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Safeguarding Policy and Procedure

December 2024

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1. Purpose

SAMM is committed to providing effective and safe services. This document sets out how we will act to safeguard adults at risk with care and support needs (adults at risk) and children and young people (CYP) if we know or suspect they are being abused or are at risk of significant harm. All trustees, staff and volunteers operating across SAMM services and activities (including online support) must comply with this procedure and act fairly and without prejudice on every safeguarding concern that comes to our notice in the course of our work.

The purpose of this policy and procedure is to:

- protect all service users, including the children and families of adults who use our services, and CYP or adults at risk who receive our direct support, from any type of abuse or harm.
- protect anyone working for, or on behalf of SAMM, whether staff or volunteers, from any type of abuse or harm.
- ensure that all our activity is undertaken within the overarching principles that guide our approach to safeguarding.

CYP and adults at risk have the right to receive safe services regardless of race, colour, ethnic origin, age, sex, sexual orientation, gender identity/trans status, marriage or civil partnership status, disability, religion or belief and socioeconomic status and have an equal right to protection from all types of harm or abuse.

We will safeguard adults at risk, defined by the Care and Support Act (2014), and CYP under the Children Act (1989 and 2004 as amended by the Children and Social Work Act 2017) and Working Together guidelines 2020 (and also in the Social Services and Wellbeing Act 2014). Appendix 8 sets out our legal framework.

As effective safeguarding practice is fundamental to SAMM our policy and procedure is signed off, and led by, the National Board of Trustees (the Board) and Chief Executive Officer (CEO), who is also our National Safeguarding lead.

This policy sets out our roles and responsibilities. Every trustee, employee, volunteer and contracted service / partner has a duty and responsibility, when delivering our services and undertaking activities for SAMM, to promote the well-being and best interests of adults at risk and CYP, to keep them safe, carry out our work in ways that protect them and ensure that their best interests remain central at all times.

No one should ever experience abuse or harm of any kind and we will work in partnership with our members, their families and other agencies to protect them against abuse or harm.

The Counter-Terrorism and Security Act 2015 introduced a duty on certain authorities known as the prevent duty, to prevent people from becoming involved in, or supporting terrorism or related activity. We are aware that any prevent duty is a safeguarding issue; therefore, we will

identify and report any CYP and adults at risk from being harmed by any involvement in terrorist or related activity by following this safeguarding procedure. See also Appendix 7.

Staff and volunteers sign their agreement to complying with this policy and procedure on completion of their safeguarding training, recorded in their SAMM training file, and thereafter by completing regular safeguarding training.

1. 1 How we safeguard and protect people

SAMM will always take action to safeguard adults and CYP at risk of abuse or neglect. We believe that prevention and protection of the most vulnerable is important, and taking action is a matter of personal integrity and responsibility. Ignoring or tolerating abuse is not an option. We safeguard and promote the welfare and protection of adults at risk and CYP in the following ways:

- Valuing, listening to and respecting them.
- Making safeguarding personal by involving adults at risk in decision making as far as possible to achieve the outcomes that they want while adhering to the six principles of safeguarding embedded in the Care Act 2014. See appendix 5
- Ensuring all staff and volunteers understand and follow our safeguarding procedures and receive regular training, suitable to their role, which sets out the various forms of abuse and their safeguarding responsibilities.
- Appointing a nominated senior safeguarding lead, and a deputy
- Adopting safeguarding best practice throughout our policies, procedures and Code of Conduct for staff and volunteers.
- Developing and implementing an effective online safety policy and related procedures
- Providing effective management for staff and volunteers through supervision, support, and training.
- Recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made, clearances obtained, and details recorded before supporting service users.
- Recording, storing and using information professionally and securely, in line with GDPR data protection legislation and providing guidance for sharing information about safeguarding and good practice with all service users we safeguard.
- Adhering to this safeguarding policy and procedure when sharing concerns and relevant information with agencies who need to know, to protect individuals from abuse and harm.
- Using our procedures to manage any allegations against staff and volunteers appropriately.
- Ensuring that we have effective complaints procedures in place.

- Ensuring that we provide a safe physical environment for our service users, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance that enhance wellbeing and avoid situations and working environments that could put people at risk of abuse, or of allegation.
- Building a safeguarding culture where staff and volunteers, members and their families, treat each other with respect and feel comfortable sharing concerns.
- Raising awareness about safeguarding and rights with victims who use our services and by having appropriate systems in place that support and allow them to give feedback, both positive and negative.
- Responding quickly and effectively to any allegations, concerns, issues or incidents and always taking them seriously.
- Having minimum standards in place for those we work with and contract to ensure that they operate suitable safeguarding practice in line with their safeguarding policy and procedures.
- Ensuring we have a designated safeguarding officer to oversee and promote effective safeguarding practice and recording. Some members, their children and families are more vulnerable because of the impact of previous experiences, underlying needs, communication challenges or other issues. We therefore underpin this policy and procedure with our equality and diversity principles and commitment to making our services accessible to all.
- We review this document regularly to stay aligned with new legislation and best practice.

1. 2 Definitions Adult - adult refers to any person aged 18 years or over.

Adult at risk with care and support needs- shortened to adult at risk throughout this document, describes those who meet the criteria for making a safeguarding referral to the Local Authority Adult Safeguarding Team (under the Care Act 2014): where the adult has needs for care and support (whether or not 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.

Safeguarding an adult is the action we take to protect an adult at risk's right to live in safety, free from abuse and neglect.

Child - refers to anyone under 18 years old.

Young Person - refers to any child aged 16 or 17 years of age Safeguarding and promoting the welfare of children defined under Working Together to safeguard children (2015) – is the action we take to promote the welfare of children and to protect them from harm by:

- protecting them from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- taking action to enable all children to have the best outcomes.

Safeguarding referral - This is when a SAMM worker actively makes a referral of an adult at risk or CYP to the Local Authority Adult Safeguarding Team / Multi-agency safeguarding hub (MASH) team. This procedure also covers other processes that SAMM workers need to undertake to monitor and manage cases in addition to this policy, when cases are not accepted by the LA Adult Safeguarding Team / MASH including ongoing support and safety planning and possible onward referral for additional support.

Child Protection: is part of safeguarding and is defined as the process of protecting individual CYP identified as either suffering, or likely to suffer significant harm as a result of abuse or neglect. Significant Harm: The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.

Harm - defined as the ill treatment or impairment of health and development. This definition was extended in 2002 to include: “impairment suffered from seeing or hearing the ill treatment of another” e.g a child living in a household affected by domestic abuse. Suspicions or allegations that a child is suffering or likely to suffer Significant Harm should result in a statutory assessment incorporating a Child Protection Section 47 Enquiry.

See also the Glossary.

Safeguarding guidance update 204

The statutory definition of safeguarding children and young people is:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment, whether that is within or outside the home, including online
- Preventing impairment of children's mental and physical health or development

The Department for Education (DfE) published a new edition of its statutory guidance Working together to safeguard children in December 2023. This 2023 edition replaces

Working together to safeguard children 2018, which underwent a limited factual update in 2020.

The guidance outlines what organisations and agencies must and should do to help, protect and promote the welfare of all children and young people under the age of 18 in England.

This briefing outlines the main changes in the 2023 edition, including updates around:

- multi-agency expectations for all practitioners
- working with parents and families
- clarifying the roles and responsibilities of safeguarding partners
- the role of education and childcare providers
- multi-agency practice standards
- support for disabled children
- tackling harm that occurs outside the home.

Whilst we do not directly support children and young people at SAMM National, we will continue report any safeguarding concerns relating to children and young people in line with the new guidance.

1. 3 Contact details

Nominated Safeguarding Lead Officer Joanne Early (Joanne.early@samm.org.uk)

Deputy Safeguarding Officer (dso@samm.org.uk)

1. 4 Identifying safeguarding concerns

Categories of abuse relating to CYP are defined under the Children Act 1989:

1. Physical Abuse
2. Emotional Abuse
3. Sexual Abuse
4. Neglect

Categories of abuse relating to adults are defined under the Care Act 2014:

1. Physical Abuse

2. Domestic Abuse incl. Honour Based Abuse
3. Sexual Abuse
4. Psychological Abuse
5. Financial Abuse
6. Modern Day Slavery / Human Trafficking
7. Discriminatory Abuse
8. Organisational Abuse
9. Neglect and acts of Omission
10. Self- Neglect

A concern may be:

Observed, overheard or identified during support.

Disclosed by an adult at risk or CYP telling you or they are being abused.

Reported by a third party.

Reported as a complaint about an incident involving the behaviour of a member of staff or volunteer towards an adult at risk / CYP. Note that this procedure applies to any safeguarding concern identified during any method of service delivery, including other online forums.

1. 5 Cases identified on the SAMM forum

Any safeguarding concerns raised on our forum will be reported as per this policy. SAMM keep full records of all members which means we can identify an individual for the purposes of reporting a concern.

1. 6 Process for cases not accepted by the LA / MASH

LA Adult Safeguarding / MASH teams may not agree that the safeguarding threshold has been met on receipt of a query or referral from SAMM. Where a SAMM DSO believes that all 3 criteria / safeguarding threshold has been met, this procedure applies and we must make a safeguarding referral, complete a safeguarding form and upload it onto the case management system so that our concerns are recorded and can be closely monitored.

Where a safeguarding concern raised by a staff member leads to a DSO decision that the concern is a safeguarding issue but all 3 of the safeguarding threshold criteria do not apply, upload the safeguarding form to the case management system to capture the decision.

1. 7 Process for cases that fall outside of this procedure

Samm provides a range of support to people who feel in crisis or unsafe. Not every case, involving an adult member, should lead to a safeguarding referral. If a case involving an adult does not involve any of the 3 safeguarding criteria, but the service user is:

- at immediate and imminent risk – call 999 (record as an activity)
- not at immediate or imminent risk – call 101 for a welfare check, provide support to access a GP, make a MARAC referral etc (record as an activity).

1. 8 What we can do to help

We may make safeguarding referrals in relation to a member's children or dependents when they call SAMM for help and support if we identify that their children or other looked after people require safeguarding action.

We can often take action to support the person who has called us for support, and not consider the safeguarding referral to be the only way that we can intervene. We can normally also continue to provide help to the person who has called. If we cannot continue to provide support, we will always signpost. For example, if we identify a domestic abuse situation, we will refer a person to the most appropriate service.

2. Safeguarding procedure

Step 1 - Assess whether an adult at risk or CYP is at immediate risk and requires safeguarding.

In all cases where you are concerned that a CYP is at risk of significant harm make a safeguarding referral.

If an adult at risk meets the threshold for making a safeguarding referral under S42 of the Care Act 2014, whereby all 3 of the following criteria are met, make a safeguarding referral:

1. An adult has care and support needs, and is
2. experiencing, or at risk of, abuse and neglect, and
3. as a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of risk and abuse or neglect.

Note - Adult safeguarding is for people who, because of issues such as dementia, learning disability, mental ill health or substance abuse, have care and support needs that may make them more vulnerable to abuse or neglect. SCIE.

Complete a safeguarding recording sheet.

Inform the DSO at the earliest opportunity of your actions.

Step 2 - Respond to any disclosure or observation appropriately If they disclose a safeguarding issue to you:

Listen carefully, without interrupting.

Remain calm and receptive.

Explain that you will need to share information.

Offer reassurance that it is right to speak out.

Do not make promises or agree to keep information confidential.

Do not display your own emotions, for example don't act shocked or surprised.

Do not probe for inappropriate levels of information or make assumptions about anything disclosed.

If you observe, hear or otherwise identify a safeguarding issue:

- Do not make any allegations.
- Above all else consider safety – directly confronting an abuser's behaviour may put the adult, CYP (or worker) at risk of immediate harm.
- Where possible, take advice from a line manager / DSO. This may involve advising the member that you will call them back, or that you need to rearrange an appointment.
- Consider their proximity to the alleged abuser. The individual may require protection when the person who is acting in an abusive way is confronted, and so act with caution and always take advice from a line manager / DSO.
- Always take steps to get advice, we must ensure that we take steps to reduce the risk of harm / future harm.
- Record what you have observed or heard as soon as possible on the Safeguarding recording sheet.

Step 3 – Complete a Safeguarding Form

Complete the safeguarding form in digital or written format.

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- Your record must be factual and use the same words / language spoken as far as possible. For example, I observed....., Mr X disclosed,I was told,I heard. Also record how information was obtained, e.g. online chat, face to face appointment.
- Do not speculate on the causes of the concern. If you or a third party witnessed the behaviour capture only relevant information relating directly to the safeguarding concern, for example the context, known or evidenced risks relating to the adult. Share only information that is relevant to the safeguarding concern. Note the time and date on the Safeguarding recording sheet, and sign it.

Step 4 – Contact a DSO immediately

- The member of staff or volunteer who received the disclosure or identified the concern must:
- Contact a DSO immediately to raise the safeguarding concern and seek advice. The DSO may be your line manager, designated deputy or the DSO on-call. If your line manager is not the DSO also notify them at the earliest opportunity
- Complete the safeguarding form, and record that you have sought advice from the DSO and the action they require.
- Act on the direction received from the DSO.
- Share the Safeguarding form with the DSO for sign off at the earliest opportunity, and with your line manager.

The DSO will review and sign off the completed Safeguarding form. If out of hours, the on-call DSO will not sign the Safeguarding recording sheet but will complete a separate form safeguarding form based on the information provided (which sets out the decision-making advice they have given).

The discussion with your line manager/DSO should identify: For adults at risk.

- Whether a safeguarding referral to the Local Authority Adult Safeguarding Team is required, or to another agency, e.g. where the safeguarding threshold (in Step 1) is not fully met for adults at risk, and for example a GP or alternative referral is more appropriate.
- Whether more information needs to be gathered in order for a safeguarding referral to be made to the LA Adult Safeguarding team / MASH.
- Whether the adult at risk has given their consent to the safeguarding referral, and if not whether consent can be obtained.
- If they do not consent to a referral being made, the DSO will assess whether the risk of harm meets the threshold in the 'Care and Support statutory guidance' (updated 2017) with reference to drawing on Data Protection legislation whereby consent is not required. See Step 6.

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For children and young people

- Whether a safeguarding referral is required
- Whether more information needs to be gathered in order for a safeguarding referral to be made
- Whether the parent/carer should be informed about the safeguarding referral being made
- Any immediate safeguarding action required.
- How we support the child throughout the process
- How we feedback our actions to the child
- Where a decision is taken not to make a safeguarding referral, preparing an agreed plan of action to manage and monitor assessed risks agreed with the staff/ volunteer.

Step 5 - Assess whether you have sufficient information to make an accurate safeguarding referral.

The information provided to LA Safeguarding Team / MASH should enable them to act on the concerns raised. Therefore, you must complete the Safeguarding referral form as fully as possible prior to referral so that they can make a decision on next steps.

The following information must be included on the Safeguarding form to provide context:

- Identifying information, name, D.O.B, address (where available)
- Is the adult at risk / CYP safe at this moment? If they are safe now, when are they at risk?
- Who are they at risk from?
- Where are they at risk?
- Is there anyone else exposed to this risk?
- How and from whom has the information been obtained? If this information is not initially disclosed, then the above short open questions can be used as prompts at the end of their disclosure. This should be discussed and agreed with your line manager or DSO where possible. For helping people on the online forum, suggest the chat moves to a phone call.

Step 6 - Deciding to make a safeguarding referral.

- For children and young people Ideally, the concern should be discussed with the CYP and the parent or carer before making a referral to the Local Authority Child Safeguarding Team.
- However, there may be cases where this could place the child at further risk.

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- When a child is at risk of significant harm, consent is not required to make a referral, and the child's needs should be considered above all else.
- Any issues or concerns about putting the child at risk by making the referral should be discussed with the LA Child Safeguarding Team / MASH at the time of referral and be addressed by them.
- The legal reasons for sharing information about child protection concerns are explicit in law and also set out in the Data Protection Policy: Where there are safeguarding concerns (Children's Act).

When an adult is at risk the safeguarding concern should be discussed with the adult at risk before making a referral to the Local Authority Adult Safeguarding Team, which is best practice wherever possible.

- In line with our Data protection policy (conditions for lawful processing of personal data), we will share an adult's information only:
 - a) with their consent
 - b) when there is a legal reason to disclose.
- We will share an adult's information in order to make a safeguarding referral if they are at risk of immediate / imminent risk of serious harm.

If you are concerned that seeking their consent to make a safeguarding referral would put them at risk of immediate / imminent risk of harm, for example because the concern relates to their main carer, you must discuss this with the DSO / and the LA Adult Safeguarding Team / MASH at the time of referral.

In some cases it may be appropriate to consider a family approach to making a safeguarding referral where it is safe and appropriate to involve the carer / parent in the discussion with the adult at risk's consent. This will depend on the context of the concern raised and you / the DSO will need to assess each case individually.

Consider:

- Any immediate safeguarding action required.
- How we support the person throughout the process
- How we will feedback our actions to the adult at risk

Making a decision to refer an adult at risk without their consent.

There may be circumstances when an adult at risk does not give their consent to the safeguarding referral.

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Any decision to make a safeguarding referral to the LA Adult Safeguarding Team / MASH without an adult at risk's consent must be recorded on the Safeguarding form.

Any action taken without consent should have a clear justification, be permissible in law, be proportionate to the circumstances and be least restrictive to the person concerned – always taking into account the 6 principles set out in appendix 5.

SAMM will refer individuals to local mental health teams for support and advocacy where appropriate or possible and with the consent of the individual. In many areas access to the crisis mental health team will be via the Local Authority adult safeguarding teams.

Any decision must be completed on the safeguarding form and logged on the case management system.

If a referral to the LA safeguarding team / MASH does not meet the criteria for local authority intervention steps, then we will take steps to identify and access alternative mental health support provision where available.

Where a decision is taken not to make a safeguarding referral to the LA Adult Safeguarding Team / MASH, an agreed plan of action to manage and monitor assessed risks must be agreed with the staff/ volunteer.

There may be occasions when the issue escalated to the DSO may be complex and have significant organisational implications. When faced with a decision that is outside of their knowledge and authority, the DSO must escalate this immediately either internally or outside the organisation.

Step 7 - Make a referral to the Local Authority Safeguarding Team

Use locally agreed protocols initially by telephone and then follow up with secure transmission of the Safeguarding form. Some LA Safeguarding Teams /MASH have their own forms, where information from the SAMM Safeguarding form will need to be transferred (these forms should be used in addition to the SAMM Safeguarding form).

At the point of referral, also clarify how we will work with the LA safeguarding team / MASH to provide support to the adult at risk / CYP whilst any enquiries take place and how communication will take place across agencies to make sure there is an effective and safe multi agency response. This should include any direction given by the LA safeguarding team / MASH on what to feedback to the member about actions that the LA Safeguarding Team plan to take.

Step 8 - Record all ongoing communications with the Local Authority Safeguarding / MASH Team or other professionals.

All discussions and actions must be recorded on the case management system.

Step 9 - Ensure that the safeguarding referral has been received.

The LA Team / MASH should inform SAMM of planned action or any decisions not to take action.

Within one working day of receipt of a referral, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer. The LA Safeguarding Team / MASH should provide feedback to the referrer on the decisions taken.

Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by the LA Safeguarding Team / MASH for assessment and suggestions for other sources of more suitable support.

Where this information is not provided by the LA Safeguarding Team / MASH, in active / ongoing SAMM cases / reactivated, the relevant person should complete a follow up call to identify the decisions taken, in order to feedback the outcome of the referral.

Step 10 - Provide other interventions required by the member.

If the LA Safeguarding Team / MASH does not accept the referral, e.g. stating that the statutory threshold has not been met, then a support / safety plan should be created in discussion with a SAMM manager to agree how to safely continue to provide support, and if any other onward referrals are required to provide additional support, e.g. to another Social Services department for a care and support assessment or to the GP for counselling.

Ongoing support should be discussed and agreed between staff/volunteer and the line manager. All service deliveries should be recorded on the case management system. Support should be reviewed on a monthly basis.

Step 11 – Ongoing assessment and making further referrals where risk remains or escalates.

If concerns remain about the welfare of an adult at risk or a CYP after a referral has been made to the LA Safeguarding Team / MASH, escalate the concern to the DSO. The DSO may decide that it's appropriate to raise a further concern.

If there are new safeguarding concerns, make a follow up referral setting out the original concerns and including the details of any new concerns where these exist by completing and submitting a new Safeguarding form.

If at any time the volunteer or member of staff is concerned that an adult at risk is in imminent / immediate risk of harm they should call the police on 999.

3. Management, staff and volunteer responsibilities

All staff and volunteers must be familiar with this document and recognise their individual responsibilities for safeguarding.

Safe recruitment must be employed as set out in SAMM's Recruitment & Selection Policy and Procedure, including pre-employment / volunteering DBS checking for staff and volunteers (for appropriate roles), which must be renewed 3 yearly.

Safeguarding training must be undertaken every 2 years and all staff and volunteer records must be updated accordingly. All staff and volunteer records must be updated upon completion of all safeguarding refresher training.

DSOs must attend appropriate multi agency training made available by their LA safeguarding teams and Boards, including other appropriate external training. All records must be updated accordingly.

3.1 Case review

All cases managers overseeing cases that involve active safeguarding concerns must undertake review of such cases as set out in the Case management procedure, 4 weekly.

3.2 Roles and responsibilities

SAMM's Board of Trustees are responsible for safeguarding governance and practice throughout the organisation led by a national safeguarding lead.

The Chief Executive Officer is the Designated Safeguarding Officer who holds overall accountability for safeguarding and ensures that there are effective arrangements in place for all CYP and adults at risk, which are complied with and monitored.

DSOs directly oversee all adult and CYP safeguarding concerns and make decisions on every referral acting on any cases escalated from all staff, volunteer and members. A DSO must address concerns raised about staff / volunteer behaviour or incidents, organisational risks. They are also the local Prevent leads. DSOs agree local referral protocols with LA safeguarding teams / MASH and boards and ensure that local referral systems are secure, and that staff and volunteers are kept up to date with safeguarding requirements and receive training appropriate to their role.

3.4 Concerns about staff and volunteer behaviour

Where it has been observed or reported that a staff member or volunteer's behaviour (internal or external) may pose or has posed a risk of harm to children or adults at risk, our response to such conduct includes a duty to:

Contact the Children's or Adult's LA Safeguarding team / MASH.

Inform the Designated Officer, (formerly known as LADO) who manages and oversees allegations against adults who work and volunteer with children, within one working day where it is alleged that a person who works with CYP has:

behaved in a way that has harmed or may have harmed a child.

possibly committed a criminal offence against or related to a child.

behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The DSO will provide appropriate advice and guidance on what steps to take.

Notify the police if criminal conduct has taken place.

Quickly and thoroughly investigate allegations and disclosures and act on findings effectively and in line with HR policy and procedure.

All organisations and individuals who work with children and adults at risk, or are involved in providing services to them, must have clear policies for dealing with allegations and a duty to safeguard and promote their welfare. SAMM therefore adopts safe recruitment practices and pre-employment checks and procedures to identify, deter and reject people unsuitable to work with children or adults at risk as set out in the Recruitment and selection policy and the DBS policy and procedure.

4. Partnership working and subcontracting

Whenever we are considering working with or subcontracting another organisation the DSO should always ensure that the issue of safeguarding adults at risk and CYP is addressed as a key part of the planning and that the correct procedures and policies are in place.

5. Suicide attempts or planning

When an adult at risk or a CYP discloses information about suicide attempts or imminent action to complete suicide that puts them at immediate risk of significant harm or death, always call 999. Ensure that calls to emergency services are recorded on the case management system, including the name of the police call handler and police incident number/call reference. Include in the record that the emergency services have dispatched to respond. If this is not confirmed, staff or volunteers should follow up to confirm that the person has been visited.

This position applies to all adults regardless of whether they are an adult at risk with care and support needs as our Data protection Policy allows you to share information with the emergency services in these circumstances.

In all cases that involve CYP and adults at risk, in addition to the above action also follow the safeguarding procedure from step 3. If you do not have enough information to determine if an adult has care and support needs, then discuss this with a line manager / DSO.

Where an adult is known to have care and support needs, or on advice from the DSO / LA Adult safeguarding team where this is unclear, follow up the emergency call with a safeguarding referral.

Note that any cases that involve children and young people aged under 18 years or adults who need care and support should be referred to the LA safeguarding team when disclosures are made about suicidal ideation, planning or action.

6. On call DSO process

If a staff or volunteer concern arises outside of normal office hours, there is a process for contacting a DSO out of hours. Contact details are made available to all staff and volunteers.

6. 1 Safeguarding policy and procedure in domestic abuse cases

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It is the responsibility of the referring agency to notify the LA safeguarding team if they consider an adult who needs care and support to be at risk and where CYP are present in a household affected by domestic abuse.

In cases referred to SAMM by another agency it is the duty of that agency to decide, based on evidence available to them, whether to refer an adult to the LA Adult safeguarding team.

SAMM must make a referral to the LA safeguarding team where there is:

- a new concern identified that a CYP or an adult at risk may be at risk of significant harm or an unknown CYP or adult at risk is identified for the first time.
- an escalation of concern about risk level. In such cases, and in all cases where there is a CYP or an adult in the family with care and support needs and is considered at high risk as a result of domestic abuse.

A safeguarding referral should be made to the LA safeguarding team / MASH:

- have I received any new information that leads me to believe a CYP is at risk of significant harm or this adult at risk is at immediate risk of significant harm?
- have I received any information that leads me to believe that the risks to an adult at risk or CYP has increased since the referral was made?
- am I concerned that there has been a lack of action following the initial safeguarding referral, and I believe that a CYP or an adult at risk is at continued risk of significant harm?

Glossary

Designated Safeguarding Officers (DSOs) are SAMM's lead officers in charge of making safeguarding decisions when staff or volunteers raise a concern. The DSO will determine whether the concern meets the appropriate criteria and safeguarding threshold for referral to the Local Authority Safeguarding Team, or determine any alternative action required.

DSOs receive higher level training to support them when making these professional judgements. Local Authority (LA) Adult Safeguarding Team and LA Child Safeguarding Team - this is the term used in this document to describe the various Social Services Safeguarding teams that exist nationally, which SAMM will refer to when an adult at risk's case meets the safeguarding threshold and in all safeguarding cases that concern CYP.

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LA Adult safeguarding teams are the front-line services that receive, review, assess, triage and implement any actions following a referral of an adult at risk of abuse or neglect. This single term:

LA safeguarding team will be used throughout this document to denote either Adult or Children's teams.

Safeguarding Form - This is the document SAMM uses to capture all information relating to a safeguarding concern, which is uploaded onto the case management system regardless of whether or not the LA Safeguarding team later accepts our safeguarding referral.

Local Safeguarding referral form. Some Local Authority Safeguarding Teams require SAMM to complete a local form when making a safeguarding referral. In such cases, workers must also complete SAMM's Safeguarding referral sheet and upload it onto the case management system as an internal record of action taken, which satisfies SAMM's recording requirements.

Local safeguarding adult board (LSAB) - The Care Act 2014 requires that all Local Authorities establish a LSAB to coordinate and monitor the effectiveness of arrangements to safeguard relevant adults in their area. LSAB's are required to commission Serious Adult Reviews, and with its partners has a legal duty to contribute to Domestic Homicide Reviews. (DHR).

The NHS and Police have a legal duty to cooperate in the establishment and running of the LSAB. Relevant partners of a local authority also have a legal duty to co-operate with the LSAB at their request, including SAMM.

Local Safeguarding Children Boards (LSCBs) – Working Together 2020 replaces LSCBs with Safeguarding Partners, which will consist of three agencies: local authorities, clinical commissioning groups, and chief officers of police. These Safeguarding Partners will work with relevant agencies to safeguard and protect children. All three Safeguarding Partners have equal responsibility for fulfilling the role.

Designated Officer (formerly LADO)- The role of the Designated Officer is set out in HM Government guidance Working Together to Safeguard Children (2018) Chapter 2 Paragraph 4. and is governed by the Authorities duties under section 11 of the Children Act 2004 and MKSCB Inter-Agency Policy and Procedures (Ch 2.8).

The Designated Officer, manages and oversees allegations against adults who work and volunteer with children, and provides appropriate advice and guidance on what steps to take. This includes managing allegations against people who work with children who are paid, unpaid, volunteers, casual, agency or anyone self-employed.

OFFICIAL

MASH – Multi-agency Safeguarding Hubs where they exist, are a single point of contact for all safeguarding concerns for children and young people and adults at risk. They bring together expert professionals from services that have contact with children, young people and families and use their combined knowledge to keep CYP and adults at risk safe from harm. Where MASH does not exist locally, the Local Authority will manage cases in adult / child specific safeguarding hub.

Appendix 1 Categories of abuse – adults at risk

‘Care and support’ is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have.

The Department of Health’s Care and Support statutory guidance (updated 2018 section 14:17) identifies the following types of abuse of adults who have care and support needs.

This definition considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place.

This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern.

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

Domestic violence, including psychological, physical, sexual, financial, emotional abuse; so called honour-based violence.

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

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Financial or material abuse, including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property,

inheritance, or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery, encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individual into a life of abuse, servitude and inhumane treatment; ⁷ Discriminatory abuse, including forms of harassment, slurs or similar treatment; because of race, gender, and gender identity, age, disability, sexual orientation or religion.

Organisational abuse, including neglect or poor care practice within an institution or specific care setting such as a hospital or care home.

This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice, as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission, including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect, covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding. Incidence of abuse may be one off or multiple and affect one person or more.

Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated incidence of poor care may be an indication of more serious problems. In order to see these patterns, it is important that information is recorded and appropriately shared. Care and support statutory guidance, (updated 2018).

Appendix 2 Categories of abuse – children and young people

1.1 Physical Abuse Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.

1.2 Emotional Abuse Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may

involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another.

It may involve serious bullying (including cyber-bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

1.3 Sexual Abuse Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts, such as masturbation, rubbing and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Sexual abuse is not solely perpetrated by adult males - women can also commit acts of sexual abuse, as can other children.

1.4 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

provide adequate food, clothing and shelter (including exclusion from home or abandonment)

protect a child from physical and emotional harm or danger.

ensure adequate supervision (including the use of inadequate caregivers)

ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

1.5 The Adoption and Children Act 2002 Section 120 of this act extended the meaning of 'harm' to include "impairment suffered from seeing or hearing the ill-treatment of another."

Appendix 3

Adult safeguarding thresholds in details

Adult safeguarding

To achieve the threshold for making a safeguarding referral to the LA Safeguarding team all 3 criteria below must be met:

1) Adults with care and support needs who may need extra help to manage their lives as well as possible with any illness or disability they may have. This applies whether or not the LA is meeting any needs that support an adult to be independent. (These characteristics do not in their own right make adults at risk – circumstances such as proximity to risk, ability to self-manage their condition or illness, and the support available to them are relevant).

2) Experiencing, or at risk of, abuse and neglect. This includes:

- 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.

Incidence of abuse may be one off or multiple and affect one person or more. Professionals and others should look beyond single incidents or individuals to identify patterns of harm. Repeated incidence of poor care may be an indication of more serious problems.

The following circumstances may also make an 'adult at risk' under this policy:

- Forced marriage.
- Those at risk of being drawn into radicalisation and terrorism.

3) Who as a result of their care and support needs are unable to protect themselves from either the risk of, or the experience of risk and abuse or neglect (Care Act 2014, section 42). If an adult does not meet all 3 criteria in full then do not proceed with the safeguarding procedure.

If inappropriate referrals are made, then this reduces the LA Safeguarding team's ability to respond to priority cases quickly.

Appendix 4 Consent in relation to adult's services

In line with our Data protection policy, we share information only with an adult's consent. We would share information without consent if the seriousness of the situation requires action, without which, the person would be at risk of immediate / imminent risk of serious harm.

Note that the legal reasons for sharing information without consent when someone is at risk of immediate / imminent risk of serious harm, are set out in section 2.1 of the Data protection policy (conditions for lawful processing of personal data) include sharing information in the:

- data subject's vital interests
- public interest.

Section 4.1 – of the Date protection policy also covers the legal reasons or requirements for disclosure of personal data:

- where consent has been given
- or there is a legal reason to disclose.

Any action taken without consent should have a clear justification, be permissible in law, be proportionate to the circumstances and be least restrictive to the person concerned.

The safeguarding concern should therefore be discussed with the adult before making a referral to the Local Authority Adult Safeguarding Team. See Step 6 of the Safeguarding procedure below for the procedural steps to follow if an adult at risk does not consent to this.

SAMM will refer individuals to local mental health teams for support and advocacy where appropriate or possible and with the consent of the individual. In many areas access to the crisis mental health team will be via the local authority adult safeguarding teams. If a referral to the LA safeguarding team / MASH does not meet the criteria for local authority intervention steps will be taken to identify and access alternative mental health support provision where available.

Appendix 5 The six principles of safeguarding adults at risk

We adhere to the six safeguarding principles embedded in the Care Act for adults at risk:

1. Empowerment - People we support are encouraged to make their own decisions and informed consent.
2. Prevention - It is better to take action before harm occurs.
3. Proportionality – We will provide the least intrusive response, which is appropriate to the risk presented.
4. Protection - We will provide or arrange support and representation for those in greatest need.
5. Partnership - We will provide local solutions by working with local services and communities, recognising that communities have a part to play in preventing, detecting and reporting neglect and abuse.
6. Accountability and transparency underpin our safeguarding practice.

Appendix 6

SAMM Safeguarding referral form is part of this policy and is produced separately.

Appendix 7 Prevent work and radicalisation

Prevent work is intended to deal with all kinds of terrorist threats to the UK and to provide interventions and support to those who are vulnerable to radicalisation.

The most significant of these threats is currently from terrorist organisations in Syria and Iraq, and Al Qa'ida associated groups. But terrorists associated with the extreme right also pose a continued threat to our safety and security. See more detail in the Revised prevent duty guidance for England and Wales, July 2015, in relation to those who are vulnerable to radicalisation.

The Government defines extremism in the Prevent strategy as: “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.

The DSO is responsible for training awareness and identification of any members at risk of radicalisation and will act accordingly within this policy. SAMM will also seek external advice on this matter as and when any issues or queries arise.

Appendix 8 Legislation and policy framework

This policy and procedure is informed by legislation, policy and statutory guidance that seeks to protect adults and children in England and Wales. It also stands as part of a comprehensive framework of organisational policies, procedures, guidance, and other related documents that direct the work we do and how we do it.

The following apply:

Care Act 2014

Mental Capacity Act 2005

Social Services and Well-being (Wales) Act 2014

Children Act 1989

Children Act 2004, as amended by the Children and Social Work Act 2017 (multi agency safeguarding arrangements)

Adoption and Children Act 2002

Data Protection legislation

Working Together to Safeguard Children: a guide to interagency working to safeguard and promote the welfare of children, Department for Education, 2023

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents, and carers (2015)

Radicalisation guidance (Examples, but not an exhaustive list) Legislation and government guidance Some instances of abuse will constitute a criminal offence. In this respect adults with care and support needs are entitled to the protection of the law in the same way as any other member of the public.

Other forms of abuse such as neglect, and poor treatment / professional conduct / standards of care are also taken into account in statute.

Care Act 2014 The Government introduced the Care Act 2014, which created the first statutory framework for adult safeguarding. As this document is in line with this legislation, and with the Care and support statutory guidance (pursuant to the Act, updated 2017), SAMM follows best practice for safeguarding adults.

Statute: England

- Children Act 1989
- Children Act 2004, as amended by the Children and Social Work Act 2017 (multi agency safeguarding arrangements)
- Adoption and Children Act 2002
- Data Protection legislation

Additional Statute: Wales

Social Services and Well-being (Wales) Act 2014 From April 2016 the Welsh government became responsible for child and adult protection in Wales. The Welsh child protection system is similar to the system in England; however, since the implementation of this Act Wales has its own framework for Social Services. This does not affect SAMM's safeguarding processes, however all staff and volunteers in Wales should make themselves familiar with the Welsh child protection system. The Act is underpinned by both the Children's Act & Care Act, but sets specific & defined duties for partners, including commissioned or funded service providers, to report to the appropriate local authority where they suspect that people (adult or child) may be at risk of abuse or neglect.

Links to relevant legislation

- United Nations Convention on the Rights of the Child 1989
- Children Act 1989
- Children Act 2004 (including Managing Allegations against Staff)

- Working Together to Safeguard Children 2018 (Statutory Guidance)
- Promoting the health and wellbeing of looked-after children 2015 (Statutory Guidance)
- Children and Social Work Act 2017
- The Care Act 2014 revised (Dept of Health Statutory Guidance Chapter 14)
- Care and Support Statutory Guidance issued under the Care Act 2014- chapter 14 Safeguarding (Department of Health 2014)
- Health and Social Care Act 2008 (Regulated Activity) Regulations 2014
- Safeguarding Vulnerable Groups Act 2006
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Mental Capacity Act 2005 including Deprivation of Liberty Safeguards 2007
- Modern Slavery Act 2015
- Female Genital Mutilation Act 2003
- Human Rights Act 1998
- Counter-terrorism and Security Act 2015
- Data Protection Act 2018
- Criminal Justice and Courts Act 2015
- The Serious Crime Act 2015

Workforce Requirements

- Adult Safeguarding: Roles and Competences for Healthcare Staff
- Children and Young People: Safeguarding Children and Young People: Roles and competencies for healthcare staff
- Looked After Children knowledge, skills and competence of health care staff - Intercollegiate Role Framework (2015)
- NHS England - Prevent Training & Competencies Framework
- Mental Capacity Act 2005 Code of Practice
- Deprivation of Liberty Safeguards Code of Practice 2008

National Standards

- NICE Quality Standards for Domestic Violence & Abuse 2016 (QS116) in conjunction with NICE Guidance on Domestic Violence and Abuse: Multi Agency Working (2014)
- Decision Making and Mental Capacity
- NICE Quality Standards for looked-after children and young people 2013 (QS31)
- NICE Pathway: Looked-after babies, children and young people overview.
- NICE Guidance relating to children and young people NICE Guidance: Transition from children to adults' services for young people using health or social care services.