Brainkind

Safeguarding Adults Policy

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Ver 2.1	May 2022	SOP Added	SOP for referral to local authority safeguarding added to page 14 and timescales for referral amended from 48 hours to 24 hours from the incident being reported
3	Jan 2023		Changes made in line with Local Authority Safeguarding requirements
4	April 2023	Section 5.6	Changes made in line with revised Admission Criteria

Contents

1 Introduction

Brainkind prioritises the protection and safety of all people every day above all other operating principles, and ensures that all staff and volunteers are responsible for safeguarding the people we support, their families and our staff and that our across all of our services.

Abuse in any of its forms will not be tolerated by Brainkind.

Brainkind promotes that all supported people are empowered and enabled to live their fullest life while supported by our provision. Brainkind promotes multi agency working to achieve the best outcomes for the people we support and ensure they are enabled to make their own choices about their lives, and to live as independently as their personal circumstances may permit.

Brainkind believes in an open and transparent approach to the care and support we provide and aim to ensure that the individuals Brainkind supports will not encounter harm of any form while living in our services.

Brainkind expects that if any form of harm or abuse is suspected or occurs then it will be managed in line with this policy and procedure, reported both internally and externally to the service and investigation will occur inclusive of the person affected and in conjunction with other external agencies in order to learn lessons that will be shared to minimise risk of recurrence.

Brainkind aims to ensure that employees and people who come in contact with our services will be alert to the possibility that they may become aware of adults requiring support and protection who are not customers e.g., relatives, friends, visitors etc. In all cases employees will report their concerns using the internal and external reporting procedures.

2 Purpose

This policy applies to all employees and workers of Brainkind in services in England and Wales, including secondees into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract.

For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as ‘staff’ in this document.

In developing this policy, Brainkind recognises that protecting adults at risk is a shared responsibility, with the need for effective joint working between statutory and non-statutory agencies, and professionals with different roles and expertise.

3 Responsibilities

The named safeguarding champions can be found at Appendix 5 of this policy. Brainkind structure for Safeguarding in Brainkind can be found Appendix 6

4 Legislation

In England and Wales, the following pieces of legislation relate specifically to adults safeguarding.

The Care Act 2014 (England)

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the health and social care system should protect adults at risk of abuse, harm or neglect.

Local authorities have new safeguarding duties. They must:

- lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- establish Safeguarding Adults Boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.
- carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.
- arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
- putting the individual and their needs, at the centre of their care, and giving them a voice in, and control overreaching the outcomes that help them achieve well-being.
- increasing preventative services within the community to minimise the escalation of critical need.
- supporting people to achieve their own well-being and measuring the success of care and support.
- encouraging individuals to become more involved in the design and delivery of services.

The Social Services and Well-Being Act 2014. (Wales)

The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

The Act's principles are:

- Responsibility - Safeguarding is everyone's responsibility.
- Well-being - Any actions taken must safeguard the person's well-being.
- Person-centred approach - Understand what outcomes the adult wishes to achieve and what matters to them.
- Voice and control - Expect people to know what is best for them and support them to be involved in decision making about their lives.
- Language - Make an active offer of use of the Welsh language and use professional interpreters where other languages are needed.
- Prevention - It is better to take action before harm occurs.

The Mental Capacity Act 2005 (England and Wales)

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

The Act covers decisions made on a day-to-day basis

The MCA and DOLS (Deprivation of Liberty Safeguards) policy can be found here.

5 Procedure

5.1 Who is an adult at risk?

The term 'adult at risk' has been universally used to replace 'vulnerable adult'. This is because the term 'vulnerable adult' may wrongly imply that some of the fault for the abuse lies with the adult abused.

The Care Act (2014) states that safeguarding duties apply to an adult who:

- Has needs for care and support (whether the local authority is meeting any of those needs) and.
- Is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5.2 Types of abuse

The Care Act (2014) states

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect
- Non recent abuse

Indicators of abuse can be found in Appendix 1

5.3 Where can abuse occur?

Abuse and neglect can take place anytime and anywhere. However, some situations increase an individual's vulnerability to the risk of abuse or neglect happening, e.g.

- when an adult lives alone or with a relative
- within nursing, residential, supported living or day care settings
- in hospitals
- custodial situations
- care and support services
- in people's own homes
- other places previously assumed safe
- in public places.

5.4 Historical abuse

Staff should be aware that people admitted to our services may have been previously subject to harm and they should have access to a support plan that

identifies ways that may affect the individual and how the person can be supported.

A person may be at risk of harm after they come to the service, for example from

- someone coming into the service from outside.
- another person
- an employee

On some occasions the perpetrator of the abuse might be at risk of abuse themselves, such as a person who regularly becomes inebriated and puts other persons or employees into a state of fear.

All parties involved can be considered as being potentially at risk however, the person behaving abusively can also be treated as an adult at risk.

There is an expectation where the perpetrator of abuse is suspected to be an employee that an internal investigation will not take precedence over reporting concerns to allow an investigation by Social Work Services and/or Police.

5.5 Types of Harm and abuse (see Appendix 1 for indicators of abuse)

The following are examples of types of abuse – the lists provided are not exhaustive and if staff are concerned then they should discuss immediately with the person in charge of the shift.

5.5.1 Physical Abuse

Abuse involving actual or attempted injury to an adult defined as at risk. For example:

- Physical assault by punching, pushing, slapping, tying down, giving food or medication forcibly, or denial of medication
- Use of medication other than as prescribed
- Inappropriate restraint.

5.5.2 Domestic Violence and/or abuse

The Home Office defines domestic violence and abuse as: “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.

This can encompass but is not limited to the following types of abuse: psychological; physical, sexual, financial and emotional."

5.5.3 Emotional/Psychological Abuse

Abuse resulting in mental distress to the adult at risk, for example:

- Excessive shouting, bullying, humiliation
- Manipulation of, or the prevention of access to, services that would be of benefit to the adult
- Isolation or sensory deprivation
- Denigration of culture, religion, gender, age, or sexuality

5.5.4 Sexual Abuse

Abuse involving activity of a sexual nature where the adult at risk cannot or does not give consent, for example:

- Incest
- Rape
- Acts of gross indecency
- Inappropriate touching or verbal or physical sexual harassment
- Exposure to intimate body parts without consent
- Exposure to sexual images without consent

5.5.5 Psychological abuse

Psychological abuse involves the regular and deliberate use of a range of words and non- physical actions used with the purpose to manipulate, harm others, and includes

- Frightening people mentally and emotionally; a
- Actions that distort, confuse or influence a person's thoughts
- Actions that change a person's sense of self and harms their wellbeing.

5.5.6 Financial or Material Abuse

Abuse involving the exploitation of resources and property belonging to the adult at risk, for example:

- Theft or fraud
- Misuse of money, property, or resources without the informed consent of the adult at risk.

5.5.7 Modern Slavery

Modern slavery is the illegal exploitation of people for personal or commercial gain. It may include

- sexual exploitation
- domestic servitude
- forced labour
- criminal exploitation
- organ harvesting.

5.5.8 Discriminatory abuse

Treating one person less favourably than another due to personal preference or due to preference of others Abuse that focuses on a difference or perceived difference. And includes

- Derogatory or inappropriate use of language or related to a protected characteristic
- Denying access to communication aids,
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

5.5.9 Organisational abuse

Is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights. Examples are

- Discouraging visits or the involvement of relatives or friends
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Lack of respect for dignity and privacy
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication

- Failure to respond to complaints
- Inappropriate use of restrictive practice and restraint

5.5.10 Neglect and acts of omission

Acts by others charged with the care of the adult, including ignoring medical or physical care needs, for example:

- Failure to provide access to appropriate health, social care and or education
- Withholding of the necessities of life such as nutrition, appropriate heating, etc.
- Not completing activities without rationale

5.5.11 Self-Neglect

The term “self-neglect” covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings.

Examples of self-neglect include:

- A refusal or inability to cater for basic needs, including personal hygiene and appropriate clothing
- Neglecting to seek assistance for medical issues.
- Not attending to living conditions – letting rubbish accumulate in the garden, or dirt to accumulate in the house.
- Hoarding items or animals.

5.6 Other identified types of abuse

People referred to our services who are subject to multi agency public protection arrangements will be fully risk assessed prior to admission, where the risk still remains in relation to the protection arrangements, they may be deemed unsuitable for our services.

Please see the admissions criteria.

5.6.1 Information abuse

Deliberately giving erroneous information or withholding information.

5.6.2 Human rights abuse

The deprivation of any human rights according to the Human Rights Act Human Rights Act

5.7 Multiple Forms of Abuse

Abuse in multiple forms may occur in an ongoing relationship or service setting or

to more than one person at a time. It is important therefore to look not only at a single incident, but to also consider the underlying dynamics and patterns of harm.

5.8 Principles of adult safeguarding

There are six key principles of safeguarding

Empowerment – supporting people to make their own decisions and to provide informed consent.

Prevention – 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.

5.9 Reporting

There is a requirement to co-operate in relation to the safeguarding of adults considered to be at risk of harm.

Staff must report any concerns with regard to adults at risk within the incident Management system (Datix), to their line manager and to the relevant Local Authority safeguarding teams or Police if appropriate.

If staff are unclear of reporting systems, they should discuss with their line manager or local Safeguarding champion **(See Appendix 5).**

Staff will also ensure that any ongoing involvement and assistance required is provided, in consultation with the relevant statutory agencies, to ensure effective risk management and continuing support to the person.

To ensure appropriate protective measures can be put in place, it is recognised that confidential information will need to be shared with other workers, managers and other agencies on a “need to know” basis and in line with Trust policy.

Brainkind’s Incident Management Policy can be found here.

Where an adult is seen to be at risk of harm, this will always override a professional organisational requirement to keep information confidential, subject to the provisions of the data protection legislation.

The disclosure should be limited to the relevant parties only. It is the responsibility of those employed to take appropriate action to ensure the adult deemed to be at risk is protected from harm. Failure to disclose important information may result in disciplinary action.

Guidance should be sought from Brainkind Data Protection Officer and via the Data Protection Policy.

5.10 Reporting and Information Sharing

The safety of adults at risk of harm is placed above all other operating principles and supersedes the principle of confidentiality. Any concerns staff may have regarding the safety and well-being of an adult at risk of harm should be brought to the attention of their manager immediately.

Although it is recognized that a person’s privacy must be protected at all times, in situations where abuse is suspected, there must be free communication between participating agencies throughout the investigation.

Under no circumstances will information on an adult be withheld from Social Work Services because the holder of the information thinks that it might compromise a third party. If an employee is given information relating to adult abuse ‘in confidence’ they must make clear

that any information relating to adult or child abuse must be passed on via reporting systems for further reporting to Social Work Services and/or Police for investigation.

5.10.1 Communicating reporting with the person involved

The person with capacity must be involved in any such referral where possible and, if not, a documented rationale must be provided.

In all cases of suspected adult abuse, it must be recognized that children (visiting or related) involved in the situation might also be at risk and that the Child Protection Procedures might have to be invoked.

If the adult has difficulty communicating and requires the services of an appropriate support worker, one should be appointed to work with the adult.

Difficulties with communication should be considered and other forms of assistance to communicate should be utilised if the adult cannot communicate using speech.

If the adult does not speak English and requires the services of an interpreter, an interpreter from the Interpreting Service should be appointed to work with the adult. This should be arranged in consultation between the local authority or Health Board.

Using a member of the adult's family as an interpreter or communication support worker should be avoided to ensure impartiality.

5.11 Person Centred Safeguarding/ Making Safeguarding Personal

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety, we need to understand 'What matters' to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.

The concept of 'Person Centred Safeguarding'/'Making Safeguarding Personal' means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Brainkind aims to support adults to achieve the outcomes they want for themselves.

The persons views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many

different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

5.12 The Mental Capacity Act

The Mental Capacity Act 2005 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

People who may lack capacity include those with:

- Dementia.
- a severe learning disability.
- a brain injury.
- a mental health illness.
- a stroke.
- substance or alcohol misuse.
- confusion, drowsiness or unconsciousness because of an illness or treatment for an illness.

Just because a person has one of these health conditions doesn't necessarily mean they lack the capacity to make a specific decision.

Five important principles underpin the Mental Capacity Act:

- It is important to assume that a person has the capacity to make a decision themselves, unless proven otherwise.
- Wherever possible, people should be supported to make their own decisions.
- A person should not be treated as lacking the capacity to make a decision just because they make what seems like an unwise decision.
- If a decision is made on behalf of someone who doesn't have capacity, it must be made in their best interests.
- Any treatment or care provided to someone who lacks capacity should be the least restrictive possible of their basic rights and freedoms.

The MCA also allows people to express their preferences for care and treatment, and to appoint a trusted person to make a decision on their behalf, should they lack capacity in the future.

Amendments to the Mental Capacity Act, to come into effect in 2019, made changes to the ways in which a person may be deprived of liberty where he or she does not have the capacity to consent.

5.13 The person deemed not to have capacity

If a person does not have capacity to make a decision regarding referral of an incident or allegation to a local authority safeguarding team, then the decisions should be made in best interest, this decision should be documented on a best interest decision form and be a team/multidisciplinary decision, involving others involved in the care and support of that individual, this may include an advocate, family or external specialists involved in care.

Please see Brainkind's best interest form.

5.14 Duty of candour

Good safeguarding practice requires openness, transparency and trust. There is a legal 'duty of candour' on health service bodies.This means informing people (in person and in writing) about mistakes or other incidents that have not produced the desired outcome, apologising where appropriate, and advising on any action taken as a result. Brainkind Duty of candour policy.

5.15 Named Person (Safeguarding Lead)

Brainkind acknowledges that having a specific employee as a named person/post in respect of adult safeguarding is good practice. The named persons details will be displayed for all staff, individuals we support and visitors to the service to see.

The Head of Nursing details will be displayed as the named safeguarding lead for Brainkind.

The roles and responsibilities of the local safeguarding Champions roles can be found in **Appendix 5.**

The safeguarding champion for the service will be a manager or similar within the service who has sufficient knowledge/expertise to deal with any concerns raised.

Brainkind recognises that providing a safeguarding champion ensures that all allegations of abuse are reported to a central point to allow a consistent response and to maintain an overview of reports from employees. Concerns can then be passed on quickly and appropriately.

5.16 Reporting Concerns of Harm and Abuse

If an incident or allegation of harm or abuse has been made staff should ensure the safety of the individual as a priority.

The service users should be advised that the information will be reported on Datix and to local authority safeguarding teams and that work may be required to investigate further.

If there is immediate concern for the safety and well-being of a person, then emergency services i.e., ambulance and police should be contacted, without delay.

If there is a suspicion that abuse has taken place and has resulted in major harm or death the Police should be contacted immediately, and steps should be taken to preserve evidence.

When it is appropriate to leave the person, who is disclosing the abuse, the information given by the person should be passed on immediately to the manager or shift lead who will contact the relevant local authority safeguarding team. Out of hours this should be via the on-call manager

If staff do not feel that the management team have managed the situation well, they should discuss this further with the next line manager.

If the safeguarding team do not accept a referral and the staff member feels this is not appropriate, they should raise this to the safeguarding champion/ Service Manager in the service who will discuss with the regional manager and decide whether the Regulatory body should be informed.

NOTE: You should follow the above procedure for all instances of suspected abuse.

5.17 Recording

The nature of the concern should be documented in the persons file and also reported on Datix.

Relevant documents should be uploaded on Datix and used within future investigations.

The record should be documented by the staff member involved and using the words of the individual as far as possible.

A timeline should be commenced at the earliest opportunity

If notes are taken the person involved (with capacity) should read through the notes and sign as agreed where possible and this information should be used within referral to Safeguarding team in the local authority services.

As much information as possible should be recorded and should only include facts and no opinions or assumptions should be included.

The referral form from the services local authority safeguarding team and the referral form saved to the Datix system, a copy retained in the persons notes and sent to the safeguarding team electronically

If the person is from out of area, then you may need to refer to the local authority for that individual – please discuss with the management team.

This information will be kept and securely stored in line with the Data Protection Policy.

Records will be maintained within Datix.

Where there is an allegation against staff this will be locked down to Directors and agreed staff only will be able to access the record. In line with allegations against staff procedure within the Incident Management Policy.

5.18 Referral (Appendix 4)

Each service will hold the contact details of their local authority, but these can also be found on Brainkind Connect site accessible to all staff. Any updates required to contact details is the responsibility of the Registered Manager, and they should ensure Brainkind safeguarding Lead is informed to ensure the Connect site is updated.

The shift lead/ manager (including on call) will telephone the relevant local authority and give details of the alleged abuse within 24 hours of the incident or allegation occurring.

Discussions should be documented on Datix, and any email correspondence (within Brainkind) sent via the system or uploaded into the documents section.

When an incident occurs out of hours that needs referral the person in charge of the shift should contact the on-call manager for advice regarding referral to the local authority safeguarding team considering referral time scales.

Safeguarding referral SOP

The person contacting the local authority safeguarding team and/or the Police must make a note of the following:

- The date and time that contact was made. Where contact cannot immediately be made, the reason for this must be recorded. Details of all unsuccessful attempts to make contact must also be recorded.
- Name, address, and full details of those contacted.
- Details of who should be contacted for future follow-up/agreed further action including Next of Kin, Power of Attorney if this is available.

The safeguarding team will allocate the matter to a member of their staff who has sufficient knowledge and expertise to deal with the investigation.

5.19 Allegations Involving Employees

When an allegation involves a staff member the allegation against staff process **(Appendix 4)** should be followed.

Confidentiality should be maintained at all times.

Brainkind's Freedom to Speak up and Whistleblowing Policy can be found here.

5.20 Frequent Complaints without Foundation

At times a person may make frequent allegations or complaints about an individual or the service, which after full investigation are found to be vexatious, these cannot be ignored.

In such cases it is good practice to always follow the above reporting procedures. The allegation must be reported in the same way as any other allegation and the pattern of allegations must be reviewed regularly in case abuse is taking place.

Please see Brainkind's Complaints Policy.

5.21 Following referral

5.21.1External investigations

The local authority safeguarding team will make enquiries to investigate matters of concern in relation to the safety of an adult deemed to be at risk of harm as defined by the legislation. Where it is alleged that a crime has been committed against the adult, investigation is likely to be progressed jointly in consultation with the Police.

The investigating officers may need to speak to the employee from whom the concerns originated. All staff must co-operate fully with any enquiries, and managers will ensure employees are facilitated in this.

The manager will take advice from the investigating officer about the suitability of seeking an Advocacy Worker and/or Appropriate Adult to work with the adult.

Advocacy service information can be sourced via the safeguarding champion the service.

The appropriate regulatory body will be contacted by the Service Manager to report incidents of alleged abuse within the service, the reporting process can be found via the links below.

Link to CQC notification of abuse form

https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form

The form should be sent to HSCA_notifications@cqc.org.uk

CIW notification forms and referral portal can be found via the account log in below https://www.careinspectorate.com/index.php/ci-digital-portal

5.21.2Internal Investigation

If the local authority safeguarding team request an internal investigation the manager will appoint an appropriate person with adequate skills and knowledge to complete the investigation and will follow the serious Incident review process on Datix.

When complete the incident report should be shared with the local authority safeguarding team, after signing off by the specialist lead and senior manager.

Updates will be provided as required and documented within the Datix system.

In any investigation the service user and family, where appropriate, must be kept fully up to date with investigation findings and all discussions documented in the persons notes.

Where there is an allegation against staff then the allegations against staff with safeguarding flow chart should be followed. **(Appendix 4)**

5.22 Supporting the Adult at Risk of Harm

It is important that all employees and those involved directly with the adult thought to be at risk of harm, act throughout in a supportive manner and continue to deliver services as normal.

Employees should avoid being judgmental and should not discuss personal or third-party experiences of harm. Every effort should be made to enable the adult to express their wishes and to make decisions to the best of their ability, where appropriate, but, within a duty of care, the overriding concern is the protection of the adult from harm.

When the investigation is complete the persons care and support plan may be reviewed, and an amended care plan put in place to support the person to avoid future risk.

5.23 Supporting Employees

The employees involved in continuing to support the person will be offered support and counselling as appropriate to allow them to continue to deliver care and support in a professional manner.

If staff are finding things difficult and need to speak to somebody Brainkind provide an Employee Assistance Program on **0117 934 2121,** where they can speak to somebody via the telephone.

Staff will all so be supported with an individual or group debrief following incidents or can discuss directly with their line manager ensuring confidentiality is met

5.24 Recruitment

Recruiting managers must seek guidance from Peoples Services, to determine the level of Protecting Vulnerable Groups and disclosure check required for a role. The manager must ensure the check is completed before the applicant commences employment and a copy of these checks must be filed on staff files to demonstrate compliance.

Brainkind's Recruitment Policy can be found here.

6 Training

As an allegation of abuse can come to the attention of any employee at any time, all employees will complete training in Safeguarding Procedures as part of an initial induction, and as part of their ongoing training programme as follows:

All staff are expected to complete the following training:

Adult safeguarding Workshop – completed every 3 years Safeguarding Adults eLearning Module – completed every 3 years

Employees will be made aware of the existence of the Adult safeguarding Policy and Procedure, and their responsibilities in relation to process:

- Through the provision of training – delivered as e-learning during induction and again as part of mandatory refresher training as appropriate to each job role.
- By ensuring all employees have read the policy through use of sign off sheets.

Brainkind's Learning and Development team is committed to ensuring that all staff are effectively trained and expects them to be trained in adult safeguarding within 3 months of their start date

Higher levels of training will be determined by role functions and the responsibilities set out in job descriptions.

Support, supervision, and mentoring will be provided for safeguarding champions at meetings every quarter in line with personal development needs.

Head of Nursing and Service Managers jointly recommend the level of safeguarding training required for each staff.

7 Monitoring compliance

Brainkind monitors compliance with this policy via the Quality Performance and Risk Committee. The Policy Review Group ensures all policies are fit for purpose and up to date.

The safeguarding lead is responsible for the monitoring, revision and updating of this policy and its implementation. This policy is reviewed and monitored regularly with regard to its implications for equality and diversity.

8 Other Considerations

8.1 Equality and health inequalities analysis

Promoting equality and addressing health inequalities are important to Brainkind. Throughout the development of the policies and processes cited in this document, we have:

- Considered the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Considered the need to reduce inequalities between service users, and in securing those services are provided in an integrated way, where this might reduce health inequalities.

9 References

Care Act 2014

Social Services and Well-being (Wales) Act 2014 Human Rights Act 1998

Mental Capacity Act 2005

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Statutory guidance in relation to Part 7 (Safeguarding) of the Social Services and Well-being (Wales) Act 2014

Social Care Institute for Excellence Safeguarding in care homes NICE

Home Office (2003) Hidden Harm. Responding to the needs of children of problem drug users. Executive summary of the report of an inquiry by the Advisory Council on the Misuse of Drugs

Department of Health (2013) Information: To Share or not to Share – Government Response to the Caldicott Review

The Adult Protection and Support Orders (Authorised Officer) (Wales) Regulations 2015

The Safeguarding Boards (Functions and Procedures) (Wales) Regulations 2015

The Safeguarding Boards (General) (Wales) Regulations 2015

The National Independent Safeguarding Board (Wales) Regulations 2015 (Came into force on 1 October 2015)

The National Independent Safeguarding Board (Wales) (No.2) Regulations 2015 (Came into force on 25 November 2015)

The Safeguarding Boards (General) (Wales) (Amendment) Regulations 2018 (Came into force 25 May 2018)

10 Appendices

Appendix 1 Types and indicators of abuse

Appendix 2 Managing an allegation

Appendix 3 Allegations against staff process – HR

Appendix 4 Safeguarding allegations flowchart

Appendix 5 Safeguarding leads by service

Appendix 6 Safeguarding flowchart

Appendix 7 Roles and Responsibilities

Appendix 8 Information Sources

Appendix 1

Types of Abuse

Type	Examples of	Possible indicators (not exhaustive)
Physical abuse	Including: • Assault, hitting, slapping, punching, kicking, hair pulling, biting, pushing, shaking • Rough handling	• No explanation for injuries or inconsistency with the account of what happened

	• Scalding and burning • Physical punishments • Poisoning • Drowning, suffocating • Inappropriate or unlawful use of restraint • Making someone purposefully uncomfortable (e.g. opening a window and removing blankets) • Involuntary isolation or confinement • Misuse of medication (e.g. over- sedation) • Forcible feeding or withholding food • Unauthorised restraint, restricting movement (e.g. tying someone to a chair) • Physical harm may also be caused when a parent / carer fabricates the symptoms or deliberately induces illness (see section on Fabricated and Induced Illness (FII)	• Injuries are inconsistent with the person's lifestyle • Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps • Frequent injuries • Unexplained falls • Subdued or changed behaviour in the presence of a particular person • Signs of malnutrition • Failure to seek medical treatment or frequent changes of GP
Domestic violence and abuse	Including psychological, physical, sexual, financial, emotional abuse: Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between persons who are, or have been, intimate partners or family members regardless of gender or sexuality. • This includes 'honour'-based violence, female	• Low self-esteem • Feeling that the abuse is their fault when it is not • Physical evidence of violence such as bruising, cuts, broken bones • Verbal abuse and humiliation in front of others • Fear of outside intervention • Damage to home or property

	genital mutilation and forced marriage (shown in more detail below). Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include: • acts of assault, threats, humiliation and intimidation • harming, punishing, or frightening the person • isolating the person from sources of support • exploitation of resources or money • preventing the person from escaping abuse • regulating everyday behaviour	• Isolation – not seeing friends and family • Limited access to money • Injuries without explanation • Injuries which are minimised or concealed • A person who is unwilling to allow the child/partner to be alone with professionals • Anxiety, depression and being withdrawn
Psychological abuse – including emotional abuse	• Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends • Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance • Preventing someone from meeting their religious and cultural needs • Preventing the expression of choice and opinion • Failure to respect privacy • Preventing stimulation, meaningful occupation or activities • Intimidation, coercion, harassment, use of	• An air of silence when a particular person is present • Withdrawal or change in the psychological state of the person • Insomnia • Low self-esteem • Uncooperative and aggressive behaviour • A change of appetite, weight loss/gain • Signs of distress: tearfulness, anger • Apparent false claims, by someone involved with the person, to attract unnecessary treatment

	threats, humiliation, bullying, swearing or verbal abuse • Addressing a person in a patronising or infantilising way • Threats of harm or abandonment • Cyber bullying • Conveying to an individual that they are worthless or unloved, inadequate or valued only insofar as they meet the need of another person • Not giving opportunities for an individual to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate	
Sexual Abuse	Including: • Rape, attempted rape or sexual assault • Inappropriate touch anywhere • Non- consensual masturbation of either or both persons • Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth • Any sexual activity that the person lacks the capacity to consent to • Inappropriate looking, sexual teasing or innuendo or sexual harassment • Sexual photography or forced use of pornography or witnessing of sexual acts	• Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck • Torn, stained or bloody underclothing • Bleeding, pain or itching in the genital area • Unusual difficulty in walking or sitting • Foreign bodies in genital or rectal openings • Infections, unexplained genital discharge, or sexually transmitted diseases • Pregnancy in a woman who is unable to consent to sexual intercourse

	• Indecent exposure	• The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude • Incontinence not related to any medical diagnosis. • Self-harming • Poor concentration, withdrawal, sleep disturbance • Excessive fear/apprehension of, or withdrawal from, relationships • Fear of receiving help with personal care • Reluctance to be alone with a particular person
Financial or material abuse	• Theft of money or possessions • Fraud, scamming • Preventing a person from accessing their own money, benefits or assets • Employees taking a loan from a person using the service • Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions • Arranging less care than is needed to save money to maximise inheritance • Denying assistance to manage/monitor financial affairs • Denying assistance to access benefits	• Missing personal possessions • Unexplained lack of money or inability to maintain lifestyle • Unexplained withdrawal of funds from accounts • Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity • Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so

	• Misuse of personal allowance in a care home • Misuse of benefits or direct payments in a family home • Someone moving into a person's home and living rent free without agreement or under duress • False representation, using another person's bank account, cards or documents • Exploitation of a person's money or assets, e.g. unauthorised use of a car • Misuse of a power of attorney, deputy, appointeeship or other legal authority • Rogue trading – e.g. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship	• The person allocated to manage financial affairs is evasive or uncooperative • The family or others show unusual interest in the assets of the person • Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA • Recent changes in deeds or title to property • Rent arrears and eviction notices • A lack of clear financial accounts held by a care home or service • Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person • Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house • Unnecessary property repairs
Neglect and acts of omission	• Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care	• Poor environment – dirty or unhygienic • Poor physical condition and/or personal hygiene

	• Providing care in a way that the person dislikes • Failure to administer medication as prescribed • Refusal of access to visitors • Not taking account of individuals' cultural, religious or ethnic needs • Not taking account of educational, social and recreational needs • Ignoring or isolating the person • Preventing the person from making their own decisions • Preventing access to glasses, hearing aids, dentures, etc. • Failure to ensure privacy and dignity	• Pressure sores or ulcers • Malnutrition or unexplained weight loss • Untreated injuries and medical problems • Inconsistent or reluctant contact with medical and social care organisations • Accumulation of untaken medication • Uncharacteristic failure to engage in social interaction • Inappropriate or inadequate clothing
Modern Slavery	• Human trafficking • Forced labour • Domestic servitude • Sexual exploitation, such as escort work, prostitution and pornography • Debt bondage – being forced to work to pay off debts that realistically they never will be able to	• Signs of physical or emotional abuse • Appearing to be malnourished, unkempt or withdrawn • Isolation from the community, seeming under the control or influence of others • Living in dirty, cramped or overcrowded accommodation and or living and working at the same address • Lack of personal effects or identification documents • Always wearing the same clothes • Avoidance of eye contact, appearing

		frightened or hesitant to talk to strangers • Fear of law enforcers
Discriminatory Abuse	• Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010) • Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic • Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader • Harassment or deliberate exclusion on the grounds of a protected characteristic. • Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic • Substandard service provision relating to a protected characteristic	• The person appears withdrawn and isolated • Expressions of anger, frustration, fear or anxiety • The support on offer does not take account of the person's individual needs in terms of a protected characteristic
Organisational abuse	• Discouraging visits or the involvement of relatives or friends • Run-down or overcrowded establishment • Authoritarian management or rigid regimes	• Lack of flexibility and choice for people using the service • Inadequate staffing levels • People being hungry or dehydrated • Poor standards of care • Lack of personal clothing and

	• Lack of leadership and supervision • Insufficient staff or high turnover resulting in poor quality care • Abusive and disrespectful attitudes towards people using the service • Inappropriate use of restraints • Lack of respect for dignity and privacy • Failure to manage residents with abusive behaviour • Not providing adequate food and drink, or assistance with eating • Not offering choice or promoting independence • Misuse of medication • Failure to provide care with dentures, spectacles or hearing aids • Not taking account of individuals' cultural, religious or ethnic needs • Failure to respond to abuse appropriately • Interference with personal correspondence or communication • Failure to respond to complaints	possessions and communal use of personal items • Lack of adequate procedures • Poor record-keeping and missing documents • Absence of visitors • Few social, recreational and educational activities • Public discussion of personal matters • Unnecessary exposure during bathing or using the toilet • Absence of individual care plans • Lack of management overview and support
Self-neglect	• 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 • Inability to avoid self-harm • Failure to seek help or access services to meet	• Very poor personal hygiene • Unkempt appearance • Lack of essential food, clothing or shelter • Malnutrition and/or dehydration • Living in squalid or unsanitary conditions

		• Inability or unwillingness to manage one's personal affairs health and social care needs	• Neglecting household maintenance • Hoarding • Collecting many animals in inappropriate conditions • Non-compliance with health or care services • Inability or unwillingness to take medication or treat illness or injury
Female Genital Mutilation (FGM)	This is a procedure where the female genital organs are deliberately cut or injured, but where there is no medical reason for this to be done. FGM can be carried out on girls of all ages but may be more common between the ages of 5 and 10. **The World Health Organisation has four classifications of FGM:** Type 1: Clitoridectomy - partial or total removal of the clitoris Type 2: Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina) Type 3: Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the		The FGM mandatory reporting duty is a legal duty provided for in the FGM Act, 2003 (as amended by the Serious Crime Act, 2015) which requires all regulated social & healthcare professionals to report FGM in a girl under 18, either through disclosure by the victim or relative and/or are visually confirmed. This is no different from any other obligation on healthcare professionals to report abuse against children. FGM is child abuse so the healthcare professional must make a report to the Police

	clitoris. Type 4: Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area	
Missing. Exploited and Trafficked children (MET)	For the purpose of this definition the police apply the following categories: A **'missing'** person is defined as anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of a crime or at risk of harm to themselves or another. Those meeting this definition will be actively searched for, with a level of risk assigned to each case.	An 'absent' person is defined as a person not at a place where they are expected or required to be. People categorised as such should not be perceived to be at any apparent risk. Cases classified as 'absent' will be monitored by the police and escalated to the missing person category if risk increases.
Exploitation	Child Sexual Exploitation (CSE) is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity: (a) in exchange for something the victim needs or wants, (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the	Account should be taken of heightened risks amongst this age group, particularly those without adequate economic or systemic support. Though child sexual exploitation may be most frequently observed amongst young females, boys are also at risk. It is important to remember that: • A child under the age of 13 is not legally capable of consenting to sex (it is statutory rape) or any other type of sexual touching; sexual activity in children

sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology (Working Together 2017)

Children aged 12-15 years of age are most at risk of child sexual exploitation, although victims as young as 8 have been identified, particularly in relation to online concerns. Equally, those aged 16 or above can also experience child sexual exploitation, and it is important that such abuse is not overlooked due to assumed capacity to consent.

from 13 to 18 years needs to be considered in relation to both the giving, and the gaining of consent, with the promotion of mutual negotiation as the norm being an important aspect of preventative activity (Coy et al., 2013).

- Sexual activity with a child under 16 is an offence.
- It is an offence for a person to have a sexual relationship with a 16 or 17- year-old if they hold a position of trust or authority in relation to them.
- Where sexual activity with a 16 or 17-year-old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered.
- Non-consensual sex is rape whatever the age of the
- victim and if the victim is incapacitated through alcohol or drugs, or the victim or his or her family has been subject to violence or the threat of it, they cannot be considered to have given true consent and therefore

		offences may have been committed • No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or mental health issues. A child under 18 years of age cannot consent to their own abuse through exploitation (Powell, 2016)
Trafficking	Human trafficking is defined as a process that is a combination of three basic components: • Movement (including within the UK) • • Control, through harm / threat of harm or fraud • • For the purpose of exploitation (UNHCR 2006)	The Modern Slavery Act (2015) requires public authorities to notify the Home Office when they encounter a potential victim of modern slavery or human trafficking, and for children this is done through a referral to the National Referral Mechanism (NRM). Unlike adults, consent is not needed from a child for this referral to be made.`
Children at risk of radicalisation - (PREVENT)	Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist activity. Extremism is vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Care professionals may	The Prevent strategy, published by the Government in 2011, is part of our overall counter- terrorism strategy, CONTEST. The aim of the Prevent strategy is to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. In the Act this has simply been expressed as the need to “prevent people from being drawn into terrorism”.

	treat/provide services to children who are vulnerable to radicalisation. The key challenge for the social/health sector is to ensure that, where there are signs that someone has been or is being drawn into terrorism, the social/health care workers can interpret those signs correctly, are aware of the support that is available and are confident in referring the child for further support (HM Government 2011).	The DT Prevent policy highlights this strategy in further detail
Honour Based Abuse	The term Honour Based Abuse (HBA) is the internationally recognised term describing cultural justifications for violence and abuse. It justifies the use of certain types of violence and abuse against women, men and children. The Association of Chief Police Officers (ACPO) defines HBA as 'A crime or incident, which has or may have been committed, to protect or defend the honour of the family and/or community'. This may include genital mutilation and/or forced marriage.	There is not a specific offense of 'honour-based crime'. It is an umbrella term to encompass various offences covered by existing legislation. Honour-based violence can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. It is a violation of human rights and may be a form of domestic and/or sexual violence.
Forced Marriage	There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage, but the choice of whether to accept the arrangement remains with the prospective spouses. However, in forced marriage, one or both spouses do not consent to the marriage but are coerced into it. Duress can include	The UK Government regards forced marriage as an abuse of human rights and a form of domestic abuse, and where it affects children and young people, child abuse. It is a criminal offence.

	physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent, coercion is not required for a marriage to be forced.	
E-Safety	Health professionals should be aware of the need to support parents to keep their children safe when using online, mobile technologies and to protect them from cyber bullying	Increasingly, it is recognised that solely attempting to block or rigorously control access to undesirable content is ineffectual and counter-productive, encouraging some young people to find ways round the rules and limiting the use of potentially valuable materials and activities to underpin learning and development

Ref: SCIE at a glance 69: April 2018 HM Government, 2015

Appendix 2 Managing allegations Process

Safeguarding Concern Identified

Identify and apply immediate corrective actions to ensure the safety of the service user.
This may include considering whether or not staff have to be suspended from duty.
Where necessary take appropriate measures by contacting the ambulance and/or police service (999).
Raise concern with the relevant line manager or manager on call.
Verbally report the safeguarding concern/incident to Adult or Children's Social Care, in accordance with local authority safeguarding procedures; this included any notification that occurs out of hours
Completed the Datix Incident form DIF 1 with accordance with incident reporting procedures -Including Body Map

Discussion with local authority Safeguarding Lead

- Agree what action is required.
- Agree no further action is required.

Where NO further action is required

- Record justification for no action and updates the Datix Incident form Safeguarding section.

Where further action is required

- Record what action has been agreed with the local safeguarding lead on the Datix incident form.
- Discuss with service user with capacity.
- Where a service user lacks capacity, take advice from the local authority safeguarding lead, and record outcome.
- Discuss with next of kin, where appropriate to do so.
- Advise service user with capacity of the need to a share information with other key partners/professionals.

Service User consent received.

- **Submit safeguarding notification**-to relevant local authority team, using local authority forms.
- **Submit Regulatory Body notification** - to be completed only if harm evident, potential harm or local authority advise on this action.
- Advise service user of the response/s and record outcome of the Conversation.
- Record details of any ongoing case reviews, who has attended and ensure minutes for meetings are produced, circulated and retained within the confidential section of the service user's records.

Service User consent is not received.

- Where a service user has capacity, try to gain consent.
- Proceed in wider public interest without consent if required
- **Submit safeguarding notification**- to relevant local authority team, using local authority forms.
- If the service user lacks the mental capacity to give consent then follow the Assessing Capacity policy and apply the 'Best Interest' principle, record all outcomes.
- **Submit Regulatory Body notification**- to be completed only if harm evident, potential harm or local authority advise on this action

Appendix 3 – Allegations against staff process

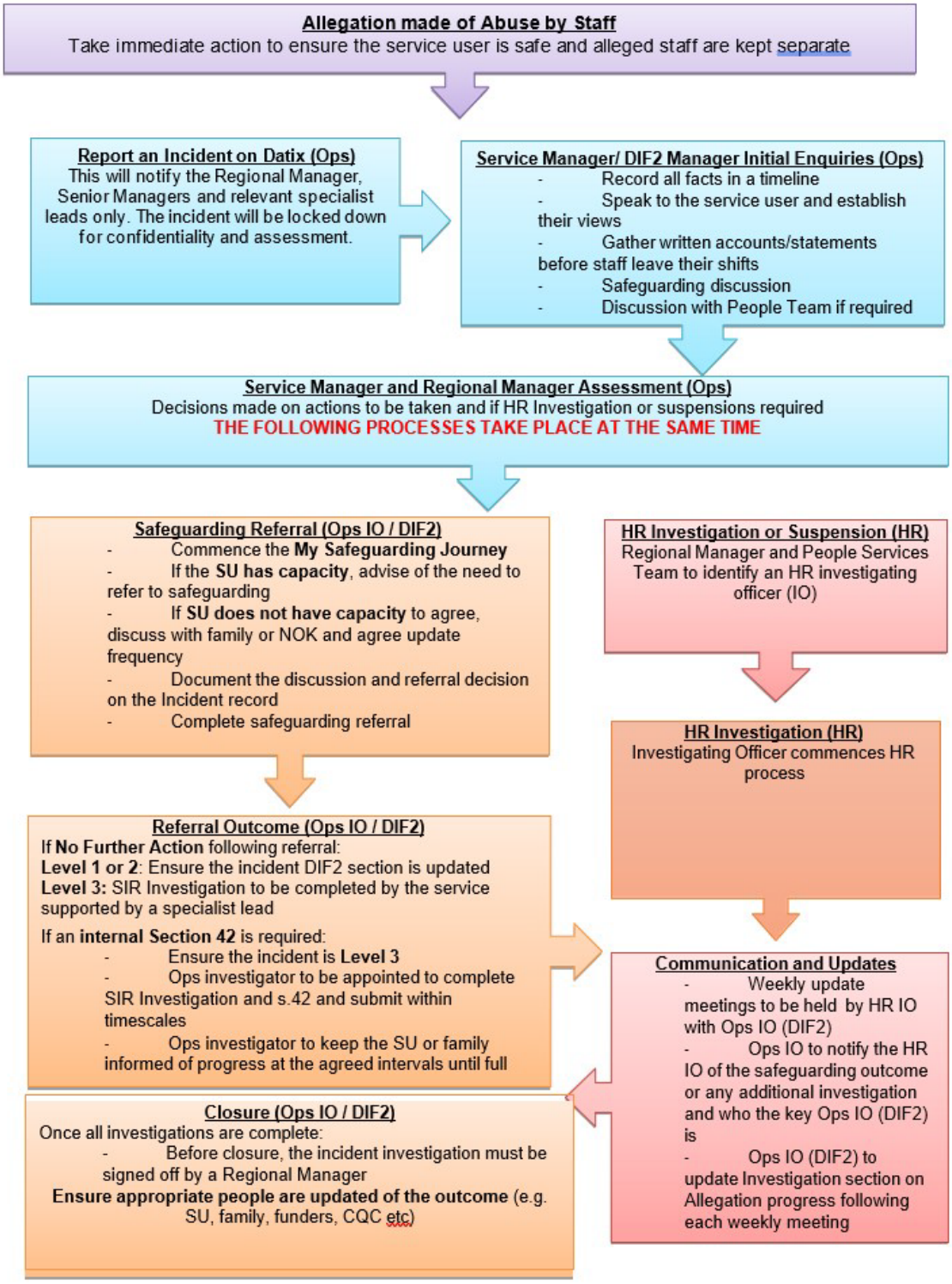
First Hour.

- **Ensure safety of the service user**
- Report details of concern manager on duty or the on duty
- Refer to local authority
- Where potential criminal… police poerations DIR
- Complete DIF 1 form info
- Email notifications will
- Obtain a signed and dated
- Liaise with senior management if required

IMPORTANT NOTE

- DO not start any
- Do not take statements
- Records must be
-

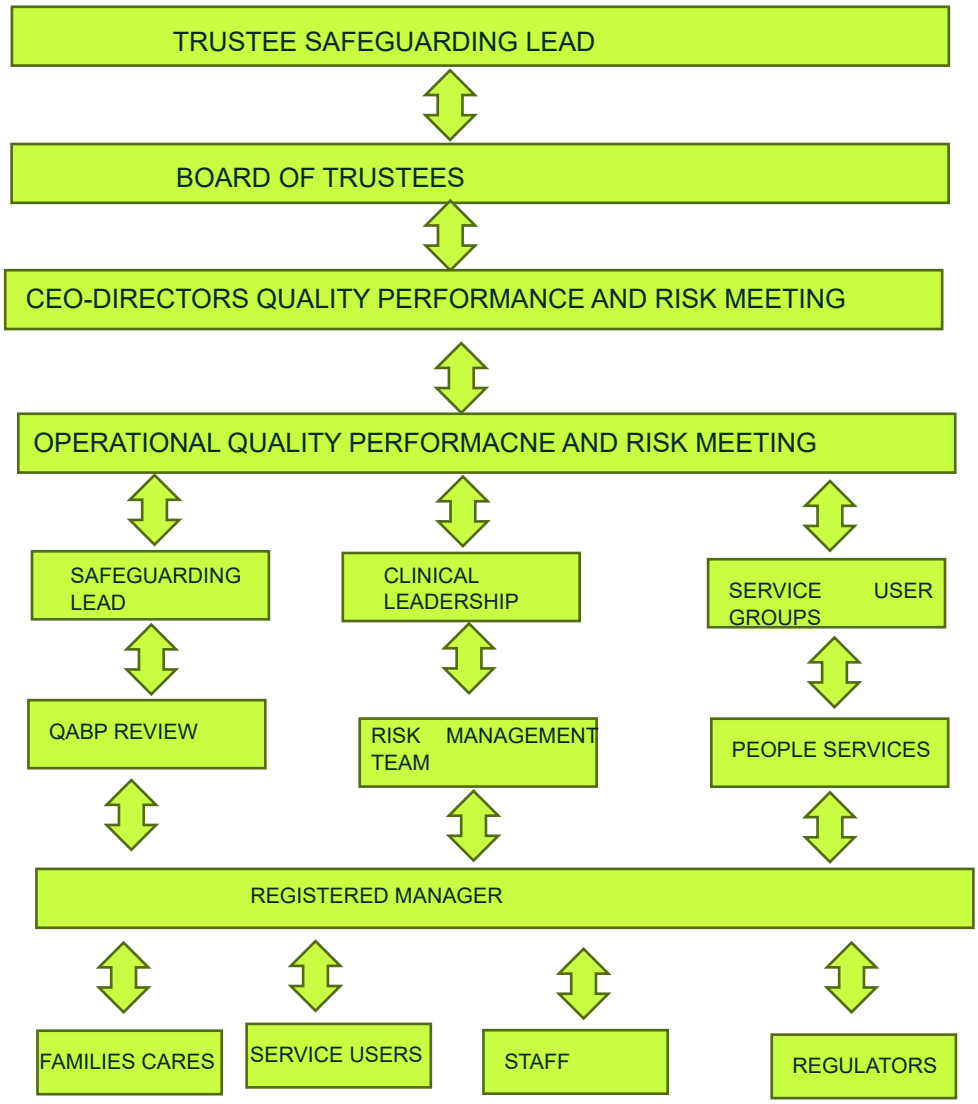
Appendix 4 Safeguarding Allegations Flowchart



Appendix 5 – Safeguarding Leads by Service

Safeguarding leads by service August 2021			
Region	**Regional Manager**	**Service**	**Name**
Midlands	Lee Richards	TEM (Thomas Edward Mitton) House	Tina Tupper
		Fen House	Roxanne Rolland
		Gregory Court	Keith Schofield
		Kent House	Claire Locke
		Bristol Road	Paul Higgins
		Bedford and MK houses	Rashim Kanwar
		West Heath House	Lucy Badnadge
North East	Angela Beecroft	DYH	Sophie Lloyd
		YH	Nicola Convy
		OH	Danielle Palmer
		JPH	Lindsey Tate
		NW community Houses	Nicola Roper
		VH	Louise Tierney
South	Emma Ellis-Clark	The Maples	Laura Newton
		Kerwin Court	Theresa Hill
		Shinewater	Anita Cobb
		Holyrood	Michael James
		SE Houses	Lesley Rampling
		Myland and Dover court	Lauren Lumley
		Reading and Maidenhead	Alisdair Fell
		Homecare	Lesley Rampling
NW	Kerri Tunstall	RC	Michael Boardman
		NW community Houses	Wendy Baylis Wareing
		Mill Street	Nicky Triggs
Wales	Chrissie Groves	Ty Aberdafen	Kirsty Atkins

Appendix 6


TRUSTEE SAFEGUARDING LEAD
BOARD OF TRUSTEES
CEO-DIRECTORS QUALITY PERFORMANCE AND RISK MEETING
OPERATIONAL QUALITY PERFORMACNE AND RISK MEETING
SAFEGUARDING LEAD
CLINICAL LEADERSHIP
SERVICE USER GROUPS
QABP REVIEW
RISK MANAGEMENT TEAM
PEOPLE SERVICES
REGISTERED MANAGER
FAMILIES CARES
SERVICE USERS
STAFF
REGULATORS

Appendix 7 Roles and responsibilities

Roles and responsibilities at Brainkind

Professional Role	Responsibilities
Trustee	• Has ultimate accountability and responsibility for Adult Safeguarding in Brainkind • Agreeing the strategic plan to implement the 'Adult safeguarding policy • A named Trustee will provide robust scrutiny and challenge of adult safeguarding arrangements at Board level
Director of Governance and Quality Assurance	• providing overall assurance to Brainkindees and the CEO (Chief Executive Officer) on the effectiveness and quality of the Adult safeguarding arrangements to ensure that Brainkind complies with its statutory duties and that best practice is observed throughout all services • review and sign off the annual report and inform Brainkind's Board.
Quality Performance and Risk Group	• Monitoring key performance indicators monitoring the assurance framework for this policy and assuring The Board of Trustees on compliance with the implementation of this policy and ongoing Adult safeguarding reports • Agreed periodic review of audit to monitor compliance, quality and views of the people that use Brainkind service • Ensure processes are in place for learning lessons from cases where service users die, or are seriously harmed, and abuse or neglect is suspected
Head of Nursing	• Producing an annual review that provides assurance that: • Ensuring that reporting systems and Datix are working effectively to safeguard children and adults at risk of harm or abuse.

	• Providing assurance that Brainkind is meeting its specific safeguarding duties in relation to service users. • Working closely with safeguarding Champions,
Safeguarding Champion	• To ensure all staff take appropriate action and complete required documentation when there is a safeguarding concern • To advocate involvement of the person affected by an incident and throughout any safeguarding involvement • To receive automated email notifications of safeguarding incidents and liaise with relevant DIF2 managers to confirm if the incident requires referral to external safeguarding teams • To circulate relevant national and local information, guidance, and policy to the service • To support relevant training within their own service • To help build stronger ties between the service and safeguarding teams to promote the roles and responsibilities of all staff • Responsible for liaison and quality review in their service of all adult protection activity by: • Checking, in conjunction with DIF2 managers, that all reported Incidents are accurate and fully completed. • Ensuring Action plans are in place and executed and that all appropriate adult /child protection activity is undertaken • Ensure Team Management Review takes place if require
Quality Assurance Business Partners	• ensure effective systems are in place for responding to incidents of abuse and neglect of children and adults, to ensure that timely and appropriate referrals are made
Regional Managers	• Monitoring the implementation and service and staff compliance of this policy, the procedure, guidance, and any standard

	operating procedures (SOP's) that is published by Brainkind
Service Managers and Area Managers	• Implementing the policy and adhering to it in their Services • Identifying Training and Education needs and ensuring they are met • Ensuring requirements for implementation of the policy are built into the delivery planning process • Staff having received, and are aware of and comply with all relevant policies and supporting documents • Ensuring volunteers and contractors are aware they are required to follow Brainkind Policies and Procedures for the service • working with external agencies to end any abuse that is occurring
All Staff (including bank and agency staff)	• Compliance with the policy and any relating documents, be they Trust-wide or Service specific. • Identifying own training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Ensuring e-learning is up to date. • Attending training / awareness sessions • Engage with external partners.

Appendix 8

Information sources

NHS England Safeguarding app

The NHS Safeguarding app has been developed to act as a comprehensive resource for healthcare professionals, carers and citizens. It provides 24-hour, mobile access on up-to- date legislation and guidance across the safeguarding life course.

https://www.england.nhs.uk/safeguarding/nhs-england-safeguarding-app/

Ann Craft Trust (ACT)

A national organisation providing information and advice about adult safeguarding. ACT have a specialist Safeguarding Adults in Sport and Activity team to support the sector Tel: 0115 951 5400

Email: Ann-Craft-Trust@nottingham.ac.uk
www.anncrafttrust.org

Men's Advice Line

For male domestic abuse survivors Tel: 0808 801 0327

National LGBT+ Domestic Abuse Helpline

Tel: 0800 999 5428

National 24Hour Freephone Domestic Abuse Helplines

England	Northern Ireland
Tel: 080 2000 247 www.nationaldahelpline.org.uk/Contact-us	Tel: 0808 802 1414 www.dsahelpline.org Twitter: www.twitter.com/dsahelpline Facebook: www.facebook.com/dsahelpline

Scotland	Wales
Tel: 0800 027 1234 Email: helpline@sdafmh.org.uk Web chat: sdafmh.org.uk	Llinell Gymorth Byw HebOfn/Lice Free from fear helpline Tel: 0808 8010 800

Type Talk: 18001 080 801 0800
Text 078600 77 333

Rape Crisis Federation of England and Wales

Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.

Email: info@rapecrisis.co.uk www.rapecrisis.co.uk

Respond

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.

Tel: 020 7383 0700 or

0808 808 0700 (Helpline)

Email: services@respond.org.uk www.respond.org.uk

Stop Hate Crime

Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.

24 hours service:

Telephone: 0800 138 1625

Web Chat: www.stophateuk.org/talk-to-us/ E mail: talk@stophateuk.org

Text: 07717 989 025

Text relay: 18001 0800 138 1625

By post: PO Box 851, Leeds LS1 9QS

Suzy Lamplugh Trust

Brainkind is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.

Tel: 020 83921839

Fax: 020 8392 1830 Email: info@suzylamplugh.org www.suzylamplugh.org

Victim Support

Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.

Tel: 0808 168 9111

www.victimsupport.com

Women's Aid Federation of England and Wales

Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service.

www.womensaid.org.uk/information-support