# Part 2: Template

**Adult safeguarding template policy**

The template below is aimed at voluntary and community organisations. Whilst the document covers the main areas generally expected in an adult safeguarding policy, if your organisation provides, or aims to provide, services to adults at risk then you may need to add in more detail to make sure all areas of your work are adequately covered.

If you provide services to children and young people or run projects or spaces where children and young people are present then you will also need to create and implement a separate policy around children’s safeguarding.

If you would like to discuss any aspect of this policy or need help completing it, Tower Hamlets CVS can help: [info@thcvs.org.uk](mailto:info@thcvs.org.uk)**.**

**Red [text in square brackets]** should be edited/customised before final sign off.

**[ORGANISATION]**

**Adult safeguarding policy & procedures**

**Date approved:  Date for review:**

**[ORGANISATION]** believes in protecting an adult’s right to live in safety, free from abuse and neglect. This policy sets out the roles and responsibilities of **[ORGANISATION]** in working together in promoting adults’ welfare and safeguarding them from abuse and neglect.

Under The Care Act 2014, an adult at risk is someone over 18 years old who: has care and support needs. is experiencing, or is at risk of, abuse or neglect. as a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

## **Policy statement**

**[ORGANISATION]** will not tolerate the abuse of adults in any form and is committed to safeguarding vulnerable adults from harm.

We are committed to ensuring that disclosures of abuse and safeguarding concerns are taken seriously and acted upon appropriately.

We will include considerations of adult safety and safeguarding in organisational risk assessments and make sure they are regularly updated.

We will ensure that our staff understand their roles and responsibilities in relation to safeguarding, and are provided with appropriate information and training.

## **Purpose**

The purpose of this policy is to outline the duty and responsibility of **[ORGANISATION]** in respect to Safeguarding. The key objectives of this policy are to:

1. Explain the responsibilities of the board of trustees, Designated Safeguarding Lead and workers in respect of the safeguarding of and adults at risk.
2. Enable workers who receive disclosures of, witness, or suspect abuse to make informed and confident responses.
3. Ensure that prompt action is taken to minimise the risk of harm occurring from any further abuse.
4. Ensure that information relating to safeguarding is kept securely and only shared on a need-to-know basis.

## **Scope**

1. Safeguarding is about protecting the safety, independence and wellbeing of people at risk of abuse, and is everybody’s responsibility.
2. This policy relates to adults who become known to the organisation through the course of our work and who may be at risk of abuse.
3. Assessing whether adults are experiencing abuse is the responsibility of professionals within the local authority. **[ORGANISATION]**’s role is therefore not to assess whether abuse has taken place, but to safeguard by informing the local authority if information becomes known to us that could indicate that abuse may have taken place, or that an adult may be at risk of abuse.
4. For the purpose of this policy, an adult is defined as a person aged 18 or over.
5. For the purpose of this policy an adult at risk of abuse is defined as “someone who has care and support needs and is therefore unable to protect themselves from either the risk of, or the experience of, abuse or neglect”.

## **Responsibilities**

**[ORGANISATION]** board delegates overall responsibility for safeguarding in **[ORGANISATION]** to the **[Director/CEO]** as Designated Safeguarding Lead.

The Designated Safeguarding Lead should ensure that the board of trustees receives necessary reports on safeguarding issues and may call a special meeting where a safeguarding matter requires the board’s urgent attention.

The Designated Safeguarding Lead is responsible for implementing arrangements for safeguarding the welfare of children and adults at risk throughout the organisation.

The Designated Safeguarding Lead is responsible for dealing with all instances relating to safeguarding children or adults at risk that arise within **[ORGANISATION]**. They will respond to all safeguarding concerns and make appropriate referrals to the local authority.

In the absence of the Designated Safeguarding Lead, **[the Deputy Safeguarding Lead/Designated Trustee]** is responsible.

All workers have a duty to promote the welfare of children and adults at risk. It is everybody’s responsibility to recognise the signs of, and to report, abuse wherever it is seen, suspected or disclosed. Workers must also respond appropriately to any disclosure and take any immediate action necessary to protect adults at risk.

## **Key principles of adult safeguarding**

In the safeguarding of adults, **[ORGANISATION]** is guided by the six key principles set out in The Care Act 2014 and Making Safeguarding Personal. We aim to demonstrate and promote these six principles in our work:

* **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
* **Prevention** – It is better to take action before harm occurs.
* **Proportionality** – The least intrusive response appropriate to the risk presented.
* **Protection** – Support and representation for those in greatest need.
* **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
* **Accountability** – Accountability and transparency in delivering safeguarding.

## **Information**

All workers will be provided with information to enable them to recognise possible signs of abuse and respond appropriately. This information will form appendices to this Safeguarding Policy. It is the responsibility of the Designated Safeguarding Lead to ensure this information is kept up-to-date. It is the responsibility of all workers to familiarise themselves with this information, particularly the information in Appendix 5: Types and indicators of abuse.

The Designated Safeguarding Lead should complete training on safeguarding children and adults once every 2 years.

## **Recognising the signs of abuse**

Employees, trustees and volunteers are well-placed to identify abuse. The adult may say or do things that let you know something is wrong. It may come in the form of a disclosure, complaint, or an expression of concern. Everyone within the organisation should understand what to do, and where to go to get help, support and advice.

Abuse can vary from treating someone with disrespect in a way that significantly affects the person’s quality of life, to causing actual physical suffering or failing to prevent harm. It is behaviour towards a person that can be either deliberate or an act of neglect or an omission to act, perhaps as a result of ignorance, or lack of training, knowledge or understanding.

Abuse, maltreatment and neglect can be passive or active. It can consist of a single act or repeated acts. It may be physical, verbal or psychological, or it may occur when a vulnerable person is persuaded to enter into a relationship to which he or she has not consented or cannot consent. Individuals may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. Anyone can be a perpetrator of abuse; it could be a paid carer, volunteer or a health or social care worker; a relative, friend, neighbour or an occasional visitor; another resident or service user, or someone who is providing a service.

These are not exhaustive but are a guide to behaviour that may lead to a safeguarding enquiry.

* **Physical abuse -** Including hitting, slapping, pushing, kicking, pushing, rough handling, force feeding, misuse of medication, restraint, or inappropriate sanctions (e.g. deprivation of food, clothing, warmth and healthcare).
* **Domestic violence/ Domestic abuse -** Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour’ -based violence, female genital mutilation and forced marriage.
* **Sexual abuse -** Including rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, and witnessing sexual acts.
* **Psychological or emotional abuse -** 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 supportive networks.
* **Financial or material abuse -** Including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse of misappropriation of property, possessions or benefits.
* **Modern slavery -** Encompasses slavery, human trafficking, forced labour and domestic servitude, exploitation and debt bondage, i.e being forced to work to pay off debts that realistically they never will be able to.
* **Discriminatory abuse -** Including racist or sexist abuse and abuse based on a person’s disability, age or sexuality and other forms of harassment, slurs or similar treatment because you are, or are perceived to be different due to race, gender and gender identity, age, disability, sexual orientation or religion.
* **Organisational or institutional abuse -** This is systematic abuse by an organisation to service-users who are at risk. It includes failure to meet physical, medical, emotional and social needs, including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one’s own home. It may range from one off incidents to long-term ill treatment, and can be through neglect or poor professional practice as a result of the structure, policies, processes or practices within an organisation.
* **Neglect or acts of omission -** Including ignoring or failing to meet medical or physical care needs, failure to provide access to appropriate health, social-care or educational services, withholding of necessities of life such as medication, clothing, adequate nutrition and heating, failure to give privacy and dignity.
* **Self-neglect -** Self-neglect may require intervention if the person is unable to take care of themselves. It can cover a wide range of behaviour, including lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one’s personal hygiene, health or surroundings, hoarding behaviour, inability to avoid self-harm, failure to seek help or access services to meet health and social care needs and an inability or unwillingness to manage one’s personal affairs.

# **Reporting concerns**

Any employee, trustee or volunteer who becomes aware that an adult is or is at risk of, being abused must raise the matter immediately with their supervisor /or with the organisation’s designated safeguarding lead.

Early sharing of information is the key to providing an effective response where there are emerging concerns. To ensure effective safeguarding arrangements no one should assume that someone else will do it.

**[ORGANISATION]** will

* Inform the adult of the action we propose to take.
* Seek their agreement for any referral.
* Ensure that they are kept informed about what will happen next, so they can be reassured about what to expect.
* Endeavour to ensure that they are safe and supported before proceeding with any other action.
* Inform the adult if (insert the name of your organisation) are planning to seek advice from or report concerns to an external agency.

In most situations there will not be an immediate threat and the decision about protecting the person with safeguarding needs will be taken in consultation with themselves and through referral to Adult Social Care.

In any instance of safeguarding, consideration must be given as to whether an allegation has been made against a person in a position of trust (PiPoT) and who may be a risk to others. This can be anyone from a formal employee or volunteer, to an informal carer.

**If the adult requires immediate protection from harm, contact the emergency services.**

## **Safe recruitment & selection**

**[ORGANISATION]** is committed to safe employment and safe recruitment practices and has policies and procedures that cover the recruitment of employees, volunteers and trustees.

Recruitment of staff to **[ORGANISATION]** will be in line with these safe recruitment practices:

* Job or role descriptions for all roles involving contact with children and / or vulnerable adults will contain reference to safeguarding responsibilities.
* DBS checks will be conducted for specific roles for all staff or volunteers working with children and vulnerable adults.
* No formal job offers are made until after checks for suitability are completed (including DBS and 2 references).
* Every post is subject to a 6-month probationary period.
* Established roles will be regularly reviewed through a 3-year rolling programme of re-checking DBS is in place for holders of all identified posts.
* Existing staff or volunteers who transfer from a role which does not require a DBS check to one which involves contact with children / vulnerable adults will be subject to a DBS check.

## **Training and awareness**

**[ORGANISATION]** will ensure an appropriate level of safeguarding training is available to its trustees, employees, volunteers and any relevant persons linked to the organisation who require it

For all employees who are working or volunteering with adults at risk this requires them as a minimum to have awareness training that enables them to:

* Understand what safeguarding is and their role in Safeguarding Adults.
* Recognise an adult potential in need of safeguarding and take action.
* Understand how to report a safeguarding Alert.
* Understand dignity and respect when working with individuals.
* Have knowledge of the Safeguarding Adults Policy.

Similarly, employees and volunteers may encounter concerns about the safety and wellbeing of children/young people. For more information about children’s safeguarding, refer to **[ORGANISATION]** Children and Young People’s Safeguarding Policy.

## **Mental capacity**

The Mental Capacity Act Mental is about whether an individual has the capacity to make a specific decision at a specific time and if they are unable because they lack capacity as a result a mental disorder of the mind. This includes not being able to

* Understand information given to them about a particular decision
* Retain that information long enough to be able to make the decision
* Weigh up the information available to make the decision
* Communicate their decision.

**[ORGANISATION]** will need to involve an advocate if the person lacks capacity to make decisions about a safeguarding concern. Support and guidance will be sought from Tower Hamlets Social Care should anyone have concerns regarding an adult’s capacity.

## **Confidentiality and information sharing**

**[ORGANISATION]** expects all employees, volunteers and trustees to maintain confidentiality. Information will only be shared in line with the General Data Protection Regulations (GDPR) and Data Protection.

However, information should be shared with the Local Authority if an adult is deemed to be at risk of harm or they pose a risk of harm to another. **You should** **contact the police if they are in immediate danger, or a crime has been committed**.

## **Recording and record keeping**

A written record must be kept about any concern regarding an adult with safeguarding needs.

In the event of a disclosure or safeguarding concern, a detailed written record must be made by the person who receives the information, as soon as possible, following **[ORGANISATION]** procedure for recording concerns and disclosures. This must include details of the person involved, the nature of the concern and the actions taken, decision made and why they were made.

All records must be signed and dated. All records must be securely and confidentially stored in line with General Data Protection Regulations (GDPR). **[ORGANISATION]** workers may not access these records except on a need-to-know basis.

## **Whistleblowing**

[organisation’s name] is committed to ensuring that employees and volunteers who in good faith whistle-blow in the public interest, will be protected from reprisals and victimisation.

## **Confidentiality and information sharing**

**[ORGANISATION]** staff have a responsibility to share information about children and adults at risk if that information may indicate that the child or adult at risk is experiencing abuse.

If a disclosure is made to a worker, or a worker has a concern about the welfare of an adult at risk, the worker should follow **[ORGANISATION]** procedure in the event of a disclosure or safeguarding concern (Appendix 1). This includes ensuring that the person making a disclosure is aware that the worker may need to share the information, and cannot promise to keep it secret.

Information should not be shared with other **[ORGANISATION]** workers or trustees as a matter of course. Any information that is shared should be on a strictly need-to-know basis and kept to a minimum. Unlike most areas of **[ORGANISATION]** work, it is not necessary or appropriate for all workers to be informed on the details of safeguarding concerns.

In the event of a disclosure, the person who made the disclosure should be kept informed about what information has been shared and with whom.

## **Reviewing this policy**

This policy and its appendices will be reviewed by the Board of Trustees every 2 years.

## **Key contacts**

**Designated Senior Lead for Safeguarding**Name:  
Email address:  
Telephone number:

**[Deputy Senior Lead for Safeguarding  
Name:  
Email address  
Telephone number]**

**Designated Trustee for Safeguarding**Name:  
Email address:  
Telephone number:

**Tower Hamlets Safeguarding Adults Team**

The council has a duty to investigate safeguarding concerns under the Care Act 2014 in a person-centred way to protect a person’s right to live in safety, free from abuse and neglect.

If you suspect someone is being abused or neglected, call the hotline on 0300 303 6070 (9am-5pm, Monday to Friday).

You can follow this up by completing a [safeguarding alert form,](https://www.towerhamletsconnect.org/media/ywwn5jqx/safeguarding-adults-referral-form-fin4.docx) but this is not necessary.

Safeguarding enquiries or referrals should be emailed to [enquiry@towerhamletsconnect.org](mailto:enquiry@towerhamletsconnect.org)

If you think a crime has been committed and it’s an emergency situation, you should call 999. For non-emergencies call 101.

Your responsibility is to report your concerns. A social worker will follow these up with any necessary investigations or assessment.

# Appendix 1. Procedure in the event of a disclosure or safeguarding concern

It is important that adults at risk are protected from abuse. All complaints, allegations or suspicions must be taken seriously, including those received anonymously. This procedure must be followed by workers whenever a disclosure of abuse is made or when there is a suspicion of abuse.

## In the event of a disclosure

* 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. Only ask questions to clarify the basic facts of what they are already telling you.
* Do not promise to keep it a secret.

## Make sure the individual is safe

If the person is in immediate danger, the police or ambulance must be called straight away on 999. Ensure prompt action is taken to minimise the risk of harm from any further abuse, maltreatment or neglect. This is particularly important if:

* the person remains in or is about to return to the place where the alleged abuse occurred;
* the alleged abuser is likely to have access to the person or others who might be at risk.

## Record the information

Make a full record of the disclosure, allegation or incident as soon as possible, within one working day.

It is important to ascertain and establish the basic facts, based on evidence of what is seen, heard or smelled and to make careful notes, clearly distinguishing fact from opinion. A full record of the disclosure, allegation or incident must be recorded as soon as possible and always on the same day.

Print, sign, date and time the record. A copy should be stored by the Designated Safeguarding Lead in a secure place in line with [ORGANISATION] Safeguarding Policy.

If writing by hand, use black ink so that documents can be photocopied if necessary. If you make a mistake, put a line through it -do not use correction fluid.

Be aware that the report may be required later as part of legal action or disciplinary procedure and that you may need to appear at a hearing or court (although this is unlikely).

What to include:

* Exactly what the person has told you, or exactly what you have witnessed. Do not include opinions or assumptions.
* A description of any injuries observed and the exact location of the injuries. Give as much detail as possible.
* Any immediate actions that you have taken to reduce risk.
* The name of the person making the disclosure and, where different, the name of adult at risk who has allegedly been abused.
* Where and when disclosure was made, including date, time and the names of others present.
* If you witnessed abuse, write down the date, time and place that it happened.

Also include any of this information that is known to you:

* When and where the alleged abuse took place, including date(s) and time(s).
* Whether anybody else was present when the alleged abuse took place or was involved in the abuse.
* Details about the alleged perpetrator (including name, address, place of work).

## Report to Designated Safeguarding Lead

Report the disclosure or concern to the Designated Safeguarding Lead immediately or as soon as possible within one working day. In the first instance this may need to be done verbally. If the Designated Safeguarding Lead is unavailable, report to the Chair. Do not report the information to more than one worker.

Information should only be shared on a strictly need-to-know basis. This means:

1. The worker who receives the information should inform the Designated Safeguarding Lead on the same working day. If the worker who receives the information is the Designated Safeguarding Lead, they should inform the Chair, or, in their absence, one other worker.
2. The Designated Safeguarding Lead and the worker will discuss the concern and decide whether to inform the relevant Safeguarding Team at the relevant local authority.
3. The welfare of the adult at risk is paramount. Protecting the welfare of the person who may be experiencing abuse should be the only consideration when deciding whether a referral is needed.
4. If the Designated Safeguarding Lead and/or the other worker is in any doubt as to whether a referral is needed, a referral should be made.
5. It is not the role of [ORGANISATION] workers to assess whether abuse has taken place. A referral should be made if information is known that indicates that abuse may have taken place.
6. In the event of a disclosure, efforts should be made to get informed consent from the person making the disclosure before a referral is made to the local Safeguarding Team. However, a referral may be made without consent if the person does not give consent and there are concerns about the welfare of an adult at risk.

## Support the individual

Keep in contact with the person who made the disclosure, or you have the concern about, and ensure they know they can contact you again. Ask for their permission before sharing information, but make sure they know you may have to share it without permission. Keep them informed about who the information has been shared with.

## Reporting a safeguarding concern to the local authority

Information relating to safeguarding adults at risk should be reported to the relevant Safeguarding Team. Decisions about whether to make a referral should be made in line with [ORGANISATION] Safeguarding Policy, and always from the position that the welfare of the child or adult at risk is paramount.

It is generally the responsibility of the Designated Safeguarding Lead to make a referral and to communicate with the local authority. However, if the Designated Safeguarding Lead is not available, or another worker believes a referral should be made and the Designated Safeguarding Lead has not made one, any worker who is concerned should make a referral.

Information in the written record should be used to make the referral. However, do not delay making the referral if a written record is not yet complete – it can be sent later.

**If you have an immediate concern about someone’s safety, call the police on 999.**

* Where a Safeguarding Alert is made by telephone, the Designated Safeguarding Lead must make a written record of the date and time of the referral and the name and position of the person to whom the matter was reported.
* Where a Safeguarding Alert is sent by email, the Designated Safeguarding Lead must check that the report has been received by the Safeguarding Team.

The Designated Safeguarding Lead is responsible for keeping workers and volunteers appropriately informed and up to date on what is expected of them as any investigation proceeds; and for ensuring that they are aware of their rights to representation when being interviewed; and for ensuring they receive ongoing personal support.

## Dealing with allegations made against a worker or trustee

Anyone wishing to make an allegation about an [ORGANISATION] worker or a trustee, either in relation to any suspicion, allegation or incident of abuse or non-adherence to these procedures should report it to the Designated Safeguarding Lead in the first instance. Concerns about the Designated Safeguarding Lead should be reported to the Chair.

The protection and welfare of adults at risk should be considered paramount when making decisions regarding managing allegations against members of staff, volunteers, and trustees.