



Safeguarding Adults Policy and Procedure

Terminology:

Throughout this document:

- The term **An adult at risk** is defined as: *'...any person aged 18 years and over who is or may be in need of community care services by reason of mental health issues, learning or physical disability, sensory impairment, age or illness and who is or may be unable to take care of him/herself or is unable to protect him/herself against significant harm or serious exploitation.'* [Department of Health]
- The term 'Reach' will be used for Reach Learning Disability
- The term 'professional' applies to all paid staff, trustees, volunteers and self-employed tutors engaged by Reach.

Statement of Intent:

The abuse of adults constitutes a clear infringement of their rights and freedoms as citizens. This policy and procedure aims to protect adults who are at risk of all forms of abuse to ensure that they receive a safe, and supportive service, through the process of identifying, managing and preventing all forms of abuse.

Policy: Safeguarding Adults

Reach is committed to ensuring that the individual rights and freedoms of all people are protected and promoted through eliminating: neglect, abuse, exploitation, harassment and discrimination.

Reach recognises its responsibility in safeguarding the personal dignity and rights of all vulnerable people and is committed to taking all appropriate steps to maintain a safe environment and to liaise with statutory agencies to ensure that any allegations of abuse are promptly and properly investigated and, where appropriate, survivors are supported and perpetrators held to account.

Reach recognises that it has a duty by law under the Equality Act 2010 to protect people with a 'protected characteristic' from discrimination, harassment and victimisation.

Reach is committed to taking any necessary actions to reduce the likelihood of any harm occurring within the organisation in the present and in the future. Reach aims to proactively embed a culture of safeguarding to prevent abuse occurring and to provide support to individuals who have been harmed by abuse whether this occurred recently or in the past.

Reach aims to create a culture of 'openness' in which all employees speak out against abuse, promoting protection of vulnerable people and raising awareness of the kinds of abuse that might occur. In order to inform the ways in which professionals and other staff work Reach will adhere to the six principles of good practice as set out in the Nottingham and Nottinghamshire Multi-Agency Safeguarding Procedure for raising concerns and referring:

- **Empowerment:** People being supported and encouraged to make their own decisions and giving informed consent where appropriate. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
- **Prevention:** It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
- **Proportionality:** The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
- **Protection:** Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
- **Partnership:** Local solutions through services working with their communities. 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 and with me to get the best result for me."*
- **Accountability:** Accountability and transparency in delivering safeguarding. *"I understand the role of everyone involved in my life and so do they."*

Reach seeks to keep all adults safe by:

- Valuing individuals; listening to and respecting them and ensuring that there is a safe physical environment for all adults, including clients, staff and volunteers in line with Health & Safety regulations and procedures
- Appointing Safeguarding Officers [SO], a Senior Safeguarding Officer [SSO] and a Lead Board Member [LBM], all of whom will be trained to respond appropriately to safeguarding concerns.
- Working closely with statutory agencies including; Local Authority, Adult Social Care and the Police, to ensure that any allegations of abuse are promptly and thoroughly investigated and, where

- appropriate, survivors are supported and perpetrators held to account.
- Using Nottinghamshire / Nottingham City Safeguarding Board Procedure for raising a Concern and Referring (or the equivalent local procedures if allegations are made outside the County) to share concerns and information with agencies.
 - Adopting a rigorous approach to the safeguarding of adults through safeguarding procedures and a code of conduct for all professionals.
 - Providing appropriate management for professionals through supervision, support, training and quality assurance measures.
 - The safe recruitment of professionals by carrying out appropriate checks, including Disclosure & Barring Service [DBS] checks and references
 - Ensuring that confidential, detailed and accurate records are maintained and securely stored in line with current DPA/Archive Policies.
 - Ensuring that any allegations made against professionals are managed appropriately through the relevant procedures, including Safeguarding and Disciplinary Procedures
 - Ensuring that all professionals are aware of the Whistleblowing Procedures to be used when a member of staff feels unable to share information with a person(s) responsible within Reach.
 - Ensuring that professionals and members of the public visiting Reach premises / using Reach services are aware of the Reach's commitment to safeguarding all adults.

This policy, and the associated procedures, will be widely promoted and are mandatory for all professionals involved in Reach.

Copies are available in the Policy file kept in your manager's office and on SharePoint.

Any documents/forms referred to in this document and shown in italics are hyperlinks to the documents that can be found in the 'Procedures and Forms' section on SharePoint.

Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion from the organisation.

Safeguarding Procedure:

1. Introduction:

This document outlines the procedures for safeguarding adults.

2. What is Safeguarding?

Safeguarding is defined as '*...action to **prevent** abuse or to **protect** persons thought to be **at risk** of abuse or neglect or poor standards of care by any other person or persons that violates their human and civil rights.*

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the wellbeing of adults is promoted, including having regard to their views, wishes, feelings and beliefs in deciding on any action.

Safeguarding duties apply where there is reasonable cause to suspect that an adult has needs for care and support, whether or not the authority is meeting any of those needs and is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it. **N.B.** the adult's care and support needs should arise from or be related to a physical or mental impairment or illness, however they do not need to meet the minimum eligibility criteria as set out in Ch. 14 of the care and Support Guidance issued under The Care Act 2014.]

Under the Care Act 2014 the aims of adult safeguarding are to:

- Stop abuse or neglect wherever possible;
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- 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 public awareness so that communities as a whole, alongside professionals, 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;
- Address what has caused the abuse or neglect.

3. Prevention of persons barred from working in the care sector from being offered employment

Reach uses the Disclosure and Barring Service [DBS] to help assess the suitability of applicants for all positions, including volunteers and trustees. Applicants will not have their employment confirmed until a satisfactory Disclosure is received. DBS applications are dealt with by Nottinghamshire County Council who will inform Reach and the applicant of the decision taken. Applicants will also receive a paper copy.

Reach complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. For more information refer to Reach's [Disclosure and Barring Policy](#)

4. Making Safeguarding Personal (MSP)

Under The Care Act, 2014 'making safeguarding personal' means that safeguarding referrals and enquiries should be person-led and outcome-focused. Reach staff and volunteers should engage the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if

they lack capacity) how best those outcomes might be realised and then monitoring the extent to which desired outcomes have been realised.

5. Who has responsibility for safeguarding adults?

Safeguarding is everyone's responsibility. Everyone who comes into contact with adults at risk has a role to play in promoting their welfare and protecting them from harm. Having safeguards in place within an organisation not only protects and promotes the welfare of adults at risk but also enhances the confidence of trustees, staff, volunteers, parents/carers and the general public.

All Reach professionals who are working with our clients, must always act in the best interests of clients and must ensure that they take all reasonable steps to prevent harm to any adults with whom they have contact. They must be:

- alert to potential indicators of abuse or neglect;
- alert to the risks which individual abusers or potential abusers may pose to adults at risk
- alert to the impact on the adult at risk of any concerns of abuse or maltreatment;
- able to gather and, where appropriate, analyse information as part of an assessment of the adult's needs.

Professionals should be alert to the potential need for early help for an adult at risk who:

- Is disabled and has specific additional needs;
- Has special educational needs;
- Is showing signs of engaging in anti-social or criminal behaviour;
- Is in a family circumstance presenting challenges for the adult, such as substance abuse, mental health issues, domestic violence; and/or
- Is showing early signs of abuse and/or neglect.

6. Identifying Abuse:

Abuse is a violation of an individual's human and civil rights by any other person or persons. All types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. Incidents of abuse may be multiple, either to one person in a continuing relationship or service context or to more than one person at a time.

Abuse, including neglect, can take many forms and the individual circumstances of a case should always be considered. The Care Act 2014 sets out the following categories of abuse and neglect:

Physical Abuse: Including hitting; slapping; pushing; kicking; misuse of medication; restraint; or inappropriate sanctions.

Domestic Abuse and Violence: Including psychological, physical, sexual, financial, emotional abuse and honour based violence.

The cross-government definition of domestic violence and abuse is:

- Any incident or pattern of incidents of controlling, coercive, 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
- The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; female genital mutilation; and forced marriage ²
- Age range extended down to 16 (although these procedures should only be followed if an adult at risk aged 18 or over, as per the criteria in the Nottingham and Nottinghamshire Safeguarding Adults Procedures for Referrers, is subject to domestic violence)

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both. The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to

those experiencing continuous abuse and allowing for earlier identification, intervention and prevention. Read the accompanying statutory guidance for further information.

Sexual Abuse: Including rape and sexual assault or sexual acts to which the adult at risk has not consented; is incapable of giving informed consent or was pressured into consenting. This may involve contact or non-contact abuse (e.g. touch, masturbation, being photographed, teasing and inappropriate touching).

Psychological abuse: Including emotional abuse; threats of harm or abandonment; deprivation of contact; humiliation; blaming; controlling; intimidation; coercion; harassment; verbal abuse; isolation or withdrawal from services or supportive networks.

Financial or material abuse: Includes theft; fraud; exploitation; pressure in connection with wills; property; inheritance; 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. People who have been trafficked may:

- Show signs of consistent abuse or have untreated health issues
- Have no identification documents in their personal possession, and little or no finances of their own
- Be unwilling to talk without a more 'senior', controlling person around who may act as their translator
- Sleep in a cramped, unhygienic room in a building that they are unable to freely leave
- Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do
- Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from wages
- Be forced to work to pay off debts that realistically they will never be able to

They may be forced to work in certain types of industries or activities, such as:

- Factories, farms or fast food restaurants
- Domestic service, such as a cleaner or nanny
- Street crime, such as pickpocketing or robbery
- Services of a sexual nature, such as escort work, prostitution or pornography

Discriminatory abuse: Including racism; sexism; that based on a person's disability, culture and other forms of harassment, slurs or similar treatment.

Organisational abuse: Neglect and poor professional practice in care settings also need to be taken into account. It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications and norms of an institution compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution. Repeated instances of poor care may be an indication of more serious problems.

Neglect and acts of omission: Including 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 may be indicated by:

Self-Neglect: covers a wide range of behaviours - neglecting to care for one's personal hygiene, health or surroundings including hoarding. It should be noted that whilst self-neglect may not prompt a section 42 enquiry, it should still be referred and assessed on a case-by-case basis.

A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour and the level of risk including the impact on others.

Self-harm: this is not a category of abuse under the Care Act and so does not fall under the scope of these procedures. However, it may be an indicator of or caused by other types of abuse. Even if this is not the case, you still have a duty of care

7. Links to other processes and procedures

There is a link between some legislation, procedures and guidance, which may mean that it is necessary to follow more than one process at the same time. Where an adult at risk is subject to any of the following, these safeguarding procedures must be considered in addition to any other procedures:

- Domestic violence and abuse;
- Modern slavery;
- Honour based violence and forced marriage;
- Hate crime and mate crime;
- Anti social behaviour;
- Unlawfully depriving someone of their liberty;
- Human trafficking;
- Extreme radicalisation;
- Violent extremism.
- Female Genital Mutilation [FGM]
- Pressure ulcer protocols

8. Non-Recent Abuse

This refers to any allegations of child abuse, which occurred when the complainant was a child (under 18 years of age) and which have been made after a significant lapse of time, usually over 1 year. All allegations of non-recent abuse should be dealt with under the Children's Safeguarding Procedures.

There are many valid reasons why the victim may be unable to disclose at the time of their abuse. It is known that fear of being disbelieved or not taken seriously, fear of the perpetrator, retaliation, shame and embarrassment have all been factors which have prevented victims from disclosing. Allegations of non-recent abuse should always be taken seriously, regardless of the amount of information available; for example where the name of the people involved is not available or can't be recalled.

Responses to disclosures of non-recent abuse require as high a standard as a response to current abuse. Professionals (paid members of staff, trustees or volunteers) dealing with cases of this nature should be aware that even though the offences are termed 'non-recent', the alleged perpetrator could be in current contact with children and young people as a parent, carer, worker or volunteer. They should also be aware that non-recent abuse does not only apply to abuse which occurred in institutions or at the hands of professionals; allegations may also be made about family members, carers, or other young people.

9. Concerns Raised by a Member of the Public:

When a member of the public approaches Reach with concerns about the welfare of an adult at risk, regardless of whether the adult is known to Reach, the professional should:

- Reassure the person that they have done the right thing in raising their concerns
- Advise the individual raising the concerns to contact the MASH in their own right. This can be done by telephoning the **County Council's Customer Service Line on 0300 500 80 80.**
- Record the details of the allegation as made.
- Inform the relevant Safeguarding Officer / Senior Safeguarding Officer who will always follow through with MASH in case the member of the public does not do so.

10. Suspected abuse relating to Reach staff / people in a position of trust, including volunteers:

Where the concern relates to a member of staff at Reach, the Person Raising the Concern should take care not to speak to the person named but just pass the information to the Referrer to take appropriate action.

When a member of staff is alleged to have caused the abuse or neglect, it is the responsibility of Reach to undertake an investigation in line with its Disciplinary Procedures. Any action taken under internal procedures should be discussed with the Local Authority in order to ensure that any action taken will not impede any action to be taken by the LA or Police and to establish clear parameters around the information to be given to the adult at risk or the person making the allegation (if different) and the member of staff.

Any decision to suspend a staff member should be proportionate to the level of risk presented, fully documented and in line with Reach internal Employee Relations Procedures.

Where it is determined that a member of staff has perpetrated abuse against an adult at risk, or a child, it may be the responsibility of Reach to refer them to the 'Disclosure and Barring Service'.

This will be necessary where the member of staff has:

- Been dismissed because they have harmed an adult at risk
- Been dismissed or removed from the working in a 'regulated activity' because they might have harmed an adult at risk
- Resigned before they could be dismissed.

11. Suspected Abuse of Staff and Carers

Staff and Carers may also experience intentional or unintentional harm from the adult they are trying to support and as a result, safeguarding enquiries may be required where the person posing the risk may be a client/service user. See [ADASS Carers and Safeguarding Adults](#).

12. Suspected Abuse in another organisation:

Professionals who witness or suspect abuse in another organisation are expected to act as the person raising a concern and inform the manager or the senior person on duty in the organisation concerned unless the person raising the concern has reason to believe that these officers are implicated in / colluding with the alleged abuse. Where this is the case the person should act as a member of the public and refer the matter to MASH themselves and report their actions to their own line manager.

Staff who have concerns about the **quality of care** in other organisations should report these to the manager of the organisation **and** to the Safeguarding Officer [SO] at Reach who will report the matter to the commissioning body of the organisation (The Local Authority Purchasing and Contracting department **and** the regulator body, CQC.)

13. Children who abuse:

If a child is allegedly abusing an adult at risk, these Safeguarding Adults' procedures should be followed; however, the Local Authority Children's Services will also need to be informed as part of the local authority's response.

14. Self-harm:

Self-harm does not come under the scope of these procedures. However, all professionals have a duty of care in such cases and such situations should be addressed by your organisations' own internal procedures.

15. Data Protection; information-sharing and consent

Reach complies fully with its obligations under the Data Protection Act and other relevant legislation pertaining to the safe handling, use, storage, sharing, retention and disposal of Disclosure information. For additional information refer to the [Data Protection policy](#).

Consent: The requirement to respect the individual's right to autonomy [Human Rights Act – Article 8] must not be used as an excuse for inaction where an adult is at risk of abuse or neglect. The Data Protection Act 2018 allows the sharing of information without consent when the Care Act 2014 requires this.

If a referral is made but the adult at risk is reluctant to continue with an investigation, it will be brought to the attention of the Safeguarding Adults Team. This will enable a discussion on how best to support and protect the adult at risk. However, a professional case discussion will still need to take place and should be recorded appropriately.

16. Mental capacity:

If the adult at risk is assessed as lacking the mental capacity to make decisions about the outcome they would like to see as a result of the referral being made the Referrer must make a decision in the best interests of the adult at risk in accordance with the provisions set out in the [Mental Capacity Act 2005 Code of Practice](#) for completing a two-stage test and making a 'best interests' decision.

17. What to do when there are concerns about possible abuse or an allegation has been made:

17.1 Referral Procedure:

Reach is situated in Nottinghamshire and is therefore **required** to adopt the Referral Procedure of the Nottingham and Nottinghamshire Safeguarding Adults Board (See '[The Nottingham and Nottinghamshire Multi Agency Adult Safeguarding Procedure for raising a Concern & Referring](#)').

All professionals should have a copy of Reach's good practice guidance '[Safeguarding Reporting Procedure](#)'.

When staff are assessing the level of response to a concern they should refer to the Nottingham and Nottinghamshire threshold document [Nottinghamshire Safeguarding Adult at Risk Referral Pathways](#).

17.2 A concern about possible abuse or a disclosure may arise from a number of sources;

- direct observation of the behaviour of an adult
- a concern raised / report made by the adult at risk themselves,
- a concern raised / report made by another adult; a carer, family member, friend, another adult with care and support needs or any member of the general public.

17.3 The Role of the 'Person Raising the Concern':

The person who observes behaviour of concern or to whom an allegation or concern is first reported, must take immediate action to secure the health, safety and welfare of the adult at risk and anyone else at risk, including the alleged person posing the risk. **In an emergency contact the relevant emergency services by dialling 999 before following this procedure.**

If the immediate health, safety and welfare of the adult at risk is not an issue, the Person Raising the Concern should respond by treating the matter seriously and keeping an open mind.

The Person Raising a Concern should be able to:

- **Recognise:** Identify that the adult at risk may be describing abuse, even when they may not be explicit
- **Respond:** Stay calm, listen and show empathy
- **Reassure** them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next
- **Record:** Write up notes of the conversation clearly and factually as soon as possible

- **Report:** in a timely manner to the appropriate people and organisations.

Remember you are not investigating. Do:

- Stay calm and try not to show shock
- Listen very carefully
- Be sympathetic
- Be aware of the possibility that medical evidence might be needed

Tell the adult at risk that:

- They did a good/the right thing in telling you
- You are treating the information seriously
- It was not their fault

Explain that the Safeguarding Officer must be informed, and with their consent, h/she will contact the Safeguarding Adults Team and/or the Police. Reach Learning Disability will, in specific circumstances, need to contact the Adult Safeguarding Team without the person's but their wishes will be made clear throughout.

Recording the allegation / incident: The Person Raising the Concern must make a written record of the information given using [the Incident Form](#)

The record should be as factual as possible, where possible in the adult's own words. Where the record contains opinions (personal observations of behaviour etc.) this should be clearly identified as such. Where information is received from a third party (i.e. not the adult at risk themselves) this should be clearly attributed to the person(s) providing the information.

N.B. It is not the role of the Person Raising the Concern to get witness / collaborative statements from others present. This is the role of the Referrer.

The record should include:

- The time, date and place of incident(s),
- The persons present;
- Exactly what was seen if present at the time of the incident;
- Anything which was said at the time of the incident either by the adult at risk or others who were present at the time of the incident and heard by the Person Raising the Concern;
- Any injuries observed;
- An observation of the appearance and behaviour of the adult at risk at the time of reporting;
- Signature of Person Raising the Concern;
- Date the written record.

If, after passing on the information regarding suspected abuse, the Person Raising the Concern is not satisfied with the subsequent decision taken by the Safeguarding Officer not to refer the matter to MASH, s/he still has a duty to raise her/his concerns with the Senior Safeguarding Officer

If the Person Raising the Concern feels that s/he is unable to share information with any member of the Management Team or the Trustee Body because they believe that all parties are implicated in or colluding with the alleged abuse they should follow Reach's Whistleblowing Procedures found in the staff/volunteer handbook.

17.4 The Role of the 'Referrer':

The 'Referrer' is the Safeguarding Officer, the Senior Safeguarding Officer or, where it is felt that these persons may be implicated in or colluding with the alleged abuse, the Lead Board Member / Trustee. The Referrer must have received training in making safeguarding referrals and should use this, plus their knowledge of all relevant Reach procedures, to ensure that the concerns are reported to the Local Authority in which the adult at risk lives or is found, the Police or a medical professional as appropriate.

Before making a referral to the MASH the Referrer should:

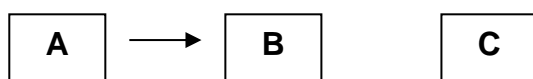
- Ensure the health, safety and welfare of the adult at risk and anyone else at risk, including the person posing the risk, especially where this person has care and support needs.
- In an emergency, contact the relevant emergency service(s); police ambulance, fire & rescue.
- Be aware of the possible need for forensic evidence
- Undertake any other immediate actions required under Reach Procedures; health & safety, disciplinary etc...
- Carry out initial information gathering:
 - Obtain Incident Form from the Person Raising the Concern and clarify events
 - If not already done by the Person Raising the Concern, speak to the adult at risk and find out what they want to happen as a result of the concern being raised
 - Complete a body map where required [Template at www.safeguardingadultsnotts.org]
 - Follow the [Nottinghamshire Safeguarding Adult at Risk Referral Pathways](#)
 - Gather and record any remaining relevant information to make a referral; past incidents, allegations, discussions about the adult at risk and/or alleged perpetrator, any decisions made, and the reasons for those decisions;
- Consider whether there is a duty to refer under The Care Act 2014 where there is reason to believe that:
 - Other people, including other adults at risk and/or children, could be at risk from the alleged perpetrator of harm;
 - It is necessary to prevent a crime or a serious crime has been committed;
 - The adult at risk is being coerced or is fearful of repercussions;
 - The health and/or well-being of the adult at risk will be adversely affected by on-going harm/abuse;
 - The person posing the risk also has care and support needs;
 - There is an over-riding public interest.
- Discuss the decision to refer with the adult at risk or their representative where appropriate;
- Consider the desired outcomes of the adult at risk;

17.5 The Multi-Agency Safeguarding Hub (MASH) is a central resource for the area of Nottinghamshire covered by Nottinghamshire County Council receiving all new adult and child safeguarding enquiries that meet current thresholds. The MASH is staffed by professionals from a range of agencies including, the Police, Health, County Council, Education. It acts as the first point of contact for all new concerns regarding an adult at risk in Nottinghamshire which meet current threshold for the involvement of Adult Social Care. Those concerns that don't meet the threshold will be signposted to specific early help services, ensuring they receive appropriate support.

18. Procedures to be followed where there are concerns about possible abuse or an allegation of abuse has been made:

- 18.1** Where any professional has concerns about possible abuse or if there evidence that an adult at risk:
- Is suffering significant harm through abuse or neglect;
 - Is likely to suffer significant harm in the future

S/he **must** follow the **A to B to C process**:





'A' gives information to 'B' who contacts 'C'

A = **The person raising a concern**/ receiving a disclosure

B = **The Referrer** (Safeguarding Officer or Senior Safeguarding Officer) who passes the information to the relevant authority; Adult Social Care, via MASH or the Police.

C = **The Local Authority** in which the alleged victim is resident or was found.

Reach Learning Disability Safeguarding Officers are:

SSO:	Senior Safeguarding Officer	Group Manager, Client Services
SO:	Newark Safeguarding Officer	Centre Manager
SO:	Mansfield Safeguarding Officer	Centre Manager
SO:	Southwell Safeguarding Officer	Centre Manager
SO:	Flower Pod, Southwell Safeguarding Officer	Centre Manager or Client Services Lead
SO:	Flower Pod, Newark Safeguarding Officer	Centre Manager
SO:	Holidays	Group Manager, Client Services
LBM:	Lead Board Member	Pati Colman Trustee

Where the relevant Safeguarding Officer is not available for any reason, the matter should pass to the Senior Safeguarding Officer who will make the decision as to who should act as the Referrer.

Where the Safeguarding Officer is the subject of the allegation the matter should be passed directly to the Senior Safeguarding Officer. In the event that the SSO is also implicated the matter should be brought to the attention of the CEO or a Member of Senior Management team who will contact the Lead Board Member.

18.2 Timescales: responding to safeguarding concerns of any nature should be done immediately, if an emergency, or within the **same working day** (within 4 working hours)

18.3 If the decision is to refer, the Referrer should contact the MASH by:

Telephone: 0300 500 80 90 (during normal office hours)

Submit an online concern form, log onto www.nottinghamshire.gov.uk/MASH

For advice; email: mash.safeguarding@notts.gcsx.gov.uk

For emergency situations occurring outside office hours contact should be made with the Emergency Duty Team [EDT] on 0300 456 4546

Adults at risk who live within Nottingham City should be referred by contacting the **Health and Care Point: 0300 131 0300**. Out of hours Nottingham City's Emergency Duty Team can be contacted on **0115 876 5600**, between 8.00pm and 8.30am Monday – Thursday / 8.00pm and 8.30am, Friday to Monday.

18.4 Confidentiality: concerns must always be reported to the relevant Safeguarding Officer. They should not be discussed with anyone else, such as work colleagues, unless the immediate welfare of the adult at risk or other adults make this unavoidable.

18.5 Anonymity: No guarantee of anonymity can be given as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena).

Where concerns are raised by a member of the public who wishes to remain anonymous or who is

prepared to disclose their identity but does not wish for it to be revealed to the adult at risk or his/her representatives this should be respected and recorded. The Person Raising the Concern should explain that this information may remain confidential to Reach but that the Person Raising the Concern will pass this on to the Referrer for a decision. Consideration for the member of the public's safety may be an issue in some cases.

A referral from a professional cannot be treated as anonymous and where any court proceedings follow the information they have given may be made available to the parties involved.

18.6 Making a decision not to refer:

If, after assessing all the information available the Referrer decides that no abuse has occurred there is no need to make a referral. However, the referrer must:

- Consider any other actions required to support the needs of the adult at risk or other actions which might be relevant to the circumstances such as; the Complaints Procedure, training needs, regulatory action. This may include informing other people/agencies of the actions taken;
- Discuss the decision not to refer and any further actions to be taken with the Senior Safeguarding Officer.

18.7 Recording:

It is essential to keep a careful record of all actions, decisions and information gathered as these may be required at a later date for legal proceedings or to demonstrate a rationale for any decisions made or actions taken / not taken.

Records should include:

- Any actions taken to ensure the immediate safety of the adult at risk and/or anyone else at risk, including the person posing the risk
- The crime number if the matter has been reported to the Police
- Details of the concern, including the record made by the Person Raising the Concern
- All relevant information gathered by the Referrer
- The rationale for the decision taken to refer
- The desired outcomes of the adult at risk; what s/he would like to happen as a result of any safeguarding work.

18.8 Complaints:

All complaints about the safeguarding adults process should initially be made to the appropriate Safeguarding Manager. For example: timescales not met, disagreement with the outcome of an investigation etc. The Safeguarding Manager should then comply with internal guidelines on managing complaints from another organisation. In some circumstances the Local Government Ombudsman has jurisdiction to investigate where concerns remain after Local Authority has investigated and responded to the matter raised.

19. The Role of The Senior Safeguarding Officer:

19.1 It is the function of the Senior Safeguarding Officer to guide and support staff through the process of recognising and reporting safeguarding concerns and, where required, as when a Safeguarding Officer is not available, to either pass the matter to another Safeguarding Officer to act as referrer, or to take over the role of referrer his/herself.

19.2 The Senior Safeguarding Officer will also act as the referrer where:

- allegations are made which concern senior members of staff (CEO and/or SMT) or members of the Board of Trustees and:

- the person raising the original concern or the Person Raising the Concern does not have confidence in the impartiality of the designated safeguarding officers and believes that they may be involved in or colluding with the abuse.

19.3 It is the responsibility of the Senior Safeguarding Officer to:

- Monitor the way in which all safeguarding concerns which are raised through these procedures have been addressed, whether or not they result in a referral to the MASH or the safeguarding bodies of another Local Authority. This includes monitoring any action plans agreed to address the needs of either the adult at risk or the individual posing a risk where this person is a client of Reach.
- Keep abreast of any legislative changes and alterations to guidance issued by the Nottingham and Nottinghamshire Safeguarding Board and will ensure that Reach Policies are adjusted accordingly.
- Meet with the designated Safeguarding Officers twice a year in order to achieve consistency of practice across Reach.
- Update the Trustees on the numbers and significance of all safeguarding adult concerns, particularly those in which a referral was made to the MASH / appropriate Local Authority.
- Meeting with the Lead Board member and the CEO on an annual basis to ensure the robust nature of the Adult Safeguarding procedures.

20. The Role of The Lead Board Member:

20.1 It is the role of the Lead Board Member to act as the Referrer in situations in which:

- The concerns raised are about the Senior Safeguarding Officer.
- The person raising the original concern or the Person Raising the Concern does not have confidence in the impartiality of the designated safeguarding officers and believes that they may be involved in or colluding with the abuse.

20.2 The Lead Board member carries particular responsibility for ensuring that Reach’s Safeguarding procedures are monitored on a regular basis and are ‘fit for purpose’. To achieve this s/he will meet with the Senior Safeguarding Officer and the CEO on an annual basis.

21. Staff support, supervision and training


21.1 All managers, staff, tutors, volunteers and trustees are required to have completed training set out in the ***Reach Safeguarding Adults Competency Framework and Learning Pathway***.





21.2 Safeguarding matters will be a standard item at all supervision sessions



This policy will be conveyed to all trustees, staff and volunteers joining the organisation as part of their induction, and to all trustees, current staff and volunteers working with adults at risk.

22. Review and Approval Process:

This policy will be updated annually and approved by the Board in July of each year unless changes are brought out by the local authorities at a different time.

Safeguarding Policy and Procedure reviewed and approved:	
Signature (Chief Executive):	
Date:	June 2016

Changes made to the policy:	Updated with relevant legislation and clarification of appendices to bring the policy in line with Safeguarding Children and Young Person policy.
Review date:	August 2017
Signature:	
Changes made to the policy:	Updated to be in line with Care Act changes reflected in Nottinghamshire's updated policy. Links to Nottinghamshire updated procedures: 'Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults at Risk Procedure for Raising a Concern and Referring' 'Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults at Risk Guidance' . Merge of Adult Safeguarding and Prevent policies into one document.
Review date:	March 2019
Signature:	
Changes made to the policy:	Clarification of Safeguarding officers duties Added in definitions of categories of abuse Added in 'ABC' guidance Included Mental Capacity information
Review date:	August 2019
Signature:	
Changes made to the policy:	None made
Review date:	July 2020
Signature:	
Changes made to the policy:	Changes to SSO and SO following changes to organisation structure
Review date:	October 2020

Signature:	
Changes made to the policy:	No changes made. Updated links to other policies
Review date:	October 2021
Signature:	

Please sign electronically using the link when you have read.