



SAFEGUARDING & PROTECTION OF Adults at Risk POLICY

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1 Policy Statement

Staffordshire Network for Mental Health (referred to SNfMH throughout this policy) is committed to ensuring the protection of Adults at Risk from harm through the development and implementation of effective policies and best practice. Members of the Board of Trustees, staff and volunteers recognise and accept the responsibility to develop and raise awareness of the issues which cause Adults at Risk harm.

2 Legislation & Guidance

The relevant legislation and guidance relating to the protection of Adults at Risk are reflected in this policy

- Care Act 2014
- Carers (Recognition and Services) Act 1995
- Chronically Sick and Disabled Persons Act 1976
- Criminal Justice Act 2003 Section 146
- Data Protection Act 2018
- Disability Discrimination Act 2005
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Employment Rights Act 1996
- Enduring Power of Attorney Act 1995
- Equalities Act 2010
- Health Act 2006
- Health Services and Public Health Act 1976
- Housing Act 2004
- Human Rights Act 2012
- Local Authority Social Services Act 1970
- Mental Health Act 2009
- National Assistance Act 1948
- National Health Service and Community Care Act 1990
- National Health Service Act 2006
- Police and Criminal Evidence Act 1984
- Power of Attorney Act 1971
- Public Health Acts 1936 & 1961
- Public Interest Disclosure Act 1998
- Registered Homes Act 1991
- Sexual Offences Act 2003
- Staffordshire and Stoke on Trent Adult Safeguarding Partnership (2010) Inter-Agency Adult Protection Procedures
- Code of Conduct
- Complaints Policy
- Whistleblowing Policy

The Care Act 2014

The Care Act 2014 puts adult safeguarding on a legal footing from April 2015. The Act signals a major change in practice – a move away from the process-led tick box culture to a person-centred social work approach which achieves the outcomes that people want. Practice must focus on what the adult wants, which accounts for the possibility that individuals can change their mind on what outcomes they want through the course of the intervention.

Each local authority must:

- A. Make enquiries or ensure others do so if it believes an adult is subject to or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.
- B. Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Group/s) and the power to include other relevant bodies. SNfMH will support and communicate with the Staffordshire SAB where required.
- C. Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them.
- D. Cooperate with each of its relevant partners in order to protect adults, make enquiries, or ensure others do so, if it believes an adult is subject to, experiencing or at risk of abuse or neglect.

This policy should also be read in conjunction with the following of SNfMH's policies:

- Safeguarding of Children Policy
- Health and Safety Policy
- Lone Working Policy
- Boundaries and Code of Conduct Policy

3 Principles

The statutory guidance enshrines the six principles of safeguarding:

1. **Empowerment** - presumption of person led decisions and informed consent
2. **Prevention** - it is better to take action before harm occurs
3. **Proportionality** - proportionate and least intrusive response appropriate to the risk presented
4. **Protection** - support and representation for those in greatest need
5. **Partnerships** - local solutions through services working with their communities
6. **Accountability** - accountability and transparency in delivering safeguarding

This policy is based on the following principles:

- The welfare of the vulnerable adult is paramount
- All Adults at Risk, whatever their age, culture, disability, gender, language, racial origin religious beliefs and/or sexual identity have the right to protection from abuse
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately
- All members of SNfMH (i.e. trustees, staff & Volunteers) have a responsibility to report concerns to the Designated Safeguarding Lead with responsibility for safeguarding Adults at Risk
- Staff/volunteers are not trained to deal with situations of abuse or qualified to decide if abuse has occurred.

SNfMH will aim to safeguard Adults at Risk by:

- Adopting safeguarding guidelines through procedures and a code of conduct for trustees, staff and volunteers
- Sharing information about safeguarding Adults at Risk and good practice with carers, staff, volunteers and trustees.
- Sharing information about concerns with the agencies who need to know, and involving the person concerned as appropriate

- Carefully following the procedures for recruitment and selection of trustees, staff and volunteers
- Providing effective management for staff and volunteers through support, supervision and training
- Reviewing the policy and good practice regularly.

This policy sets out agreed guidelines relating to the following areas:

- Responding to allegations of abuse, including those made against trustees, staff and volunteers
- Recruitment and vetting of staff and volunteers
- Supervision of organisational activities.

This policy sets out the responsibilities of all trustees, staff and volunteers for the protection of Adults at Risk in connection with work of SNfMH.

This policy is designed to complement the Inter-Agency Adult Protection Procedures September 2010 (828 kb). As produced by the Staffordshire and Stoke-on-Trent Adult Protection Partnership that can be downloaded from the Staffordshire County Council website www.staffordshire.gov.uk.

4 Responsibilities

Kate Tromans will act as the named **Designated Person** and will seek advice from the Staffordshire Adult Protection Team, where appropriate. **Beth Wilde** will act as Deputy Safeguarding Lead and will report to the Safeguarding Lead as appropriate.

If the suspected safeguarding matter involves the Designated Person, then the responsibility to act as Designated Safeguarding Lead becomes the responsibility of the **Chair of the Board of Trustees - Ian Scott**.

All staff, trustees and volunteers have the following responsibilities with regard to safeguarding of Adults at Risk:

- To be aware of how to recognise and report abuse
- To report any concerns about possible abuse using the procedures laid out in this policy.
- To be aware of SNfMH's whistle blowing policies and how to use them, where appropriate.
- If applicable to produce reports as requested by the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership to contribute towards a **Safeguarding Adults Review (SAR)** (previously known as a Serious Case Review).
- To recognise that in some circumstances it will be necessary to share what might normally be regarded as confidential information.
- Follow Code of Conduct (See Appendix 3).
- To speak to the **Designated Safeguarding Lead** if they are unsure of anything regarding the safeguarding and protection of Adults at Risk.

5 Definitions used in the Policy

A vulnerable adult is a person: "Who is eighteen years of age or over, and is or may be in need of community care services by reason of mental or other disability, age or illness, and is or may be unable to take care of him/herself, or unable to protect him/herself against significant harm or exploitation". (Source: *"Who Decides": 1997, Lord Chancellor's Department*) **Definitions of abuse**

Abuse may be defined as the wrongful application of power by someone in a dominant position. It involves an imbalance of power and exploitation without a full and informed consent. Abuse can take several different forms and may be a single act or repeated acts. A summary of the different types of abuse include:

Physical abuse

Bodily assaults resulting in injuries including: shaking, pinching, biting, burning scalding, hitting, slapping, pushing, kicking, drowning and suffocating. It may also involve causing needless physical discomfort and the withholding of care or the use of inappropriate care such as restraint, improper administration or denial of medication and bodily impairment i.e. malnutrition, dehydration, failure to thrive

Sexual abuse

Any form of sexual activity including sexual contact, sexual harassment or sexual acts and non-sexual contact that the adult does not want, to which they have not consented, could not consent, or were pressured into consenting to. This includes being encouraged or enticed to touch the abuser, or coercing the victim into watching or participating in pornographic videos, photographs, or internet images. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other e.g. a social worker/residential worker/health worker etc. will be regarded as abuse.

Psychological/Emotional abuse

Defined as the use of intimidation, rejection, threats, shouting, controlling, humiliation, bullying, shouting, swearing, coercion, harassment, verbal abuse, indifference and the withdrawal of approval. This will include oppressive language, the denial of choice, deprivation of dignity or privacy and the denial of human and civil rights (e.g. following one's own spiritual and cultural beliefs and sexual orientation). It includes withdrawal from services or supportive networks, harassment, being threatened or intimidated or being made to fear for one's wellbeing.

Neglect or Acts of Omission

The withholding, either deliberately or unintentionally, of help or support necessary to carry out daily living tasks. This includes ignoring medical and physical care needs or failing to provide access to health, social or educational support, the withholding of medication, nutrition and heating. This also includes keeping the person in isolation. A failure to intervene in situations that are dangerous to the person or to others especially in cases when the person lacks the mental capacity to assess risks would also represent possible neglect.

Financial or material

The inappropriate use, exploitation, or misappropriation of property, possessions or financial resources. This includes theft, deception, false accounting, fraud, exploitation or pressure in connection with wills, property, inheritance or financial transactions or the misuse or misappropriation of property, possessions or benefits.

Discriminatory Abuse

Abuse motivated by discriminatory and oppressive attitudes towards race, gender, cultural background, religion, disability or sexual orientation. This may also be the motivating factor behind other types of abuse. Such instances may be a denial to follow one's religion, lack of appropriate food, denial of opportunity to develop relationships, denial of health care.

Institutional Abuse

Institutional abuse occurs when routines and rituals mean residents or patients have to sacrifice their rights to meet the needs of the institution. Professionals should ensure that the activities of the day are centred on the service user/patient and not the institution. Abuse can be perpetrated by individuals or by a group of staff who are desensitised to accepted customs and practices.

6 Recognising and Responding to Abuse

The following signs may or may not be indicators that abuse has taken place, but the possibility should be considered.

Physical Abuse Signs

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual Abuse Signs

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down
- Behaviour of others towards the vulnerable adult

Psychological/Emotional signs

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

Neglect Signs

- Physical condition poor
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

Financial or Material Signs

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

Discriminatory Signs

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

Other Signs of Abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

7 What to do if you suspect that abuse may have occurred

Trustees, staff or volunteers of SNFMH must report any concerns immediately to the **Designated Safeguarding Lead**.

The role of the Designated Safeguarding Lead is to:

- Obtain information from staff, volunteers, family members and carers who have vulnerable adult protection concerns and to record this information.
- Assess the information quickly and carefully and ask for further information as appropriate.
- Consult with a statutory vulnerable adult protection agency such as the local Social Services department to clarify any doubts or worries.
- Make a referral to a statutory vulnerable adult protection agency or the police without delay.

The Designated Safeguarding Lead has been nominated by SNFMH to refer allegations or suspicions of neglect or abuse to the statutory authorities. In the absence of the Designated

Safeguarding Lead, the matter should be brought to the attention of the Chair of Trustees - Ian Scott.

If the individual feels that Designated Safeguarding Lead may be involved in the abuse of Adults at Risk, then they should inform the Chair of the Board of Trustees, who in this instance adopt the role of Designated Person.

Suspensions will not be discussed with anyone other than those nominated above.

It is the right of any individual to make direct referrals to the Vulnerable Adult Protection Agencies. If for any reason a member of SNfMH believes that the **Designated Person(s)** (i.e. Designated Person/Chair of Trustees - Ian Scott) have not responded appropriately to concerns, then it is up to that person to contact the Vulnerable Adult Protection Agencies directly.

Allegations of physical injury or neglect

If a vulnerable adult has a symptom of physical injury or neglect the **Designated Person** will:

- Contact Social Services for advice in cases of deliberate injury or concerns about the safety of the vulnerable adult. The family member or carer should not be informed by the organisation in these circumstances.
- Where emergency medical attention is necessary it will be sought immediately. The Designated Safeguarding Lead will inform the doctor of any suspicions of abuse.
- In other circumstances speak with the family member or carer and suggest that medical help/attention is sought for the vulnerable adult. The doctor will then initiate further action if necessary.
- If appropriate the family member or carer will be encouraged to seek help from Social Services. If the family member or carer fails to act the Designated Safeguarding Lead should in case of real concern contact Social Services for advice.

Where the Designated Safeguarding Lead is unsure whether to refer a case to Social Services then advice should be sought from a relevant vulnerable adult protection agency.

Allegations of sexual abuse

In the event of allegations or suspicions of sexual abuse the **Designated Safeguarding Lead** will:

- Report this to the Social Service duty social worker for Adults at Risk directly. The Designated Safeguarding Lead will not speak to the family member or carer.
- If the **Designated Safeguarding Lead** is unsure whether or not to follow the above guidance, then advice from Social Services will be sought.
- Under no circumstances should the **Designated Safeguarding Lead** attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the Designated Safeguarding Lead is to collect and clarify the precise details of the allegation or suspicion and to provide this information to Social Services whose task it is to investigate the matter.
- Whilst allegations or suspicions of sexual abuse should normally be reported to the Designated Person, their absence should not delay referral to Social Services.

Responding to a Vulnerable Adult making an Allegation of Abuse

If a vulnerable adult discloses abuse to a member of SNfMH in the course of their work, it is important to react appropriately. Remember, the first priority should always be to ensure the safety and protection of the person and that it is a responsibility of all members of SNfMH to act on any suspicion or evidence of abuse or neglect.

If a team member of SNfMH receives a disclosure of abuse they must:

- Make an immediate record of what the person said, using their own words.
- Follow the instructions for reporting as laid out in this policy.
- Tell the person that they will have to inform the Designated Safeguarding Lead who will, if appropriate, inform the relevant authorities.

DO	DO NOT
<ul style="list-style-type: none"> • Listen carefully, stay calm and make notes of what they say using their own words. • Be aware that medical evidence may be needed. • Reassure the person that the information will be treated seriously. • Help the person to understand that whatever has happened is not their fault. • Explain the referral process and that others will need to be made aware. • Explain that the matter will have to be referred on even if they do not consent but that their wishes will be made clear if this happens. • Make the referral immediately. 	<ul style="list-style-type: none"> • Question, put pressure on the person for more details, start your own investigation or take photographs. • Act in a way that may prevent the person talking about the abuse in future. • Promise to keep secrets. • Make any promises that you may not be able to keep (e.g. 'It won't happen again'). • Question the alleged abuser. • Agree not to refer because the Vulnerable Adult withholds consent. • Wait to discuss with colleagues or gather more information.

All team members of SNfMH must treat a disclosure with utmost confidentiality. Information should only be shared:

- On a need-to-know basis.
- When it's in the best interest of the service user. Confidentiality should not be confused with secrecy.
- Informed consent must be obtained but if this is not possible and other Adults at Risk are at risk it may be necessary to override it.

If a team member of SNfMH becomes concerned for any reason that a vulnerable adult may be at risk of abuse, is being, or has been, abused they must report that concern by telephone to the Designated Safeguarding Lead **immediately**. The Designated Person will discuss the concerns with the SNfMH member to clarify their concerns and obtain all the known relevant information and assess the appropriate next steps to take (which may include external advice or escalation).

8 What to do after a vulnerable adult has informed a Trustee, Staff member or Volunteer of abuse

The procedure

- The Trustee, staff member or volunteer should make notes as soon as possible (ideally within one hour of being told). They should write down exactly what the vulnerable adult has said and what they said in reply and what was happening immediately before being told (i.e. the activity being delivered). They should record the dates, times and when they made the record. All handwritten notes should be kept securely and should be destroyed once they have been typed up.
- If there is any immediate concern for someone's safety the Trustee, staff member or volunteer should call the **Police on 999** without waiting to report to the Designated Person.
- The trustee, staff member or volunteers should use the form "Reporting Suspected Abuse" This form is attached at Appendix 1.
- The trustee, staff member or volunteer should report their discussion to the Designated Safeguarding Lead as soon as possible. If this person is implicated or not available, the incident should be reported to the Chair of the Trustees. Only if both are implicated should the matter be reported directly to Staffordshire Social Services. For contact details see Appendix 2.
- Under no circumstances discuss your suspicions or allegations with anyone other than those nominated above.
- After a vulnerable adult has disclosed abuse, the Designated Safeguarding Lead should carefully consider whether or not it is safe for that person to return home to a potentially abusive situation. On these rare occasions it may be necessary to take immediate action to contact Social Services to discuss putting safety measures into effect.

9 Recruitment and appointment of Trustees, Staff and Volunteers

In recruiting and appointing trustees, staff & volunteers, SNFMH is responsible for:

- Identifying the tasks and responsibilities involved and the type of person most suitable for the job.
- Drawing up the selection criteria and putting together a list of essential and desirable qualifications, skills and experience.
- Requesting that all applicants apply in writing. Their application will cover their personal details, previous and current work/volunteering experience.
- Ensuring that applicants are measured against the selection criteria.
- Sending a copy of the Adult Protection Policy with the application pack if relevant to the post; otherwise it will be part of the induction process.
- If relevant to the post, ensuring applicants sign a declaration stating that there is no reason why they should be considered unsuitable to work with Adults at Risk. The Rehabilitation of Offenders Act (1974) requires that people applying for positions which give them "substantial, unsupervised access on a sustained or regular basis" to Adults at Risk must declare all previous convictions which are then subject to police checks. They can then only be offered a job subject to a successful police check. They are also required to declare any pending case against them. It is important that the applicant in this category understands that all information will be dealt with confidentially and will not be used against them unfairly.

- Requesting photographic evidence to confirm the identity of the applicant e.g. passport.
- Requesting documentary evidence of qualifications obtained by the applicant.
- Interviewing all suitable candidates. There will be at least two people from the organisation on the interview panel.
- Seeking references from two referees. These will be written references from people who are not family members or friends, and who have knowledge of the applicant's experience of working with Adults at Risk if relevant to the post. Referees will be asked to comment on the applicants' suitability for working with Adults at Risk. Written references will be followed up with a telephone call.
- The same principles apply to young people who have been involved with the organisation and have become volunteers.
- If relevant to the post successful applicant will have to obtain and produce an enhanced check from the Disclosure and Barring Service (DBS) before they are confirmed in post.

10 Allegations against a member of staff

SNFMH will assure all trustees, staff and volunteers of SNFMH that it will fully support and protect anyone, who in good faith reports his or her concern that a colleague is, or may be, abusing a vulnerable adult. Where there is a complaint against a member of staff there may be three types of investigation:

- A criminal investigation
- A vulnerable adult protection investigation
- A disciplinary or misconduct investigation

The results of the police and child protection investigation may well influence the disciplinary investigation, but not necessarily.

Concerns about poor practice

If, following consideration, the allegation is clearly about poor practice; this will be dealt with as a misconduct issue. If the allegation is about poor practice by the Designated Safeguarding Lead or if the matter has been handled inadequately and concerns remain, it should be reported to the Chair of Trustees - Ian Scott, who will decide how to deal with the allegation and whether or not SNFMH should initiate disciplinary proceedings.

Concerns about suspected abuse

Any suspicion that a vulnerable adult has been abused by either a member of staff or a volunteer should be reported to the Designated Person, who will take such steps as considered necessary to ensure the safety of the person in question and any other person who may be at risk.

The Designated Safeguarding Lead will inform the Chair of Trustees - Ian Scott - Ian Scott - Ian Scott before referring the allegation to Social Services, who may involve the police, or go directly to the police if out-of-hours.

The carers/relatives of the person will be contacted as soon as possible following advice from Social Services.

If the Designated Safeguarding Lead is the subject of the suspicion/allegation, the report must be made to the Chair of Trustees - Ian Scott, who will refer the allegation to Social Services.

Internal Enquiries and Suspension

The Designated Safeguarding Lead will make an immediate decision about whether any individual accused of abuse should be suspended pending further Police and Social Services enquiries.

Irrespective of the findings of the social services or police enquiries the organisation will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. This may be a difficult decision; particularly where there is insufficient evidence to uphold any action by the police. In such cases, the organisation must reach a decision based upon the available information which could suggest that on a balance of probability; it is more likely than not that the allegation is true. The welfare of the person should remain of paramount importance throughout.

11 Supervisory arrangements for the management of SNfMH's activities and services

SNfMH will aim to protect Adults at Risk from abuse and its members from false allegations by adopting the following guidelines:

- A register of the events will be kept of all attendees and activities in which SNfMH is involved where Adults at Risk are present.
- A record will be kept of times staff/volunteers are present in relation to the above and sign in and out using the attendance logs provided by the host organisation.
- A register will be kept of all team members (both staff members and volunteers).
- A record will be kept of all sessions including monitoring and evaluation forms.
- Staff and/or Volunteers will record any unusual events on the accident/incident form.
- Where possible staff/volunteers should not be alone with a vulnerable adult, although it is recognised that there may be times when this may be necessary or helpful.
- SNfMH recognises that physical touching between adults can be healthy and acceptable in public places. However, staff/volunteers will be discouraged from this in circumstances where an adult is left alone.
- Staff and Volunteers should treat Adults at Risk with dignity and respect in both attitude language and actions.

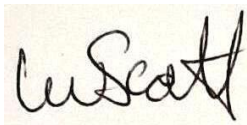
12 Support and Training

SNfMH is committed to the provision of vulnerable adult protection training for all relevant members, including staff, trustees and volunteers where practical.

The minimum level of training of staff required is 'Introduction to Adult Safeguarding'.

13 Monitoring and Evaluation of this Policy

This policy will be reviewed at least annually by the Board of Trustees. It may also be reviewed following any safeguarding incidents, complaints, or changes in law or guidance.

Policy Name	Safeguarding & Protection of Adults at Risk Policy
Policy Ref Number	18a
Date First Adopted	19 January 2011
This policy is to be reviewed	Annually
Date amendments agreed	<p>19 January 2011 - Full adoption of policy agreed at Trustees meeting</p> <p>2 May 2012 - Amendment to reporting procedures</p> <p>22 July 2014 - Reviewed</p> <p>22 July 2015 – Reviewed in line with the introduction of the Care Act 2014</p> <p>19 July 2016 – reviewed at Trustee Board meeting</p> <p>17 October 2017 – reviewed at Trustee Board meeting</p> <p>16 January 2020 – reviewed at Trustee Board meeting</p> <p>Reviewed 2021</p> <p>Reviewed 2022</p> <p>Reviewed 2023</p> <p>26 February 2024 - Reviewed</p> <p>29 October 2024 – reformatted, updated for change to Safeguarding Lead job title and contact numbers.</p> <p>18th August 2025 - policy updated with support from SCVYS, reviewed, approved and signed by Chair of Trustees - Ian Scott - Ian Scott</p>
Signed – Chair	 28/8/25

Appendix 1 - Reporting Allegations or Suspicions of Abuse

You must never assume that somebody else will recognise and report what you have seen or heard. If you have any concerns about a vulnerable adult being abused, you should inform the Designated Safeguarding Lead for Safeguarding (see below) using the confidential reporting form below:

Where a crime has been committed or if you're worried about someone's immediate safety, do not wait to inform the Designated Safeguarding Lead and contact the Police immediately by dialling 999.

Organisation: Staffordshire Network for Mental Health (SNfMH)

Name of Designated Person: Kate Tromans

Job/Role: Service Delivery Manager

Address: Unit GF05, District Council House, 20 Frog Lane, Lichfield, WS13 6YU

Tel: 07904 737047 (personal) & 07484 531327 (work)

Email: kate.tromans@snfmh.co.uk

Important contacts outside the organisation

Staffordshire Police Adult Safeguarding

0345 604 2719 (office hours)

0345 604 2886 (out of hours)

If you're concerned about someone's immediate safety call **999**

Staffordshire County Council

www.staffordshire.gov.uk/Advice-support-and-care-for-adults/reportabuse.aspx

To report concerns about abuse of an adult:

Phone: 0345 604 2719 Monday - Friday 9am - 5pm (excluding Bank Holidays)

For other welfare concerns for an adult please contact **Staffordshire Cares** (details below).

If you have a concern about the safety of a vulnerable adult and need to report it overnight, over a weekend or on a Bank Holiday, contact the Out of Hours Emergency Duty Service:

Tel: 0345 604 2886

Fax: 01785 277321

Text: 07815 492613

For further guidance on reporting abuse of an adult please see the [Staffordshire and Stoke on Trent Partnership Adult Safeguarding Board](#) website.

Staffordshire Cares (dedicated phone number and email for all adult social care services)

Phone: 0300 111 8010 (Monday to Friday, 9am to 5pm, except bank holidays)

Email: staffordshirecares@staffordshire.gov.uk

Reporting Suspected Abuse - Confidential Recording Sheet

Organisation:	Staffordshire Network for Mental Health (SNfMH)
Name of person reporting:	
Name of vulnerable adult:	
Age and date of birth:	
Ethnicity:	
Religion:	
First language:	
Disability:	
Family Member/Carer's name(s):	
Home address/Tel no:	
Are you reporting your concerns or reporting someone else's. Please give details.	
Brief description of what has prompted the concerns: include date, time, specific incidents.	
Any physical signs? Behavioural signs? Indirect signs?	

Have you spoken to the vulnerable adult? If so, what was said? Have you spoken to the family member/carer(s)? if so, what was said?

Has anybody been alleged to be the abuser? If so, please give details? Have you consulted anybody else? Please give details.

Person reported to:

Date of reporting:

Signature of person reporting:

Today's date:

Action taken:

Notes:

Appendix 2 – Other Useful Contacts

Disclosure and Barring Service

Help employers make safer recruitment decisions

www.gov.uk/disclosureandbarring

MIND

Information regarding mental health related issues. Help in finding out options and local services.

contact@mind.org.uk

01283 566696 (Burton and District)

01782 262100 (North Staffs)

Quality Care Commission (Adults)

enquiries@cqc.org.uk

03000 616161

Samaritans

National helpline for anyone coping with mental illness.

Helpline: 116 123

Staffordshire County Council

Social Care and Health Safeguarding Line

0345 604 2719

Staffordshire Police

www.staffordshire.police.uk

Emergency duty officer (out of hours) 0345 604 2886 – For concerns about Adults at Risk.

Appendix 3 - Code of Conduct for Team Members of SNfMH

Safeguarding of Adults at Risk

This code has been developed to provide members of SNfMH with advice that will not only help to protect Adults at Risk, but will also help you and your colleagues identify any practices which could be mistakenly interrupted and perhaps lead to false allegations of abuse.

Good practice will also protect SNfMH through reducing the possibility of anyone using their role to gain access to Adults at Risk, in order to abuse.

While it is not intended that this code should restrict paid staff and volunteers from normal ways of working, e.g. comforting a distressed vulnerable adult through providing a hug, there is much they can do to avoid situations they may give rise to misinterpretation, which will also work to protect Adults at Risk. If in doubt, consider how an action or activity may be perceived as opposed to how it is intended.

Wherever possible, you should be guided by the following advice. If it is necessary to carry out practices contrary to it, you should only do so after discussion with, and the approval of the Designated Person.

- Risk assess any situation that may involve working directly one to one with a vulnerable adult using procedures in the Lone Working Policy.
- Never invite a vulnerable adult to your home without the knowledge and consent of the carers and the Designated Person.
- Never offer to or take a vulnerable adult alone in your own vehicle without the knowledge and consent of the carers and the Designated Person.
- If it is necessary to do things of a 'personal' nature for a vulnerable adult, e.g. toileting if they are disabled, ensure these are carried out with the full knowledge of the carers and the Designated Person.
- Develop a culture in which paid staff and volunteers feel comfortable enough to point out inappropriate attitudes and behaviours to each other
- Don't engage yourself in or allow any sexually provocative games involving or observed by Adults at Risk, whether based on talking or touching
- Never make suggestive remarks or discriminatory comments to a vulnerable adult
- Don't engage in or tolerate any bullying of a vulnerable adult, either by vulnerable adults or other people
- Don't engage in or tolerate inappropriate physical activity involving Adults at Risk
- Never enter a room where a vulnerable adult may be changing their clothes or not be fully dressed, without first getting their consent to enter
- Respect all Adults at Risk, regardless of their age, gender, ethnicity, disability or sexual identity
- Avoid 'favouritism' and singling-out 'troublemakers'
- Never trivialise abuse
- Never let allegations by a vulnerable adult go unreported, including any made against you
- Follow this Code in conjunction with SNfMH's other policies, including the Boundaries Policy.