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| 2024 | **Adult Safeguarding Strategy, Policy and Procedures.**  **Baby Equipment Loan Service and Toy Library** |

**Arrangement of sections**

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**1. Introduction**

BELS & TL welcomes and encourages the involvement of people from all walks of life in our work. From time to time this may bring us into contact with ‘adults at risk’ who access our services as volunteers, beneficiaries of volunteers, or members of voluntary and community groups.

The purpose of this strategy and policy is to:

* protect adults at risk of abuse or neglect who access our services
* provide clear guidance on our approach to safeguarding adults at risk.

This strategy and policy apply to all paid Staff, Volunteers and Trustees, at all levels within the organisation, and extends to sessional workers, agency staff, students or anyone else acting on behalf of BELS & TL. The strategy and policy have been developed in line with the work of the North Tyneside Safeguarding Adults Board:

Details of the types of abuse that adults at risk may experience are provided in Appendix 1.

**2. Definition of an Adult at Risk**

An ‘adult at risk’ is defined by The Health and Care Act 2022 as a person, aged 18 and over, who meets all three of the following criteria:

* Has needs for care and support (whether or not the authority is meeting any of those needs)
* Is experiencing, or at risk of, abuse or neglect  ***and***
* As a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

An adult at risk may therefore be a person who:

* is elderly and frail due to ill health, physical disability or cognitive impairment
* has a learning disability
* has a physical disability and/or a sensory impairment
* has mental health needs including dementia or a personality disorder
* has a long-term illness/condition
* misuses substances or alcohol
* is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
* is unable to demonstrate the capacity to make a decision and is in need of care and support.

**3. Our commitment**

BELS & TL takes seriously our safeguarding responsibilities and is committed to:

* Reporting and acting upon safeguarding concerns in a timely way.
* Prioritising the dignity, safety and well-being of adults at risk.
* Having our own internal operational procedures to complement this policy.
* Ensuring support to staff raising concerns by whistleblowing.
* Ensuring all Staff, including Volunteers and Trustees, and others working on BELS & TL’s behalf, understand their roles and responsibilities in regard to safeguarding.
* Ensuring that staff and volunteers have access to training and support appropriate to their safeguarding responsibilities.

**4. Links to other BELS & TL policies**

This policy should be read alongside our policies and procedures on:

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| * Acceptable Access to and Use of Information and Communication Technologies (ICT)   e-safety Policy   * Communications Policy * Complaints Procedure * GDPR Privacy Policy * Disciplinary Policy and Procedure | * Equality & Diversity Policy * Health & Safety at Work Policy * Grievance Policy and Procedure * Recruitment & Selection Policy and Procedure * Staff Induction Checklist * Volunteer Policy and Procedure * Whistleblowing Policy |

**5. Designated Safeguarding Officers (DSOs)**

BELS & TL has named Designated Safeguarding Officers (DSOs). There is a Safeguarding Representative on the Board of Trustees.

**Purpose of the DSO role:**

***Strategic:*** To take the lead role in ensuring that appropriate arrangements are in place at BELS & TL for keeping safe adults who are at risk.

***Operational:*** To promote the safety and welfare of adults at risk who are using BELS & TL’s services.

**Duties and responsibilities**

1. Ensure that all issues concerning the safety and welfare of adults at risk who access BELS & TL are properly dealt with through policies, procedures and administrative systems.
2. Make sure that all Staff, including Volunteers and Trustees, are made aware of the procedures and what they should do if they have concerns about an adult at risk.
3. Receive and record information from anyone who has concerns about an adult at risk who accesses BELS & TL.
4. With support from management, take the lead on dealing with information that may constitute an adult safeguarding concern. This includes assessing and clarifying the information, and taking decisions where necessary in consultation with colleagues, the Chair of the Trustees and statutory safeguarding agencies.
5. Consult with, pass on information to and receive information from statutory agencies, such as the North Tyneside Safeguarding Adults Board and the police. This includes making formal referrals to these agencies when necessary.
6. Offer support to staff and volunteers who have been involved in a safeguarding matter.
7. Be familiar with and work within local inter-agency adult safeguarding procedures developed by the local safeguarding boards.
8. Be familiar with issues relating to safeguarding and abuse and keep up to date with new developments in this area.
9. Attend training on issues relevant to safeguarding from time to time and share knowledge from that training with Staff and Trustees.

**6. Responding to Concerns**

Safeguarding is everyone’s responsibility. All paid Staff, Volunteers, Trustees and others acting on behalf of BELS & TL have a duty to report any safeguarding concerns in line with the guidance provided below.

**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 any secrets.
* Let them know what will happen next.
* Share this information immediately, or as soon as possible, with a BELS & TL’s Designated Safeguarding Officer.

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

* If medical assistance is required call a Designated First Aider and ambulance 999
* Call the police if you believe a crime has been committed (999, or 101 if not an emergency).
* Preserve evidence.
* Keep yourself, staff, volunteers and service users safe.
* Inform a BELS & TL’s Designated Safeguarding Officer as soon as possible.

**How to Record a Safeguarding Allegation**

When making a record of a safeguarding incident or allegation you should:

* Write down exactly what you are told or have seen.
* Use the exact words of the person telling you, not your own.
* Include times of incident.
* Include the type of alleged abuse.
* Include the location of the alleged abuse.
* Make it clear who said what and when.
* Write down everything you saw, keep it factual.
* Write down people's names in full, explaining who they are.
* Be accurate - write down facts as they happened, be unbiased/do not take sides, do not ask leading questions, use the phrases ‘tell me about it, explain that to me, describe that’.
* Share your concerns with BELS & TL’s Designated Safeguarding Officer/s immediately, providing them with a fully completed Safeguarding Report form (Appendix 2).

**What happens next?**

All situations of abuse or alleged abuse will be discussed with BELS & TL’s Designated Safeguarding Officer/s as soon as possible. If the person sharing the information feels unable to raise this concern with the Designated Safeguarding Officer then concerns can be raised with BELS & TL’s Safeguarding Representative on the Board of Trustees, or the Project’s Chair or directly with the North Tyneside Safeguarding Adults Board. The alleged victim will be told that this will happen. This stage is called the ‘Alert’.

When BELS & TL’s Designated Safeguarding Officer receives a safeguarding alert, they will review the information to make sure they have sufficient and accurate details. 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 by the Designated Safeguarding Officer to the North Tyneside Safeguarding Adults Board

If the individual experiencing abuse does not have capacity to consent a referral will be made without that person’s consent, in their vital interests.

**7. Managing allegation made against a member of BELS & TL staff or a volunteer**

BELS & TL will ensure that any allegations made against members 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 Designated Safeguarding Officer will liaise with the Safeguarding Adults Board to discuss the best course of action and to ensure that BELS & TL’s disciplinary procedures are coordinated with any other enquiries taking place as part of the on-going management of the allegation.

Staff will be supported to use BELS & TL’s Whistleblowing policy where appropriate.

**8. Information sharing**

To ensure clear information sharing BELS & TL is committed to the simple process of sharing relative information and follows the seven “Golden Rules” for information sharing taken from the HM Government Information Sharing guidance -Safeguarding Practitioners 2018

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it - whether it is share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

**9. Document details**

Author: Carol Dennison and Charlotte Kennedy

Organisation: Baby Equipment Loan Service and Toy Library, Footprints Day Nursery and Children’s Centre, North Road, Wallsend, NE28 8RH.

Registered Charity No: 1196768

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Updated January 2023 (change to DSOs and minor changes).

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This document has been adapted with permission from:

VODA North Tyneside

**Appendix 1: Types of Abuse**

**Physical abuse** includes hitting, shaking, throwing, poisoning or misuse of medications, burning or scalding, drowning, suffocating or otherwise causing physical harm.

**Sexual abuse** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual exploitation and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent to or was pressured into consenting.

**Psychological or Emotional abuse** includes threats of harm, bullying or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, withholding affection, shouting and deprivation of privacy or unreasonable or unjustified withdrawal from services or support networks.

**Neglect and acts of omission** include ignoring medical or physical care needs, failure to provide access to appropriate health care, social care or educational services. Withholding of the necessities of life such as medication, adequate nutrition and heating.

**Financial or material abuse** includes theft, fraud and internet scamming exploitation. Pressure that is applied in connection with wills, property or inheritance, financial transactions, or the misuse, or misappropriation of property, possessions or benefits.

**Self-neglect** covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

**Professional abuse** is the misuse of power or trust and the failure of professionals to act on suspected abuse / crimes.

**Organisational abuse** is neglect and poor care practice within an organisation, care setting or in relation to care provided in a person’s own home. This may be one-off incidents or ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Domestic abuse** includes psychological, physical, sexual, financial, emotional and so called ‘honour’ based violence.

**Modern Slavery** encompasses slavery, human trafficking, forced labour and domestic servitude.

**Discriminatory abuse** exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals. It can feature in any form of abuse of an Adult at Risk. It can result from situations which exploit a person’s vulnerability by treating them in a way that excludes them from opportunities or services they should have as an equal citizen. It is important to note that an individual may be targeted because of a particular characteristic and this may result in actions which are considered Hate Crime (also known as Mate Crime). This can be verbal abuse, threatening behaviour, deliberate ‘outing’, criminal damage, physical attack.

**Radicalisation** is the abusive process whereby adults with care and support needs are radicalised.

**Appendix 2: Safeguarding Report Form (based on Child Safeguarding Policy)**

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| **Safeguarding Report Form** |

**Reporting concerns about an adult at risk:** This form should be used in conjunction with the procedure for dealing with concerns about an adult at risk.

**Details of adult**

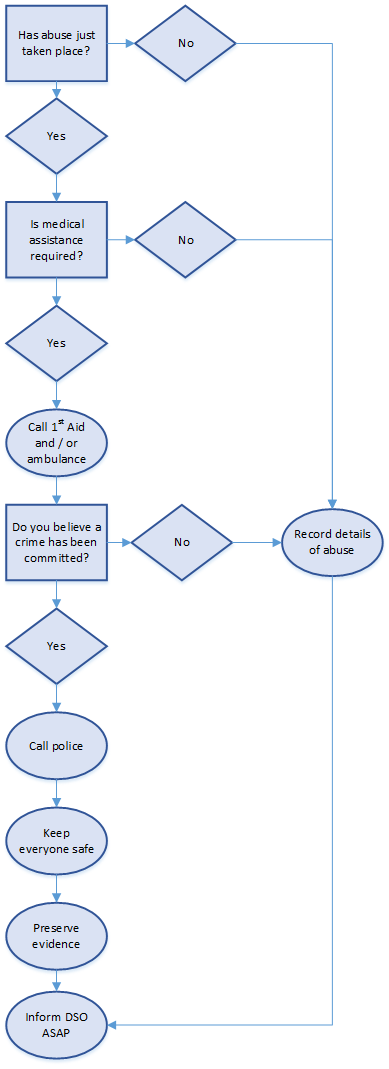
|  |  |  |
| --- | --- | --- |
| Name of adult: | | |
| Gender | Age | Date of Birth |
| Ethnicity | Language | Additional needs |
| Home address: | | |

**Your details**

|  |  |  |
| --- | --- | --- |
| Your name: | Your position | Date and time of incident (if applicable) |

|  |
| --- |
| Are you reporting your own concerns or responding to concerns raised by someone else?  Reporting own concerns  Responding to concerns raised by someone else |
| If you are responding to concerns raised by someone else, please provide their name and position within the organisation: |
| Please provide details of the incident or concerns you have, including times, dates, description of any injuries, whether information is first hand or the accounts of others, etc: |
| The adult’s account/perspective: |
| Please provide details of anyone alleged to have caused the incident or to be the source of any concerns: |
| Provide details of anyone who has witnessed the incident or who shares the concerns: |
| Summary of discussion with manager: |
| Has the situation been discussed with BELS & TL’s Designated Safeguarding Officer?  Yes/No  If so please summarise the discussion: |
| If appropriate- have you spoken to the adult’s parents/carers?  Yes/No  If so please summarise the discussion: |
| Have the following authorities been informed?  Police: yes/no  Date and time:  Name and phone number of person spoken to:  Local Authority Safeguarding Adults Board yes/no  Date and time:  Name and phone number of person spoken to:  Action agreed with child protection authorities: |
| What has happened since referring to statutory agencies? Include the date and nature of feedback from referral, outcome and relevant dates: |

|  |  |  |
| --- | --- | --- |
| **Signed** | **Date and time** | **Name and position** |
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**Appendix 3: Flowchart of procedures**

**Appendix 4: Current Designated Safeguarding Officers**

**Designated Safeguarding Officers (DSOs)**

**Katherine O’Donnell**

**0191 2635770**

[**team@belsnorthtyneside.org.uk**](mailto:team@belsnorthtyneside.org.uk)

**Gemma Pinkney**

**0191 2635770**

[**team@belsnorthtyneside.org.uk**](mailto:team@belsnorthtyneside.org.uk)

**Deb Walters**

**0191 2635770**

[**team@belsnorthtyneside.org.uk**](mailto:team@belsnorthtyneside.org.uk)

**Management Committee Safeguarding Representative**

**Charlotte Kennedy**

**0191 2635770**

**charlotte.e.osborne@gmail.com**