

Safeguarding Policy

Purpose	This policy sets out Headway Tyneside’s approach to safeguarding and promoting the welfare of all adults who use our services and/or come into contact with the Charity. Given our role in supporting individuals and families affected by brain injury, we recognise a particular responsibility to protect adults at risk from abuse and maltreatment. This policy and the procedures it contains are to ensure all trustees, staff and volunteers recognise and act appropriately in response to any adult abuse concerns.
Scope	Headway Tyneside Trustees, Staff & Volunteers
Approver	Trustee Board
Last Approval Date	13 th December 2023
Review Cycle	At least every 3 years
Next Review	By December 2026 at latest

Important Contacts

Designated Safeguarding Lead	Dr David Lee, Vice Chair 0191 580 0008
Deputy Safeguarding Lead	Rachel Lees, Clinical Trustee 07587 036 855
Referral links for:	
Newcastle	Report abuse or neglect Newcastle City Council
North Tyneside	Are you worried about an adult in North Tyneside? — North Tyneside Safeguarding Adults Board (ntsab.org)
South Tyneside	Safeguarding Adults and Children - South Tyneside Council
Gateshead	Tell us about a safeguarding concern - Gateshead Council

Adult Safeguarding Policy

1. Aim & Applicability of this Policy

This policy sets out Headway Tyneside's approach to safeguarding and promoting the welfare of all adults who use our services and/or come into contact with the Charity. Given our role in supporting individuals and families affected by brain injury, we recognise a particular responsibility to protect adults at risk from abuse and maltreatment. This policy and the procedures it contains are to ensure all trustees, staff and volunteers recognise and act appropriately in response to any adult abuse concerns. It is designed to enable Headway Tyneside to:

- Raise awareness within the organisation about types of abuse, and what to do if concerned about the safety and well-being of an adult;
- 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;
- Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- Stop abuse and neglect from occurring wherever possible;
- Enable everyone in Headway Tyneside to play their part in safeguarding adults.

The policy applies to all trustees, staff, volunteers and service users and anyone working on behalf of Headway Tyneside. It should be read and considered alongside other Headway Tyneside policies in effect at the time.

2. Legislative Context

This policy should be operated within the legislation and policy framework of:

- The Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- The Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DOLS)
- The Equality Act 2010
- Data Protection Act 2018

In particular, it is noted that the Care Act 2014 put adult safeguarding on a statutory footing for the first time, and embraced the principle that the 'person knows best'. It set the foundation for change in the way that care and support is provided to adults, encouraging greater self-determination, so people maintain independence and have real choice. There is an emphasis on

working with adults at risk of abuse and neglect to have greater control of their lives to both prevent it from happening and give meaningful options of dealing with it should it occur.

2. Responsibilities

All Trustees, Staff & Volunteers

Headway Tyneside believes that the protection of adults at risk from harm and abuse is everybody's responsibility. All trustees, staff and volunteers must be aware of & understand this policy and follow the procedures described within it. This includes the recording of any concerns, however small they may seem.

Clinical Services Development Manager

The Clinical Services Development Manager is responsible for ensuring the stated safer recruitment practices for staff and volunteers are followed.

Designated Safeguarding Lead, & Deputy (DSL)

The DSL should be available to offer advice and guidance on safeguarding and the execution of this policy. The DSL is also normally responsible for seeking consent & onward referral of safeguarding concerns, and is the main point of contact during subsequent investigations. They are also responsible for documentation, and reporting to the Charity Commission and/or DBS when required.

Trustee Board

Headway Tyneside Trustees are responsible for reviewing, updating and approving this policy and overseeing its effective execution.

3. Procedures

a) Staff Recruitment

Headway Tyneside is committed to safer recruitment practices for staff and volunteers. This includes:

- Completion of an application form, and attendance at formal interview;
- A minimum of two references being taken up prior to confirmation of all staff appointments;
- Disclosure and Barring services checks for staff and volunteers working in front line service roles;
- Introduction to this policy during the induction of all staff and volunteers (A signed record of this will be maintained);
- Staff and volunteers to work a probationary period where appropriate with regular performance reviews;
- Ongoing, further training on safeguarding adults.

b) Recording Potential Abuse

It is the responsibility of staff and volunteers to record and report any suspicions of abuse, however difficult this may be. Failure to do so is a neglect of our duty of care. Staff and volunteers should expect to be fully supported by their managers and the trustees when an incident is reported.

Anyone who has a suspicion or a concern that abuse may have taken place or might take place if no preventative measures are taken, is an “Alerted Person”. Staff or volunteers may be alerted in many ways, including by witnessing abuse or abuse indicators, being told about abuse by service users or others, and seeing on-line abuse.

The alerted person must make a written report as quickly as possible. Observations should be recorded factually and separated clearly from any opinion. Verbatims should be included where available. Any views that the subject of the potential abuse has about the incident should be included. The written report should be signed and dated. Appendix 3 contains an optional proforma. Further advice on the recording of potential abuse is contained in Appendix 4.

Confidentiality must be maintained. The alert should not be discussed with anyone unless it is necessary to protect the vulnerable person, or to secure evidence.

No member of staff or volunteer should start any investigation, or confront or contact the alleged perpetrator.

c) Reporting Potential Abuse

If the alerted person considers there to be immediate danger to life, risk of injury or a crime being committed they should dial 999 to contact the police and emergency services.

Normally, however, the alerted person should contact Headway Tyneside’s Designated Safeguarding lead or their deputy to record their concerns.

On receiving an internal report, the Designated Safeguarding lead and/or their deputy will confirm whether this is a safeguarding issue (eg. versus a complaint or internal disciplinary matter) and requires referral to Adult Social Services or if a crime referral to the Police and act accordingly.

Referrals should be made within 2 working days, unless there are exceptional circumstances which extend this time.

d) Consent

The Designated Safeguarding lead will contact the subject of the potential abuse to seek their consent to referring to Adult Social Services.

Capacity to consent will be assumed unless there is evidence to the contrary. Decisions regarding an individual’s capacity must be specific to this decision at this time.

Where the individual seems unable to give consent, the Designated Safeguarding Lead will consider and seek advice on their mental capacity to make this decision. If they do not have sufficient mental capacity, a referral will be made without their consent.

Where the individual does not wish to give consent, the Designated Safeguarding Lead will consider and seek advice on whether there is a wider public interest issue which would warrant overriding the individual's wishes. In such an instance, all efforts should be made to explain to the individual concerned what is being done and why.

e) After Referral

The primary responsibility for co-ordinating an investigation into the alleged abuse lies with the Adult Social Care teams. Headway Tyneside will support the investigation & any subsequent recommendations fully.

The Designated Safeguarding Lead will ensure that all documentation is collected and stored securely.

f) Safeguarding concerns involving staff and/or volunteers.

Headway Tyneside will ensure that any allegations made against member/s of staff or volunteers will be dealt with swiftly. These should be recorded and passed to the Designated Safeguarding Lead for referral in the same way as other safeguarding incidents.

This includes referral to the Police if a member of staff/volunteer is thought to have committed a criminal offence, and otherwise Adult Social Care. 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 Lead will liaise with Adult Social Care to ensure that Headway Tyneside's disciplinary procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.

Following the conclusion of the investigation, Headway Tyneside will work within the current legal framework for referring staff or volunteers who have harmed or pose a risk to vulnerable adults and or children to the DBS.

Whistle blowers will be fully supported and protected by the Trustees.

g) Monitoring

The trustee board will review safeguarding incident reports and outcomes when they occur & take any necessary actions to minimise risk.

The Charity Commission should be advised of any incident which has resulted in harm to a beneficiary of the Society, when a member of staff or volunteer is the perpetrator of harm or when a member of staff or volunteer is the victim of harm.

This policy will be reviewed at a minimum every 3 years, and earlier if circumstances (e.g. legislation changes, incident review) dictate.

Appendix 1: Definitions

Adults at Risk

Adults at risk are defined as individuals aged over 18 who:

- Have needs for care and support and;
 - Are experiencing, or are at risk of, abuse or neglect;
 - As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Care Act 2014

Abuse

‘Any act or failure to act, which results in a significant breach of a vulnerable person’s rights, civil liberties, bodily integrity, dignity or general well-being, whether intended or inadvertent, including sexual relationships or financial transactions to which a person has not or cannot validly consent or which are deliberately exploitative’.

Safeguarding Adults and Children with Disabilities against abuse: Council of Europe 2002

Appendix 2: Categories of Abuse

Physical abuse including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Indicators - include unexplained or inconsistently explained injuries, clusters of injuries, changes of behaviour, over or under use of medication.

Emotional or psychological abuse including intimidation, humiliation, being ignored, withholding and denial of help, privacy, choice, requests, religious or cultural needs, access, contact etc.

Indicators - the adult at risk becomes excessively withdrawn, self-esteem is lowered, has restricted freedom, access to services, activities, social contacts etc.

Neglect and acts of omission including deliberate or by default, where the alleged perpetrator is not able to, or does not, provide the care needed and may not recognise the need for that care. The alleged perpetrator may also be neglecting him or herself.

Indicators - unkempt appearance, malnutrition, failure to provide food, care, clothing, access to medical care, heating etc. poor physical conditions.

Sexual abuse where the victim is involved in any sexual activity to which they have not given consent or do not fully comprehend. The adult victim may be of any age or gender. The abuse may take place within a marriage or relationship and may or may not involve physical contact.

Indicators - reluctance to be alone with a known person, changes in behaviour, unexplained difficulties in walking or sitting, overt sexual behaviour or language, self- inflicted injuries.

Financial or material abuse use of money, assets, property without the informed consent of the adult at risk, theft, extortion or fraudulent transactions, prevention of access to money, assets or property.

Indicators - sudden lack of money, disparity between assets and living conditions, reluctance to spend money, excessive interest in the vulnerable person's assets by others etc.

Discriminatory abuse where the abuse is motivated by oppressive and discriminatory attitudes towards the adult at risk, and could include physical, psychological or sexual abuse or neglect in a culturally or religiously specific context. 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, homophobia or any other form of hate or incident or crime.

Organisational (sometimes referred to as institutional) abuse which may be hidden and includes the practice of an abusive regime or culture that destroys the dignity and respect to which everyone is entitled. It occurs when the individual's needs and wishes are sacrificed for the smooth running of an organisation or institution. 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.

Indicators - lack of choice or flexibility, public discussion of personal matters, overly controlling or authoritarian relationships of others towards the adult at risk, lack of control or ownership over important decisions. Strict, regimented or inflexible routines or schedules for daily living activities such as mealtimes, bedtimes, going to the toilet, etc.

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.

Indicators - fear of a certain person or place, isolation, unwillingness to access services, controlling behaviour of friends, family and associates, being conditioned to fabricate a story, going missing for prolonged periods of time.

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.

Indicators - poor physical condition/appearance, skin ulcers or pressure sores, unkempt appearance, poor hygiene, inadequate or dirty clothing, odour of urine or faeces, visitors refused access, inconsistent or reluctant contact with health/social care services.

Radicalisation Where an individual has been radicalised by others, which may lead to acts of crime, terrorism or harm to others.

Appendix 3: Optional proforma for recording safeguarding concerns

Personal Details of Adult at Risk			
Name:	Title:	DOB:	Gender:
Address:	GP Surgery:		
Postcode:	Postcode:		
Tel no:	Tel no:		
NHS no (if known)	Ethnic origin:		
Any other ref no:	Preferred language/communication needs:		
Allegation			
Date & time of alleged abuse:			
Where did the abuse happen:			
What type of abuse is suspected? (Check all appropriate)			
Physical Abuse	<input type="checkbox"/>	Modern slavery	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Discriminatory abuse	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/>	Organisational abuse	<input type="checkbox"/>
Psychological/emotional abuse	<input type="checkbox"/>	Neglect & acts of omission	<input type="checkbox"/>
Financial or material abuse	<input type="checkbox"/>	Self neglect	<input type="checkbox"/>
Provide a brief, factual summary of the concerns leading to the referral. This should include what harm/injury or potential harm was caused.			
Is anyone else at risk of harm?			
Please state			
Vulnerability of the adult at risk			
Brain injury	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Older person	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Substance misuse	<input type="checkbox"/>		
Confidentiality and Consent			
Has this referral been discussed with the adult at risk? YES/NO		Has the adult at risk given consent to share the concerns with appropriate others? YES/NO	

If the answer to either/both of the above question is No, please state the reasons for proceeding without consent.

What are the adult at risk's views, and what outcome do they expect?

Does the adult at risk have mental capacity to be involved in the investigation and protection plan? YES/NO/UNKNOWN

Has a capacity assessment been arranged or taken place?

Details of the People Involved in the Incident

Name:	DOB:	
Address:	Occupation:	
Postcode:	Relationship to adult at risk:	
Tel no:		

Immediate Actions (including any emergency medical treatment, evidence preserved, actions taken to prevent further abuse)

Protection Plan

Agencies Alerted

Adult Social Care		Ambulance/acute hospital	
Police		GP	

Details of person recording the incident

Name:		Role:	
Tel no:		Date form completed:	

Details of person referring the incident

Name:		Role:	
Tel no:		Date referral made	

Appendix 4: Additional advice on the recording of potential abuse

Staff and volunteers should be aware that abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. They should also recognise that 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, neighbours, other service users or friends.

If you receive an allegation:

Do

- Listen carefully & calmly to the information given
- Reassure the person that they have done the right thing and have a right to be safe
- Be aware of the possibility of medical evidence
- Tell the person what you are going to do and why – unless by doing so you are increasing the risk of harm to them or others
- Seek consent to share information if possible
- Ask the person if there is anything else they want you to do, or anyone they want to contact
- Be supportive and ensure the person knows how to contact the relevant service or additional support if they wish
- Record what you have been told / witnessed as soon as possible

Do Not

- Appear frightened, panicked or unable to cope with what the person is telling you
- Make negative comments about the alleged abuser
- Trivialise or minimise any aspect of abusive behaviour
- Speculate, judge, or make assumptions about the information or circumstances
- Make promises you can't keep, such as promising that everything will be alright
- Promise to keep the information a secret
- Ask leading questions
- Probe for additional information; you are not responsible for investigating the allegation