | <input type="checkbox"/> |
| | | Please specify: | |
| Any other details about the adult at risk: | | | |
| Details of the alleged perpetrator (where relevant) | | | |
| Name: | | Relationship to victim: | |
| Date of birth: | | Ethnicity: | |
| Address: | | Telephone: | |
| If the alleged perpetrator is a staff/volunteer, provide details (e.g. employer, job role, work address): | | | |
| Are they an adult with care and support needs? | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| | | No | <input type="checkbox"/> |
| Details of care and support needs (if applicable): | | | |
| Any other details about the alleged perpetrator(s): | | | |

| | | | |
|--|--------------------------|-------------------------|--------------------------|
| Description of the alleged incident/harm | | | |
| Please give a detailed description of the incident (including times), all people involved, witnesses and any other comments you feel are relevant. If the concern relates to physical abuse please provide a body map. | | | |
| | | | |
| Type of abuse (tick all that apply): | | | |
| Physical | <input type="checkbox"/> | Sexual | <input type="checkbox"/> |
| Financial/material | <input type="checkbox"/> | Neglect/omission | <input type="checkbox"/> |
| Organisational/institutional | <input type="checkbox"/> | Self-neglect | <input type="checkbox"/> |
| | | Psychological/emotional | <input type="checkbox"/> |
| | | Discriminatory | <input type="checkbox"/> |
| | | Domestic abuse/violence | <input type="checkbox"/> |

| | | | | | |
|--|-----|---|----|---|---------|
| Modern slavery | | Radicalisation/extremism | | Other | |
| If other, please specify: | | | | | |
| | | | | | |
| Is the victim at risk of further abuse/neglect? (please tick) | Yes | | No | | Unknown |
| What has been done to ensure the immediate safety of the alleged victim(s) and others? Completing and submitting this form does not constitute management of immediate risks. | | | | | |
| | | | | | |
| Were the Police called? | Yes | | No | | |
| Please provide the outcome of the Police action and Police log number (if available): | | | | | |
| | | | | | |
| If the incident relates to domestic abuse/violence, has the MARAC Checklist (CAADA-DASH) been completed? | Yes | | No | | |
| If yes, has a referral to MARAC been considered? Please provide details, including discussions with your agency's Single Point of Contact (SPOC) for MARAC: | Yes | | No | | |
| | | | | | |
| Please provide details of other agencies involved that will be able to help with the safeguarding adults enquiry: | | | | | |
| | | | | | |
| Are you aware that there have there been any previous referrals made in relation to this adult at risk or alleged perpetrator? | Yes | | No | | |
| If yes, please provide details (e.g. dates, type of abuse, action taken): | | | | | |
| | | | | | |
| Are there any risks to others (other adults, children)? | Yes | | No | | Unknown |
| Please provide details (also include who this information has been shared with – e.g. Police, Children's Social Care, MAPPA). If there are risks to children you must notify Children's Social Care. | | | | | |
| | | | | | |
| Involvement of the adult(s) at risk | | | | | |
| The following section is crucial to determining the next steps in the safeguarding adults enquiry and every attempt should be made to complete it as fully as possible. | | | | | |
| Has the adult(s) at risk given consent for this referral? | Yes | | No | | |
| If no, please confirm why you have not sought consent or are overriding consent (please tick): | | | | | |
| Public interest (risks to others) | | Risk of serious harm | | Suspected serious crime | |
| Adult at risk lacks mental capacity to provide consent (best interest decision made) | | Ability to consent is affected by threatening or coercive behaviour | | Seeking consent would increase risks to the adult or others | |
| Other, please provide details below: | | | | | |
| | | | | | |

| | | | | | | | |
|--|--|--|-------|-----|----|----|---------|
| Do you think the adult at risk has mental capacity in relation to making decisions about their safety? | | | | Yes | | No | |
| If no, has a mental capacity assessment been undertaken? | | | | Yes | | No | |
| Do you think the adult at risk would have substantial difficulty in participating in the safeguarding adults process? | | | | Yes | | No | |
| If yes, is there a suitable person who could represent them? (e.g. family member, friend, advocate) | | | Yes | | No | | Unknown |
| Please provide the name and contact details of this suitable person: | | | | | | | |
| | | | | | | | |
| Has the adult at risk's family been informed of the concerns (where the adult has consented to this)? | | | | Yes | | No | |
| If you think the adult at risk may need support to participate in the safeguarding adults process, please provide details of what support may be required: | | | | | | | |
| | | | | | | | |
| What does the adult at risk (or their representative) say that they want to happen as a result of the safeguarding adults enquiry (desired outcomes)? | | | | | | | |
| | | | | | | | |
| Signed: | | | Date: | | | | |
| Printed: | | | Time: | | | | |

What happens next?

The local authority will use the information in this form to make an assessment of the level of harm and vulnerability of the adult at risk. Further information may be needed from you and other organisations involved. This assessment, alongside the desired outcomes of the adult at risk (or their representative) will determine whether the Safeguarding Adults Enquiry continues. The initial decision to progress, or not, is made by a manager in the local authority. Feedback will be provided to the person who completed this form, unless specified otherwise. **It is your responsibility to challenge decisions that you disagree with.** Please contact the local authority manager with your concerns. If you remain unhappy with the decision that has been made, please escalate your concerns to the Safeguarding Adults Unit, 0191 278 8156.

This document contains personal and sensitive information when completed and should be stored securely according to your own organisation's procedures. It is your responsibility to ensure that this is done.

Information about how this document should be sent safely and securely

Once completed, this document contains personal and sensitive information.

Sending the information to Adult Social Care

- The form should either be sent to Community Health and Social Care Direct or to the adult at risk's allocated Social Worker if you are aware that they have one. If you do not know, please send the form to Community Health and Social Care Direct. It is the responsibility of the person sending the form to ensure it has arrived with Adult Social Care.
- It is best practice to telephone prior to sending the form, this is particularly important if you are faxing the form (see below).

Community Health and Social Care Direct: **????** (Mon-Fri, 8am-5pm)

- The form should be sent on the next working day following the concern. It is not necessary to contact or to send the form to the Out of Hours Service. However, the Out of Hours Service can provide help with urgent social care if that is required (???)
- It is intended that you complete the form electronically and then either send it via email or print a copy and fax or post it. If you handwrite the form, please make sure that your handwriting is legible. Prior to

printing a copy off you may wish to increase the box sizes or add further sheets if you are completing it by hand.

Options for sending the Safeguarding Adults Initial Enquiry Form

- **Email.** The completed form should only be sent by email if secure email addresses are used by both sender and receiver (.pnn.police.uk, .cjsm.gov.uk, .gsi.gov.uk, .nhs.net, .gcsx.gov.uk) or the email is encrypted (contact your IT support about email encryption). The subject field of the email address should clearly be marked OFFICIAL. Internal email systems are not usually secure. **Where there are no secure email addresses or encryption, this document should not be sent electronically.**

Community Health and Social Care Direct secure email: ???

- **Post.** The documents should be sent via recorded delivery in external post. Documents should be double enveloped. On the outer envelope it should clearly state “To be opened by named addressee only”. There should be a return address on the outer envelope. The inner envelope should be marked “OFFICIAL”. **Do not use internal post.**

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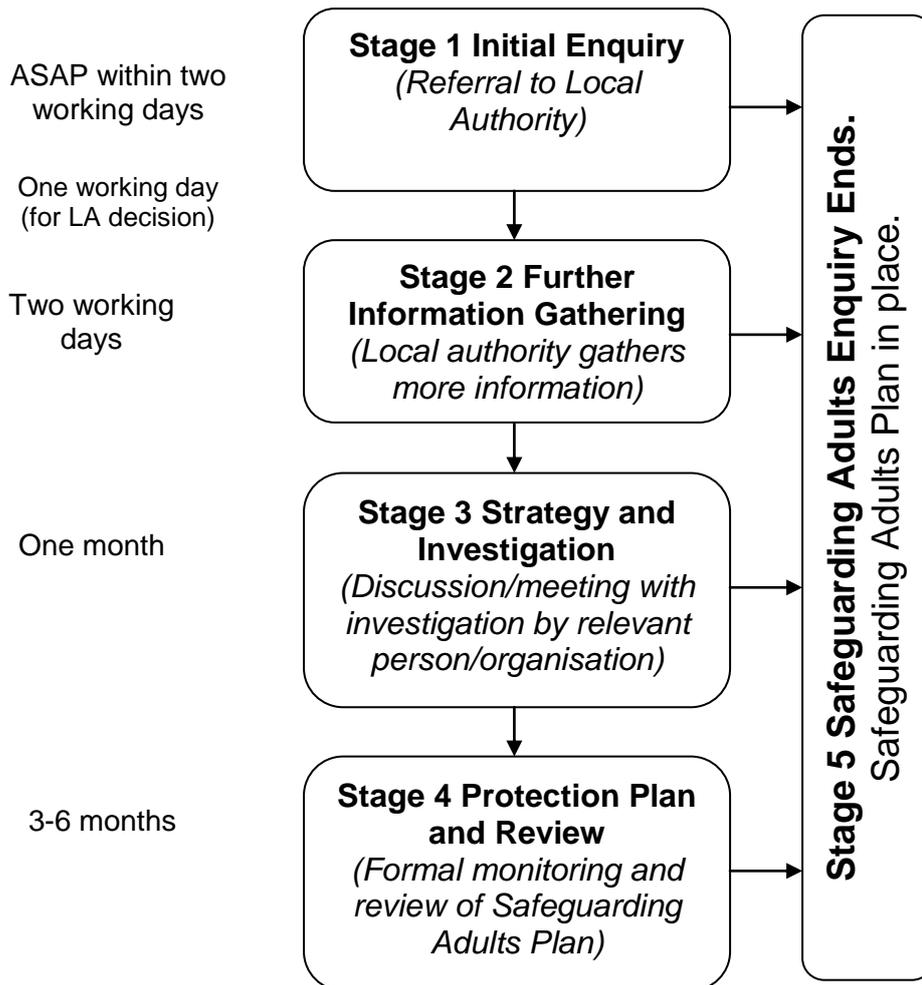
- **Delivery in person.** The form can be hand delivered. You should obtain a signature from the intended recipient to confirm delivery.

You can contact Community Health and Social Care Direct (0191 278 837 this form.

Appendix 2

Overview of multi-agency safeguarding adults process

Suggested timescales



Safeguarding adults enquiries are:

- Driven by the desired outcomes of the adult or their

Guidance notes for amending the templates

All information highlighted in red font in the templates needs to be changed to reflect specific information about your organisation. You may also wish to change other details as you deem appropriate.

Policy template

A policy statement makes clear to staff, volunteers, service users and carers what the organisation thinks about safeguarding and what it will do to keep adults at risk safe. As a guideline, policy statements should be approximately two pages long.

A policy statement sets out

- What the organisation wishes to say about keeping adults at risk safe.
- Why the organisation is taking these steps.
- How in broad terms the organisation is going to meet this responsibility.
- Who it applies and relates to e.g. all staff and volunteers, adults at risk aged over 18.
- How the organisation will put the policy into action and how it links to other relevant policies and procedures e.g. recruitment, whistle blowing, use of restraint.

The policy statement should also:

- Identify the organisation, its purpose and it's function.
- Briefly state the legal framework that supports the policy.

You must also consider your policy and procedures for safeguarding children and young people aged under 18. (There is separate guidance available for organisations to write child protection policy and procedures for further assistance, please refer to Newcastle Safeguarding Childrens Board: <http://www.nscb.org.uk/>)

Procedures template

Your organisation's Safeguarding Adults procedures should detail the steps, which will be followed, where there are concerns that an adult could be experiencing abuse and/or neglect. The procedures should ensure a speedy response for dealing with your concerns.

Introduction

This should provide a brief introduction to the work that your organisation does with adults. It should also explain that you are committed to the wellbeing of the group of people that you work with.

Also include the purpose of the procedures i.e. that is to ensure that any allegations of abuse are effectively managed and that staff and volunteers fully understand their duty to act.

Preventing abuse

This section details the measures that your organisation puts in place to reduce the risk of abuse occurring and will make reference to key policies that work to prevent or reduce abuse occurring. It is also an opportunity to think here about empowerment work that you can do with your service users and carers to inform them about prevalence of abuse as well as agencies that can offer support.

It is useful to publicise your complaints and Safeguarding Adults policy, so that people who use the service, and carers, are aware of the policies. It might also be useful to provide the information in welcome packs and other literature that you give to service users and/or carers

Safeguarding adults posters should be displayed in your organisation as well as leaflets. These are available from the Safeguarding Adults unit.

Reference to recruitment and selection policy for paid staff and volunteer policy should be made here.

Recognising the signs and symptoms of abuse

In this section you should provide some basic information about the different types of abuse. All members of staff and volunteers should be familiar with this information.

Designated Named person for safeguarding adults

Every organisation that works with adults at risk should have in place a Designated Adult Safeguarding Manager who is responsible for leading safeguarding adults work in the organisation. A deputy should be available in their absence. In some smaller organisations, the Designated Adult Safeguarding Manager will be responsible for making referrals to the Local Authority; in other larger organisations they will provide advice and guidance to managers who will be responsible for receiving concerns and making multi-agency referrals. These individuals must be trained in safeguarding adults, have a good knowledge of Safeguarding Adults Board Multi-Agency Policy and Procedures and their responsibilities clearly stated within your procedures.

It is important that it is identified where staff, volunteers, service users and carers can go to raise concerns if their line manager or Designated Adult Safeguarding

Manager (or their deputy) is unavailable or if they don't feel able to raise concerns with either of these people.

Responding to people who have experienced or are experiencing abuse

The following section should provide clear guidelines for workers to follow if they have concerns about a person they are working with.

Managing allegation made against member of staff or volunteer

All organisations that work with adults need to ensure that they have procedures in place to deal with allegations of abuse by a member of staff, management committee member or volunteer. This is to demonstrate their commitment to safeguarding adults and acknowledge that abusers can be workers within the organisation. This demonstrates a commitment to listening to people and also ensuring that workers feel safe to express concerns.

Mention could be made of relevant whistle blowing/complaints procedure/disciplinary and grievance procedures.

Consider what support will be provided to the alleged member of staff/volunteer.

Recording and managing confidential information

This section should include details about how any allegations; reports or suspicions are going to be dealt with. It should provide a place to record incidents, detailing what information needs to be collected.

Reassurance that this information will be kept in a secure location and only shared with those who need to know should be included.

Reference should be made to the organisation's confidentiality policy and data protection policy.

It should be made clear that where an adult has capacity, no other person or child is at risk, and there is no risk of significant harm then if they do not want to take the matter further it will remain confidential. The person should be reassured and provided with information about possible sources of help, should they decide to do something at a later date.

However there will be occasions when confidentiality cannot be guaranteed.

Disseminating/Reviewing policy and procedures

It is important that you identify the commitment to communicate the policy and procedure to all relevant parties and also that you have a system for updating this policy on a regular basis, to ensure that it reflects changes in law or good practice. It should be reviewed on an annual basis and the procedures should set out who will review and what measures will be in place to disseminate new information. It might be appropriate to involve the service users in this process.

Useful contacts

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